

# Cumloden Manor Nursing Home Care Home Service

Cumloden Road  
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Newton Stewart  
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Telephone: 01671 403 903

**Type of inspection:**  
Unannounced

**Completed on:**  
30 August 2024

**Service provided by:**  
Cumloden Manor Nursing Home Ltd

**Service provider number:**  
SP2003002253

**Service no:**  
CS2003010886

## About the service

Cumloden Manor Nursing Home provides a care home service for up to 42 people, including a maximum of three places for adults with physical and sensory impairment and three of the places in the maximum of 42 may be used for short breaks/respite. The provider is Cumloden Private Nursing Home Limited.

The home is situated on the outskirts of Newton Stewart close to local amenities. It has 38 single and two double rooms currently used as single occupancy. Most bedrooms have an en-suite toilet. Five bedrooms are located on the upper floor accessed by a lift. The communal lounges, dining room and bathrooms/ shower facilities are on the ground floor. There are extensive gardens including a greenhouse for people using the service.

The provider is in the process of adapting some of the en-suite toilets into wet floor shower rooms.

## About the inspection

This was an unannounced inspection which took place on 20, 29 and 30 Aug. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with six people using the service and four of their relatives
- Spoke with 16 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with two visiting professionals
- We received 12 completed service evaluation questionnaires from relatives and four from visiting professionals.

## Key messages

- Core of consistent long serving staff members.
- Good feedback from relatives about quality of the staff team.
- Good management and leadership visible presence within the home.
- Staff know people and their needs well.
- Good nutritional standards and quality of menus.
- Provider upgrading the environment adding adapted ensuite shower rooms.
- Provider needs to continue to invest in maintenance management of service.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

After we had reviewed the evidence and information gathered during this inspection. We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

During our visits we observed staff to engage with people in a caring and dignified manner. People we spoke to and their relatives commented positively about the staff team at Cumloden manor describing them as kind, friendly and always welcoming and helpful. This helped to ensure that people felt comfortable and relaxed within the care home environment and that relatives had confidence in the staff team to look after their loved ones appropriately.

We observed mealtimes and found these were generally managed well. The menu choices were varied, with home baking available daily. People told us they enjoyed the food. Feedback about the quality of the food was good and people were happy and satisfied with the menus and quality of food provided.

People should expect their health to benefit from the care and support provided. Medication was administered safely. We reviewed the medication administration procedures and found that medication was being managed and administered appropriately with relevant documentation in place to ensure people have any prescribed medication regimes followed accordingly. This ensure people's health needs were supported properly.

We saw that some entertainment had been organised and people enjoyed the live music on offer. We have made this an area of improvement as the activity coordinator has only just started in post. The activity programme and the necessary recoding of documentation of evidence including individuals interests, hobbies and activities they would like to be involved with. (See Area of Improvement 1)

People should benefit from their care and support this information is detailed in their individual care plans, which are reviewed and monitored regularly. Health assessments helped to inform the care plans. Care plans provided a good level of detail to guide staff about how to support people safely. The information held in the plans had been monitored regularly and people were referred to health professionals as needed. We saw evidence of health professionals' visits, noting that people benefitted from their care and support.

We received comments from relatives we spoke to during our visits and in comments from their returned questionnaires about the staff and quality of care and service provided.

"[My relative] is very well cared for - well dressed and healthy looking! Staff are so helpful."

"[My relative] is well looked after, the carers team are all very friendly and professional. [My relative] is always clean and well presented."

"[My relatives] care is of a very high standard and they are very happy... "

"[My relative] is exceptionally well looked after at Cumloden Manor. All of the staff are kind and caring - couldn't ask for a better place ..."

We also received positive comments from visiting professionals we spoke to and comments in returned questionnaires.

"Cumloden Staff have taken all advice on board and following recommendations and always link back if there are any concerns/further advice required. I feel that Cumloden are proactive in flagging any cases to myself when support required."

"people are well cared for, staff are welcoming and seek appropriate help when required."

