Unity Homes Limited

Cambridge Court Care Home

Inspection report

17-19 Cambridge Road
Waterloo
Liverpool
Merseyside
L22 1RR

Tel: 01519282249
Website: www.unityhomes.co.uk

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This comprehensive inspection took place on 4, 10 and 11 May 2016 and was unannounced.

Cambridge Court Care Home is located in Waterloo in Liverpool. It has 55 bedrooms some of which have en-suite facilities. The home has undergone a recent refurbishment. The home provides 24 hour long term care, respite residential care and care for residents with nursing and dementia care requirements.

At the time of the inspection, there were 50 people living in the home.

We carried out an unannounced comprehensive inspection of this service on 7 September 2015 and breaches of legal requirements were found and the service was rated as, "Requires improvement." After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the identified breaches. We undertook this comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff we spoke with had a good understanding of safeguarding processes. We found however, that not all incidents that should have been reported to safeguarding had been.

Risk assessment's had been implemented for people who were unable to use their call bell, however we found that they, and other risk assessments, lacked detail as to how risks would be managed for people.

People told us they received their medicines when they needed them, but we found that medicines were not always managed safely within the home.

Safe recruitment practices were not always followed to ensure staff were suitable to work with vulnerable people. We found that there were not always sufficient numbers of staff on duty to meet people's needs effectively. Some people told us they had to wait for support at times.

People told us they felt safe living in Cambridge Court. We found the home to be cleaned and well maintained.

As identified at the last inspection, not all staff had been supported in their role through induction, training and annual appraisals, however staff received supervision regularly and felt well supported.

Deprivation of Liberty Safeguards had been applied for appropriately but conditions within the

authorisations were not always met. When people lacked capacity to consent, principles of the Mental Capacity Act 2005 were not always followed.

People living in the home were supported by staff and external health professionals in order to maintain their health and wellbeing.

Feedback regarding meals was mostly positive, though we were told food was not always hot.

The storage of people's private records had improved since the last inspection, but we found that they were not always stored securely.

People told us they were treated with dignity and respect and that staff were kind and that their religious and cultural needs were met by staff.

We were told that independence was not always promoted and staff did not always communicate with people effectively when providing support.

We found people had choice with regards to their daily routine; however preferences regarding care and treatment were not always met.

There was a lack of activities available for people to participate in and an activity co-ordinator was being recruited.

There were people living with dementia in Cambridge Court and the environment had not been adapted to promote their independence or assist with orientation.

Records showed that most people and their family had been involved in the creation of their care plans and that plans were reviewed regularly. Not all care files however, provided sufficient detail to ensure staff had appropriate guidance on how best to meet people's needs.

Systems were in place to gather feedback from people regarding their views of the service, through meetings and completion of quality assurance surveys.

Systems in place to monitor the quality and effectiveness of the service were not effective as they did not identify issues highlighted during the inspection. Recommendations made during the last inspection had not all been acted on.

People we spoke with were not aware who the manager of the home was. Staff however told us the new manager was approachable and they could raise any concerns with them.

CQC had not been notified of all relevant events which had occurred within the home.

We are considering our response and will report on any actions taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Staff had a good understanding of safeguarding processes, however not all incidents that should have been reported to safeguarding, had been.

Risk assessment's completed did not all contain sufficient detail.

Medicines were not always managed safely within the home.

Safe recruitment practices were not always followed to ensure staff were suitable to work with vulnerable people.

There were not always sufficient numbers of staff on duty to meet people's needs effectively.

People told us they felt safe living in Cambridge Court.

We found the home to be cleaned and well maintained.

Is the service effective?

Inadequate

The service was not effective.

Not all staff had been supported in their role through induction, training and annual appraisals. Staff received supervision regularly and felt well supported.

When people lacked capacity to consent, principles of the Mental Capacity Act 2005 were not always followed.

There were people living with dementia in Cambridge Court and the environment had not been adapted to promote their independence or assist with orientation.

People living in the home were supported by staff and external health professionals in order to maintain their health and wellbeing.