## Areas for improvement

1. The service provider must continue to develop the activities programme within the home to provide people with opportunities for activity and stimulation based on their interests and preferences. Documentation and evidence of activities, outings and entertainment should be collated including information within each individual's care plan detailing each person's interests, hobbies and wishes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible'. (HSCS 5.7)

## How good is our leadership?

4 - Good

After we had reviewed the evidence and information gathered during this inspection. We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The manager provided a visible presence throughout the home. People knew them and relatives also felt they could approach the manager and they would deal with any issues they raised in a professional and competent manner.

The manager has maintained a good overview of the issues and concerns within the care home. They have good levels of contact and communication with the staff team and what was going on within the care home. This ensured that the manager was kept up to date and was appraised of any developments. This helped to provide reassurances to relatives that their loved ones were being supported and managed by competent care professionals.

The manager had implemented various quality assurance systems to review and provide analysis and evaluation of the data this provided. Some of the audits we looked at included care plans, medication, accident and incident records. There was good review and analysis of the data with action plans detailed to address anything that needed to be changed to make improvement.

To ensure that these systems continue to be developed along the lines of the existing quality assurance procedures we have made this an on going area of improvement (See Area for Improvement 1)

We noted that the manager had completed a service improvement plan which was completed with good detail and clearly set out responses to how they were looking to address issues highlighted. This gave reassurances that the manager had a good understanding of the strengths and needs of the service and how to implement improvements.

During this inspection process we found the manager to be open and transparent when discussing issues in relation to the on going developments within the care home. They demonstrated a good standard of professionalism whilst also maintaining good relationships and knowledge of the people in home.

We received comments regarding the management and leadership of the service from several professionals who provide support to the care home. "The manager is happy to take on any actions from feedback.... they are approachable if I need to raise any concerns."

"The manager allows full access to all information and is open / transparent around areas of improvement required.

"The manager continues to be receptive to all advice, guidance and support."

During our inspection visits we found similar standards from the manager. They were open, honest and transparent. This was coupled with willingness to listen and adapt to advice and guidance provided reassurances that the service was being managed appropriately, in a professional and competent manner.

## Areas for improvement

1. The service provider and manager should continue to ensure robust quality assurance systems are used effectively. This should include: regular audit of key areas such as IPC practice, personal plans, medication, dementia care. Monitoring of health and safety checks, staff training and supervision. Feedback from people experiencing care and their relatives.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11)

## How good is our staff team?

4 - Good

After we had reviewed the evidence and information gathered during this inspection, we evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We observed staff working well as a team together in a supportive and respectful manner. This helped to create a good team dynamic and foster good supportive relationships. Staff we spoke to demonstrated they were friendly, approachable and professional. They were motivated to provide a good standard of care and positive outcomes for the people they cared for. Overall, staff said they enjoyed their work and felt well supported by each other and manager.

We noted at time the manager having to provide nursing cover on shift. Although this can be beneficial at times. This cannot be sustained over a consistent period of time and needs to be resolved to ensure the manager's duties and responsibilities are not undermined. (See Area for Improvement 1)

We received some comments about the staff in returned questionnaires from other health/medical professionals who provide support to the care home.

"Staff are always visible and available.... Staff observed interacting appropriately with residents and attentive to their care and support needs. Staff appear to know residents well."

"Staff are friendly and approachable. We have only had great experiences with the staff team overall. We speak to the staff nearly every day and they always offer a warm and friendly welcome to our phone calls or visits."

"Staff are always happy to support on visits and give me updates on care plans/ how residents are managing. Staff always appear to know the service users well."

The manager had completed dependency checks and was closely involved in assessing the care needs and planning staffing levels. The manager was approachable and provided a hands on approach and had a good overview of the needs of the people in the home. This ensured that staffing levels, as well as their individual skills and expertise were appropriate to meet the needs of the people living there. This provided reassurances that there were enough staff to provide good standards of care and support to the people living there.

### Areas for improvement

1. The service provider needs to ensure the manager of the care home is supported and able to navigate their roles and responsibilities as well as being able to provide some element of nursing cover. Although, this cannot be sustained over long period of time or made a consistent expectation. The provider needs to recruit suitable nursing staff to support the manager to run the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23)

### How good is our setting?

4 - Good

After we had reviewed the evidence and information gathered during this inspection. We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The care home environment was clean, tidy and well presented. We noted that the provider was investing in upgrading en-suite toilets and adapting them into wet floor shower rooms. This would ensure people have better facilities for personal hygiene.