Deprivation of Liberty Safeguards had been applied for appropriately.

Feedback regarding meals was mostly positive.

Is the service caring?

Requires Improvement

The service was not always caring.

The storage of people's private records had improved since the last inspection, but we found that they were not always stored securely.

We were told that independence was not always promoted and staff did not always communicate with people effectively when providing support.

People told us they were treated with dignity and respect and that staff were kind.

People told us their religious and cultural needs were met by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had choice with regards to their daily routine; however preferences regarding care and treatment were not always met.

There was a lack of activities available for people to participate in and an activity co-ordinator was being recruited.

Records showed that most people and their family had been involved in the creation of their care plans. Care plans were reviewed regularly, however not all provided sufficient detail to ensure staff had appropriate guidance on how best to meet people's needs.

Is the service well-led?

Inadequate

The service was not well-led.

Systems in place to monitor the quality and effectiveness of the service were not effective. Requirements and recommendations made during the last inspection had not all been acted on and people were experiencing inadequate care.

The service did not have a registered manager. People we spoke with were not aware who the manager of the home was. Staff told us the new manager was approachable and they could raise any concerns with them.

CQC had not been notified of all relevant events which had occurred within the home.

Systems were in place to gather feedback from people regarding their views of the service, through meetings and completion of quality assurance surveys.

Cambridge Court Care Home

Detailed findings

Background to this inspection

We undertook an unannounced comprehensive inspection of Cambridge Court on 4, 10 and 11 May 2016. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was undertaken to check that improvements to meet legal requirements and regulations associated with the Health and Social Care Act 2008 planned by the provider after our comprehensive inspection on 7 September 2015 had been made and to look at the overall quality of the service. This is because the service was not meeting some legal requirements at the last inspection. The team inspected the service against all of the five questions we ask about services: is the service safe, effective, caring, responsive and well- led? We had received concerns regarding the staffing levels within the home and looked into these concerns as part of this inspection.

The inspection team included two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We looked at the notifications the Care Quality Commission (CQC) had received from the service and we spoke with the commissioners of the service.

During the inspection we spoke with the provider, the manager, seven people living in the home, three relatives, three members of the care team and the chef.

We looked at the care files of four people receiving support from the service, three staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Inadequate

Is the service safe?

Our findings

When we carried out a comprehensive inspection of Cambridge Court in September 2015, we identified breaches of regulation in relation to keeping people safe. The 'safe' domain was rated as, 'Requires improvement'. This inspection checked the action the provider had taken to address the breaches in regulation and to look into concerns we had received regarding staffing levels within the home and the quality and safety of the service. The previous breaches were in relation to safeguarding and risk management in relation to care and treatment.

At the previous inspection in September 2015, we found systems in place were not effective to ensure people remained safe. Staff we spoke with did not have a good understanding of safeguarding and not all staff had received training in this area.

During this inspection, we found that staff we spoke with had a good understanding of abuse and how to report any concerns, though records still showed that not all staff had completed safeguarding training. Contact details for the local safeguarding team were available and this enabled staff to make appropriate referrals, some of which we viewed. We found however, that not all incidents that should have been reported to the safeguarding team had been. For instance, we found one recorded complaint from February 2016 that had not been acted upon and should have been processed as a safeguarding referral due to the concerns raised. We discussed this with the provider, who was unaware of the complaint. The provider spoke with the person who had raised the concern on the day of the inspection, who stated they no longer wanted this to be progressed and were happy with the support they received in the home. Failure to progress concerns around safeguarding in the first instance could mean there was a risk to people's safety as concerns may not be acted upon appropriately.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection in September 2015, we found that risks were not always fully assessed in relation to care and treatment. People who spent time in their rooms did not always have access to a call bell to request assistance from staff when required. There were no risk assessments in place to advise staff how people's needs would be met when they spent time in their rooms and could not request assistance.

During this inspection we found that some improvements had been made as risk assessments had been completed when people were assessed as being unable to use a call bell. The risk assessments however, did not provide detailed information as to how people's risks would be reduced. The assessments we viewed stated that staff would check on people in the rooms, 'Frequently'. There were no records to show how often people were checked, unless they also required support to reposition in bed as this assistance was recorded.

During the inspection we observed a person to be shouting for assistance in their room; their call bell was not within reach and the manager advised the person was able to use the bell and clipped it to their pillow

so they could reach it should they require further assistance. This showed that systems in place were not effective to ensure people spending time in their rooms could access support when needed.

People who lived at the home had a PEEP (personal emergency evacuation plan) to help ensure their safe evacuation in the event of a fire. We found that these assessments did not provide sufficient information to ensure staff could support people to evacuate the home in the event of an emergency. For instance, one person's PEEP advised staff they would require support to get to their wheelchair, but did not guide staff how they should support the person to get down the stairs to be able to leave the home. The manager told us they would review all PEEP's to ensure they provided adequate information to ensure a full evacuation plan was in place for each person.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care files we looked at showed staff had completed other risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility and pressure relief. These were reviewed regularly and we found that changes were recorded and measures put in place to reduce identified risks, such as completion of diet and fluid charts.

During this inspection we looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for people living in the home. We found that medicines were not always managed safely.

On the first day of inspection we found that people's evening medicines had been administered but no MAR charts had been completed; this meant a record was not maintained of peoples medication administration.

On the second day of inspection we observed a pot of medicines left on the table in the dining room where people living with dementia were spending time. There was nobody sitting at the table and there was a risk that the medicines could be taken by a person whom they had not been prescribed for. We raised this with the manager immediately during the inspection and the tablets were removed. The manager told us they planned to provide refresher medicines management training for all staff.

We also found that PRN (as and when needed) protocols did not provide sufficient information to ensure medicines could be administered to people effectively and consistently. For instance, one person was receiving medicines to support them when they became agitated and could display behaviours that may challenge. The plan in place did not provide staff with information as to when to administer the medicine to help manage those behaviours and assist the person to feel less anxious.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People we spoke with told us they received their medicines on time and relatives we spoke with were happy with the way medication was managed within the home.

A medicine policy was available for staff and included guidance on areas such as actions to take in the event of a medicine error, self-administration, controlled drugs, safe administration and covert administration of medicines (medicines hidden in food or drink). We observed medicines to be kept in trolleys in a locked clinic room. Medicines that required refrigeration were stored in a separate fridge and the temperature of

this was monitored daily in line with good practice.

During this inspection we looked at how staff were recruited within the home. We looked at four personnel files and evidence of application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

We found that there was no risk assessment in place when staff had risks identified on their DBS. This meant that processes were not in place to ensure staff were suitable to work with vulnerable people. We discussed this with the manager who told us they would ensure risk assessments were completed for any staff with potential risks recorded.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We looked at how the home was staffed. Prior to this comprehensive inspection, we had received concerns regarding staffing levels, particularly overnight. On the first day of inspection which was conducted out of hours, there was a nurse and five care staff on duty. The staffing rota however, reflected that there was three care staff on duty so was not reflective of the actual staffing levels.

Feedback regarding staffing levels was mixed. A staff member told us there used to be more staff overnight until recently and that it could be difficult to manage at times. Staff told us about systems that had been implemented to enable them to contact staff on other floors of the home overnight when they needed support and staff told us these methods worked well. Another staff member told us there was, "Not enough time to do everything." Other staff we spoke with felt there was enough staff to meet people's needs.

People living in the home also had mixed views regarding staffing levels. Most people we spoke with told us there were not enough staff and one person told us, "Sometimes I have to wait a long time." Another person told us, "They are so short staffed at the moment I have to wait to be taken in the lift." Another person however told us, "There seems to be enough staff." Relatives we spoke with did not raise any concerns regarding staffing levels.

Agency staff were employed to cover sickness and holidays when needed and we were told that the same agency was used to help provide consistency of care. The agency staff we spoke with during the inspection knew the people they were supporting.