The domestic staff team were observed to interact with people in the care home in a dignified and friendly manner whilst also maintaining good standards of hygiene and cleanliness ensuring the home was free of any offensive odours.

We reviewed the servicing and maintenance checks that are required for health and safety purposes. Whilst we were satisfied with the certificates and records we examined. This ensured the home was safe and secure for the people living there and the staff. We have made this an area for improvement to ensure the folders and documentation are better organised and kept up to date. ( See Area for Improvement 1)

We discussed at with the provider about updating their fire risk assessment with an appropriately qualified person and to liaise with the local fire officers in respect to ensuring that all fire safety measure were implemented accordingly.

### Areas for improvement

1. The provider needs to ensure that all necessary servicing and maintenance checks are carried out by appropriately qualified people. This should also include the organisation of this information to ensure these are kept up to date and easily accessible. The provider should review the maintenance role as the size of this care home requires full time support to ensure these important requirements are maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment '(HSCS 5.22) and 'My environment is secure and safe. (HSCS 5.17)

## How well is our care and support planned?

4 - Good

After we had reviewed the evidence and information gathered during this inspection. We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefit from care and support plans that are reviewed regularly, evaluated and updated as required with the involvement of the person and their relatives/representatives. These plans should take account of the person's individual choices and preferences. We sampled a number of care and support plans and found them to include good details of the type of support each person required.

We saw that people and their relatives were involved in this process, this ensured people were kept up to date and their views and opinions mattered. We saw some good examples of this, however there were also some that needed further development to ensure a consistent standard across the service. We noted that this was consistent with the findings of social work review staff who commented that, "there have been significant improvements made to care planning, but there is ongoing work to ensure consistency of this across the service." We have continued to make this an on going area of improvement. (See Area of Improvement 1)

## Areas for improvement

1. The service provider should:

- Improve the content of personal plans to provide greater detail on personal preferences for all aspects of care and support. Include life story, people who are important consider one page profiles for ease of reference.
- Demonstrate clear involvement of people experiencing care and/or their representative in the personal plan process. Ensure changes to care have been reviewed and choices provided. Review the use of anticipatory care plans, include thresholds of care and individual preferences. Carry out regular personal plan audit to check for completion and quality. Ensure language used to describe people is positive and not detracting so people are valued.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected". (HSCS 1.23)



## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

So people are protected the service provider should review the use of accident/ incident records. With specific reference to: format to ensure staff are guided to refer to external agencies appropriately such as MASH/ Care Inspectorate or Health Care Professionals staff training to ensure correct and timely completion regular audit of system to ensure policy and procedures are followed.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities". (HSCS 3.20)

**This area for improvement was made on 15 March 2022.**

#### Action taken since then

Accidents and incident forms reviewed and checked. Audits in place to analyse incidents and review actions to prevent further accidents. Adult protection issues dealt with appropriately and manager ensures all relevant parties are informed and updated on any events or incidents.

This area of improvement has been met.

#### Previous area for improvement 2

So people get the most out of life the service provider should provide people with opportunities for activity and stimulation that are matched with their interests and preferences consider how people who are currently in bed can be given options of supportive seating which allows time up and opportunities for stimulation consider how the use of space can be altered to provide better for people's differing needs. E.g. use of lounges, small quiet unit, areas of smaller group living, more accessible bathrooms/ en-suite facilities ensure safer access to outdoor space, by the erecting a fence to protect people from accessing the river.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible". (HSCS 5.7)

**This area for improvement was made on 15 March 2022.**

## Action taken since then

During visit we did not see planned activities, the activity co-ordinator was helping on the floor and at meal times. There is one activity person covering the home, this is a young male worker, who used to work in the kitchen.

This is 42 bed care home and therefore would need better cover than this.

The activity documentation and recording of people's likes, hobbies and interests, including evidence of the activities, outings and entertainment organised should be in place to show how the service is supporting people to be as active and involved as they would like.

This area of improvement has not been met and will be repeated.