Our observations showed that there were times throughout the inspection when there was not enough staff on duty to meet people's needs in a timely way. For instance, we observed meals served to people and left on the table in front of them for long periods of time before staff were able to offer the support required to help people to eat. We also observed periods of up to 20 minutes where no staff were visible in one of the lounges and a person told us they had to wait for staff to come in to that part of the lounge where they were sitting before they could get the support they required. There was no way for some people to call for support.

The manager told us that no staffing analysis was used to establish how many staff were required, but that they worked on what they considered average staffing levels according to people's needs and advised there were usually 10 carers and two nurses during the day and five carers and one nurse overnight . We looked at staff rota's for weeks commencing 25 April, 2 and 9 May 2016 and found that there were a number of days and nights where these staffing levels were not reflected.

The manager told us following recent concerns raised regarding staffing, they had reviewed the numbers of staff on duty during the day and night and planned to increase the numbers on nights from the week following the inspection.

Since the inspection the provider has told us that dependency assessments were used to help establish how many staff were required to meet people's needs. The provider told us they believed adequate numbers of staff were employed but that further work was necessary to ensure staff were appropriately deployed within the home

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Most people we spoke with told us they felt safe living in Cambridge Court. One person told us, "I'm safe enough, the staff are always there, they're very caring and helpful." Relatives we spoke with agreed and when we asked what reassured them that their family member was safe, comments included, " [Relative] tells me she's happy here and with the security of the place" and "The fact there are locks on all the doors."

We looked at accident and incident reporting within the home and found that incidents were reported appropriately and actions recorded. We looked at completed forms which showed that they were reviewed by the manager to help ensure appropriate actions were taken.

Arrangements were in place for checking the environment to ensure it was safe. A fire risk assessment of the building was in place and internal checks were completed regularly to help ensure the environment and equipment remained safe. This included weekly testing of the fire alarm, checks on portable electrical equipment, fire doors and water temperatures.

External safety checks had also been completed to help ensure the safety of the building and equipment. We saw certificates for areas such as gas, electrics, hoists and slings and fire equipment and these were in date. The provider told us they were unable to locate a certificate regarding legionella checks and that they would arrange for these checks to be completed as soon as possible.

There were no concerns raised regarding the cleanliness of the home. One relative told us, "The rooms are very clean." We observed personal protective equipment being worn appropriately by the staff. There was hand gel available and bathrooms contained liquid soap and paper towels in accordance with infection control guidance.

Inadequate

Is the service effective?

Our findings

When we carried out a comprehensive inspection of Cambridge Court in September 2015, we identified breaches of regulation in the "Effective" domain, which was rated as, "Requires Improvement." This inspection checked the action the provider had taken to address the breaches in regulation and look at the quality and safety of the service. The breaches were in relation to a lack of staff induction appraisals and training. We also made recommendations regarding the use of mental capacity assessments as these were not completed consistently. We also made recommendations regarding the process of gaining consent. Applications for Deprivation of Liberty Safeguards (DoLS) were not made appropriately and we made a recommendation regarding this. We also recommended the provider ensured the environment was adapted to support the needs of people living with dementia.

At the previous inspection in September 2015, we found that there was no system in place to ensure staff received an annual appraisal. During this inspection, records showed that only six staff had completed an appraisal since the last inspection. Staff we spoke with had still not all received an appraisal, though staff did feel well supported in their role and told us they had supervisions two or three times per year. The manager told us they planned to train nursing staff to complete supervisions and appraisals to ensure they get completed regularly.

At the last inspection, we found that staff did not receive an induction in line with the requirements of the care certificate. The care certificate is an identified set of standards that health and social care workers should adhere to in their daily working life. During this inspection, we found that staff completed a checklist induction, covering areas such as health and safety, training, infection control and care provision. Induction also included new staff shadowing more experienced staff until they knew the needs of people they would be supporting. The manager told us a new training module had been introduced on the e-learning system which covered the requirements of the care certificate; however no staff had completed it at the time of the inspection. Staff we spoke with told us they felt their induction was adequate.

At the last inspection, we found that not all staff had received training in areas such as the Mental Capacity Act 2005 (MCA) and safeguarding and some staff were unclear about their responsibilities in relation to these areas. During this inspection, we found improvements in staff knowledge regarding safeguarding and the MCA. Staff we spoke with told us they had completed regular training in areas such as safeguarding, mental capacity, dementia and fire safety and we found they had a good understanding of consent and how to raise any safeguarding concerns. We were provided with a training matrix which showed gaps in some training, such as moving and handling and safeguarding. Of the three staff files we viewed, two did not contain any training certificates and one included certificates for fire safety, infection control and dementia training. This meant that people were at risk of receiving care from staff that did not have the knowledge and skills to carry out their role effectively.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in September 2015, we made a recommendation that the provider review the processes in place regarding mental capacity assessments and the application of Deprivation of Liberty Safeguards.

During this inspection we looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the last inspection we found that although mental capacity assessments were completed when people were unable to consent to their care and treatment, this was not always clearly recorded or completed consistently.

As part of this inspection, we spoke with staff who told us they always asked people for consent before supporting them and people we spoke with agreed their consent was sought. Records we viewed showed that consent was gained in areas such as care planning, photography and access to records.

When people were unable to provide consent, a mental capacity assessment was completed. We found this was completed appropriately in some cases, such as for one person who was receiving their medicines covertly. Records showed that relevant people had been involved in making the best interest decision, including the person's G.P, family and the pharmacist and instructions for covert administration were clearly recorded.

We found however, that not all completed mental capacity assessments followed the principles of the MCA 2005. For instance, one person's assessment recorded that they had fluctuating capacity with regards to involvement in their care planning. There was no evidence as to why their capacity was fluctuating or how they would be assisted to make decisions regarding care. Another person's assessment stated they lacked capacity to participate in care planning but there was no evidence of any best interest decision regarding the planned care.

Most staff had completed training with regards to mental capacity. The new manager told us they had created a new capacity assessment that would be completed for all people who needed the assessment and a best interest decision would be made and recorded as required for key decisions.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, no DoLS applications had been made despite many people meeting the criteria for assessment. During this inspection, we found that a number of applications had been made and six authorisations were in place. There was a system in use to enable staff to identify who had an authorised DoLS in place within people's care files, however staff we spoke with were not all clear who had an authorised DoLS in place.

At the last inspection in September 2015, we made a recommendation for the provider to review the environment to ensure it was appropriate for people living with dementia to help support people's

independence and orientation. We found on this inspection that no changes had been made to the environment and it did not support people living with dementia to orientate themselves within the home or promote independence through easy identification of areas, such as bathrooms or bedrooms. The provider told us they aimed to adapt the environment but that it was part of an on going development plan.

Staff we spoke with told us they felt well supported and were able to raise any issues with the manager or senior staff when required. People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the G.P, social worker, physiotherapist, mental health team and dietitian. All people we spoke with told us they could see a health professional quickly if they were unwell.

We observed the lunch time meal in one of the dining rooms. We found that people were able to choose where to have their lunch and some people chose to sit together in one of the two dining rooms. There was no menu on display for people and we did not hear anybody being offered a choice of meal. The chef told us there was a three week menu and there were always alternatives of an omelette or jacket potato if people did not like what was on the menu that day. The chef also told us if people let her know in the morning that they wanted something different, as long as she had the ingredients, it would be made for them. People's dietary needs were catered for, such as for people who were diabetic and the chef was aware of people's dietary needs and preferences.

We observed people receive support with their meals, though they did have to wait for up to fifteen minutes after the food was served to them to receive this assistance. This meant that the food was not hot when people ate it. When asked about the food one person told us it was, "Mainly very nice, I get enough, we don't get snacks, just biscuits and cups of tea. [Staff] make vast amounts of cups of tea." Another person told us, "The food's pretty good; we get plenty and maybe a choice of two." Relative comments included, "It looks really nice, [relative] never says she's hungry and they're good with the drinks as well" and "The food is good." One resident told us however, that they did not have their preferences met with regards to portion size and a relative told us, "[Relative] doesn't like the food, its cold." The manager told us the chef was going to start serving meals themselves which would reduce the time it took for staff to serve meals so the food would still be hot when people received it. They also told us a comments book would be developed and menus would be reviewed based on people's feedback.