## Previous area for improvement 3

So people can be assured medication is given to best meet people's needs the service provider should review how directions are written for medicated creams and records used to show how these have been applied develop use of "as required" medication protocols and review medication audit systems in order to provide safe and consistent care and treatment.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

**This area for improvement was made on 15 March 2022.**

## Action taken since then

We were able to see that Medication administration records gave exact detail of where medicated creams should be applied to the person. There were no body maps in use however, application directions were clear. As required protocols were in place, however outcome of dispensing as required medication was not recorded. Audit takes place monthly and is very in-depth, picking up any errors or concerns and also an action plan is developed if there are areas to improve, however overall this has been met.

This area of improvement has been met.

## Previous area for improvement 4

So people have consistent care that meets their needs and preferences the service provider should: improve the content of personal plans to provide greater detail on personal preferences for all aspects of care and support. Include life story, people who are important consider one page profiles for ease of reference. Demonstrate clear involvement of people experiencing care and/ or their representative in the personal plan process. Ensure changes to care have been fully agreed, are reviewed and choices provided so people have greater control over their care and support. Review the use of anticipatory care plans, include thresholds of care and individual preferences. Carry out regular personal plan audit to check for completion and quality. Ensure language used to describe people is positive and not detracting so people are valued.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected". (HSCS 1.23)

**This area for improvement was made on 15 March 2022.**

**Action taken since then**

From the sample of care files we looked at, we could see that there was still some progress to be made to ensure that all the care files were of a good standard. There were some good examples of person centred approaches being evidenced for some people in the care home and this will help to guide staff, but this was not consistent.

This area of improvement has not been met and will be repeated.

**Previous area for improvement 5**

So people can be assured infection prevention and control, is managed well the service provider should: ensure soap and paper towels are installed in all en-suites so staff can wash hands closer to the point of care delivery. Develop an effective process for cleaning commode pots/ urinals or introduce disposable items. Ensure all cleaning products are labelled in keeping with COSHH legislation. Develop a replacement programme for fabric chairs in communal use. Ensure wheelchairs and shower chairs have cleaning schedules and staff are aware of how to clean them.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: "Any treatment or intervention that I experience is safe and effective" HSCS (1.24)

**This area for improvement was made on 15 March 2022.**

**Action taken since then**

We observed the care home environment during walk around, and found the home to be clean, tidy and well presented with no offensive odours. Checked cleaning schedules in place and training for the staff in terms of infection control and Covid management.

This area of improvement have been met.

**Previous area for improvement 6**

So people can be confident staff practices are in keeping with best practice in infection prevention and control the service provider should: ensure staff have up to date guidance on COVID-19 in care homes and National Infection prevention and control manual to refer to and follow. Develop training suitable to staff roles in infection prevention and control. Develop IPC audits and check staff practice to ensure best practice is achieved.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes". (HSCS 3.14)

**This area for improvement was made on 15 March 2022.**

**Action taken since then**

The care home environment was clean, tidy and well presented. We saw that staff worked hard to keep the home in a good standard. Staff also had completed training in infection prevention control and appropriate cleaning schedule were in place.

This area of improvement has been met.

## Previous area for improvement 7

So people can be confident the right number of staff with the right skills are available, the service provider should routinely complete, review and evaluate: dependency levels and staff rotas. Staff roles and skill mix. Leadership and accountability for key areas such as infection prevention and control, dementia care and medication. Develop protocol with local healthcare services to ensure people's health needs can be met in the event nurses can no longer cover 24 hour shifts. Ensure shift leaders are registered as supervisors with SSSC and there is a staff member with first aid training always on shift.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14)

**This area for improvement was made on 15 March 2022.**

### Action taken since then

The manager ensured that the numbers and skill mix of staff was appropriate and suitable for the needs of the people living in the care home. The service used a dependency tool and adapted this to suit the needs of the service to ensure there were always enough staff on each shift.

This area of improvement has been met.

## Previous area for improvement 8

So people can be confident care is high quality the service provider should ensure robust quality assurance systems are used effectively. This should include: regular audit of key areas such as IPC practice, personal plans, medication, dementia care. Monitoring of health and safety checks, staff training and supervision. Feedback from people experiencing care and their relatives.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11)

**This area for improvement was made on 15 March 2022.**

### Action taken since then

The manager has implemented quality assurance checks and put audits in place to ensure that the important key areas of concern were being addressed. This ensured that the manager continually reviewed and assessed the standard of care and practices operating within the care home environment.

This area of improvement has been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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