Requires Improvement

Is the service caring?

Our findings

During the last inspection in September 2015, we made a recommendation that the service reviewed its procedures regarding storage of records to ensure people's confidentiality was maintained. During this inspection, we found that most confidential records were stored securely, however one person's record of their weight monitoring was pinned up on the dining room wall. We raised this with the manager who removed the document straight away.

All the residents told us their dignity and privacy were respected, and that the staff knew them reasonably well. Staff we spoke with told us they maintained people's dignity in a number of ways, such as talking to people, gaining consent before providing care and allowing people time to express themselves. We also observed staff knocking on people's bedroom doors before entering and records we viewed showed that most staff had received dignity in care training.

We asked people whether they were treated with respect by staff. One person told us, "All [staff] treat me with extreme courtesy" and another person told us, "If you ask [staff] to help they don't refuse or ignore you. I've found them pretty decent." Most relatives we spoke with agreed that staff were caring and one relative told us staff were, "Really good, very reassuring" and another relative told us, "[Staff] are good with everybody, especially if someone is upset."

People we spoke with did not all feel that their independence was promoted by staff within the home. One person who told us they could mobilise said, "Sometimes I don't know if I'm doing right or wrong. If I try to get out of my seat [staff] automatically tell me to sit down." Another person told us they liked to have a bath regularly but they were not encouraged to be independent as, "I went once on my own and got told off." Relatives we spoke with had mixed views but most relatives told us they felt independence was encouraged.

We observed interactions between staff and residents during the inspection. We observed some interactions that were warm and caring, such as one carer supporting a person with visual difficulties to drink, sitting close to them, explaining exactly where the cup was and chatting to them whilst offering support. We observed another carer assisting a person to eat their breakfast and they chatted to the person throughout, discussing food and their preferences.

Our observations did however show us that staff did not always speak with people to advise them of the care they were going to support them with. For instance, we observed one person being transferred using a hoist and staff did not speak with the person during the transfer to offer reassurance or guidance. We also observed a staff member supporting a person to eat a meal and the staff member did not communicate with them during the whole meal.

Two relatives we spoke with raised concerns that they could not always communicate easily with some staff and that some staff could not understand them when they asked questions about their relatives. One relative told us, "It's difficult to understand some of the staff" and another relative said, "I wish there were more staff who could speak English. The staff can't answer any questions." This meant that it could be

difficult for people living with dementia to communicate effectively with staff.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most care plans we viewed reflected that people or their families, had had their care discussed with them, though most people we spoke with could not remember seeing their plan of care. Care file's included recorded communication with people's families and one person's file had written communication from the family member within it as part of the care planning process.

People we spoke with told us their religious needs were met. For instance, two people told us they received communion every few weeks. We were told there was nobody currently living in the home that had any specific cultural needs.

One care file we viewed contained a care plan regarding end of life support. This had been completed with the person's family and included information regarding support to be provided to the person at the end of their life, such as where they should be cared for.

We observed relatives visiting throughout the inspection. The manager told us there were no restrictions in visiting, encouraging relationships to be maintained. People we spoke agreed and relatives told us there was a new family room which was available away from the main lounges and that this was used frequently. We observed a number of families spending time with their relatives in the family room during the inspection.

For people who had no family or friends to represent them, the home had an advocacy policy in place and the manager told us they would support people to make a referral for an advocate if required. We were told nobody was receiving support from an advocate at the time of inspection, but some people did have other people supporting them with decision making, such as a solicitor.

Requires Improvement

Is the service responsive?

Our findings

When we carried out a comprehensive inspection of Cambridge Court in September 2015, we identified breaches of regulation in the "Responsive" domain, which was rated as, "Requires Improvement." This inspection checked the action the provider had taken to address the breaches in regulation which were in relation to not providing person centred care.

During this inspection, all staff we spoke with told us people could get up and go to bed when they chose. On the first day of inspection when we visited in the evening, we found a small number of people were still up in the lounges and they told us they did not like to go to bed early and could choose when to go. Care plans we viewed provided some information regarding people's preferred daily routines, such as what time people prefer to go to bed and get up in the morning.

We found however, that that people's preferences were not always met regarding their care and treatment. For instance, a relative told us they had told staff a number of times what their family member's preferences were in relation to their drinks, but they regularly received drinks that were not reflective of these preferences. A person living in the home told us they were over faced with meals and regularly asked for a small portion but staff told them to just leave what they did not want and continued to be served large meals.

Two people we spoke with told us they did not have a choice regarding which staff supported them with their personal care. Staff we spoke with told us people could have a choice regarding the gender of staff and staff told us about three people who had made their preferences known regarding the gender of staff they wanted to support them with personal care. We looked at the care files for these people and found that this preference was only recorded in one person's file. This meant that not all staff may have access to information regarding people's preferences. The nurse agreed to ensure preferences were recorded for all people to ensure staff were aware of them and could provide support based on these preferences.

We asked people to tell us about the social aspects of the home and the feedback was not positive. People told us they were bored and one person told us, "I sit in the chair, I get bored. I watch a lot of television and sometimes I listen to music." Another person told us they spent their time, "Usually chatting to the other residents, but I'm not sitting in my usual seat today. I get very bored." Another person told us they would love to have somebody read to them as they were no longer able to do this for themselves but had always enjoyed books.

Most staff and relatives agreed that there was a lack of activities provided, though did tell us this was a recent change as there used to be an activity coordinator that provided regular activities. The manager told us they were in the process of employing another activity coordinator and was aware that there was a lack of activities available to people. We did not observe any activities throughout the inspection; people mainly sat in the lounges and watched television or slept.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014

We looked at how people were involved in their care planning and found that when able, people signed to show their agreement with their planned care. Other people's files showed that the family members had been consulted and had signed to show their agreement with the care plans in place. Care plans we viewed covered areas such as nutrition, mobility, overnight care, end of life care, safe environment and medicines. Care plans were mainly detailed and informative.

We viewed a number of care files that contained a pre admission assessment; this ensured the service was aware of people's needs and that they could be met effectively from admission. All care plans were reviewed regularly and one file we viewed contained care plans that had been rewritten due to significant changes in the person's support needs.

We found however, that not all care plans contained detailed information regarding people's care needs and what support staff should provide. For instance, one care file reflected that the person could display behaviours that challenged at times and advised that they could become aggressive. There was however, no guidance as to how staff should support the person during these times. This meant that staff may not have the knowledge to support the person safely and effectively. The manager told us they were about to introduce a new care planning system and all care plans would be rewritten to ensure they reflect people's needs in relation to their care and treatment and provide guidance on how staff should meet those needs.

Staff we spoke with told us they were informed of any changes within the home, including changes in people's care needs through daily handovers between staff and through viewing people's care files and daily evaluation records and staff we spoke with had a good understanding of people's needs.

We looked at processes in place to gather feedback from people and listen to their views. People we spoke with were not aware of any meetings or quality assurance questionnaires. Records showed that quality assurance surveys were completed by some staff and relatives to share their views regarding the service. The feedback was positive. Resident and relative meetings were also held and we viewed records from the last two meetings held in March 2016 and July 2015. These reflected that people were enjoying activities at the time, especially trips out in the minibus. A suggestion box was available within the home which was another way for people to share their views.

People had access to a complaints procedure and this was displayed within the home and within the service user guide provided to people when they moved into the home. People we spoke with were aware of how to make a complaint but told us they had not needed to. We viewed the complaints file and found that most complaints raised had been dealt with in line with the home's policy and complainants had been satisfied with the outcome.

Inadequate

Is the service well-led?

Our findings

When we carried out a comprehensive inspection of Cambridge Court in September 2015, we identified breaches of regulation in the "Well-led" domain, which was rated as, "Requires Improvement." This inspection checked the action the provider had taken to address the breaches in regulation and look at the quality and safety of the service. The breaches were in relation to a lack of processes to assess, monitor and improve the quality and safety of the service.

During this inspection we looked at how the manager and provider ensured the quality and safety of the service provided. We viewed completed audits which included areas such as care planning, medicines and infection control but they did not identify all of the concerns we raised during the inspection, such as those relating to care planning, risk management, application of the MCA 2005 and medicines.

Where systems had identified actions required for improvement, they were not always addressed. For instance, one person's care file audit recorded that consent forms needed to be signed but we found on inspection that they were still blank. The infection control audit we viewed for March 2016 had identified a number of required actions, however there was no evidence that these actions had been addressed.

We viewed a monthly manager's report which was completed and shared with the provider. This covered areas such as admissions to the home, hospital admissions, infections, use of bed rails, staff sickness, pressure ulcers, safeguarding referrals and notifications. Staff told us that the provider visited regularly and spoke with staff but there were no records to reflect the provider's oversight of the quality and safety of the home.

Following the last inspection, we received an action plan advising what action was going to be taken to ensure regulations were met. We found during this inspection, that not all of these actions had been completed within the time scales stated by the provider. For instance, the action plan recorded that all staff appraisals would be completed by 4 April 2016; however we found during this inspection that only six staff had received an appraisal. Adequate measures had also not been taken to ensure people in their rooms could access support from staff when required.

During the last inspection we made recommendations regarding use of the MCA 2005, storage of confidential information and adaptations to the environment to support people living with dementia. During this inspection we found that the provider had not fully addressed the concerns raised. For instance, no changes had been made to the environment in order to promote the independence and orientation of people living with dementia.

This meant that the systems in place to monitor the quality and safety of the service were not effective. The manager told us they were in the process of developing a new audit system, including areas such as medicines management, staff files and pressure relieving equipment.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations)

2014.

During the last inspection, we found that the manager had not notified CQC of all events and incidents that occurred in the home in accordance with our statutory notifications, specifically those in relation to safeguarding. Since that inspection we have received notifications regarding safeguarding concerns; however we found during this inspection that the service had not notified CQC of other notifiable incidents, such as DoLS authorisations. This meant that CQC were not able to monitor information and risks regarding Cambridge Court.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The home did not have a registered manager in post and had not had one in post for a significant period of time. A new manager had commenced in post two weeks before the inspection and told us they were going to apply to CQC to become the registered manager. We asked people their views of how the home was managed and people we spoke did not know who the manager was. One person told us, "I haven't got a clue [who the manager is]; I don't know the names of any of the staff". Most relatives we spoke with told us they did not know there was a new manager. Staff we spoke with told us the home was managed well. Staff described the new manager as, "Approachable" and "Kind." One staff member told us the change in management was going smoothly.

The manager told us they had developed their own action plan of areas they wanted to improve within the home. This included medicines management, care planning and monitoring the quality of the service. Although the manager had only been in post two weeks, they had developed the action plan and began taking action. For instance, the manager had met with the local pharmacist to discuss ways of improving medicines management, had developed a new care planning system, reviewed staffing levels and prepared template tools ready to be introduced within the home, such as pressure relieving equipment checks.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. Having a whistle blowing policy helps to promote an open culture within the home. Staff told us they were encouraged to share their views regarding the service.

We looked at processes in place to gather feedback from people and listen to their views. As well as resident meetings and quality assurance surveys, there was also staff meetings held to ensure views were gathered from staff. Records we viewed showed that staff meetings covered areas such as care planning, staffing, person centred care, dignity and DoLS. Staff we spoke with told us they felt able to raise any issues with the manager and that they would be listened to. One staff member told us how the provider had listened to a concern they had raised and provided a piece of equipment specifically to support them in their role.