Rockley Dene Homes Limited

Cambridge Manor Care Home

Inspection report

33 Milton Road
Cambridge
CB4 1UZ
Tel: 01223 363904
Website: www.tlc-group.net

Date of inspection visit: 2 November 2015
Date of publication: 15/12/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Cambridge Manor Care Home provides nursing and personal care for up to 88 people, some of whom are living with dementia. The home is over three floors. There are a number of communal areas for people and their visitors to use. There were 71 people living at the home on the day of our inspection.

There was a manager in place. Although they are registered with CQC, they are not registered at this location. 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.

During the previous comprehensive inspection on 30 May 2015, we found the provider was not meeting all the regulations that we looked at. We found that there were breaches of five of the regulations and these were in relation to consent, respecting and involving people who use the service, staffing, assessing and monitoring of the

Summary of findings

quality of the service and records. The provider wrote and told us of the actions that they would take to ensure that the regulations were met. During this inspection we found that all these regulations had been complied with.

This unannounced inspection took place on 3 November 2015.

.

Systems were in place to meet people's needs effectively and safely. Staff were aware of the procedures for reporting concerns and protecting people from harm. Staff were only employed after the provider had carried out satisfactory pre-employment checks. Staff were trained and were well supported by their managers. There were sufficient staff to meet people's assessed needs.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found people's rights to make decisions about their care were respected. Where people were assessed as not having the mental capacity to make decisions, they had been supported in the decision making process. DoLS applications were in progress and had been submitted to the authorising body.

People's health, care and nutritional needs were effectively met. People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals. People received their prescribed medicines appropriately and medicines were stored in a safe way.

People received care and support from staff who were kind, caring and respectful. Staff respected people's privacy and dignity. People, their relatives, staff and other professionals were encouraged to express their views on the service provided.

People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People, and their relatives, were involved in their care assessments and reviews. Care records were detailed and provided staff with specific and detailed guidance to provide consistent care to each person, that met their individual needs. Changes to people's care was kept under review to ensure the change was effective. Staff supported people to take part in hobbies, interests and activities of daily living. There was a varied programme of group and one to one activities available to people.

The manager was supported by senior staff, including qualified nurses, care workers and ancillary staff. People, relatives and staff told us the home was very well run and that staff in all positions, including the manager, were approachable. People's views were listened to and acted on.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were aware of the signs to look for and the actions to take to reduce the risk of harm occurring to people.

People's safety was managed effectively without restricting their activities. People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to meet people's needs safely.

Good

Is the service effective?
The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood the principles of assessing people's capacity.

People were cared for by staff who had received training to provide them with the care that they required.

People's health and nutritional needs were effectively met. They were provided with a balanced diet and staff were aware of their dietary needs.

Good

Is the service caring?
The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

Relatives were positive about the care and support provided by staff.

Good

Is the service responsive?
The service was responsive.

People were encouraged to maintain hobbies and interests and to access the local community to promote social inclusion.

People's care records were detailed and provided staff with sufficient guidance to provide consistent, individualised care to each person.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

Good

Is the service well-led?
The service was well led.

There were opportunities for people and staff to express their views about the service via regular meetings.

Good

Summary of findings

Effective systems had been established to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

Cambridge Manor Care Home

Detailed findings

Background to this inspection

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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 2 November 2015. It was undertaken by three inspectors, an inspection manager 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 looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

During our inspection we spoke with 14 people and six relatives. We also spoke with the manager, deputy manager, area manager and nine staff who work at the home. These included nurses, care workers, activities co-ordinator, and kitchen and housekeeping staff. Throughout the inspection we observed how the staff interacted with people who lived in the service.

Due to the complex communication needs of some of the people living at the care home, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

We looked at five people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "I lock my door at bedtime, they lock it for me. I do feel secure here." Another person said, "Yes I do feel safe here." A relative told us "I feel that [family member] is secure at the moment, we feel very comfortable, [family member] has settled brilliantly." Another relative said, "When I walk through the door, I have no concerns or worries as my [family member] is in safe hands." One other relative told us "My [family member] is 100% safer here than they were at home."

All the staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed a thorough understanding and knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "I would raise issues with the manager." Another said, "I would always escalate concerns. The safeguarding number is available in the office and in other various places such as the staff room and in the entrance to the home."

There were systems in place to reduce the risk of people being harmed whist still promoting their independence. Potential risks to people had been assessed. Guidance for staff had been put in place to make sure that they knew how to minimise any risks to each individual. Staff explained to us the ways in which they reduced risks. These included regularly repositioning a person at risk of developing pressure areas and monitoring people's food intake where someone was at risk of malnutrition. We saw that staff completed repositioning and food and fluid charts for people deemed to be at risk. A nurse would then check the charts throughout the day to ensure that a person was either being turned or being given the correct level of fluids to maintain their wellbeing.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. A relative told us following [family member] initial pre-admission assessment, "[Family member] is getting 'one to one' support and it started the same day as [family member] arrived here at the home." This they said has helped prevent them having further falls.

People told us that there was usually enough staff on duty to meet their needs safely, but that there wasn't always time for staff to sit and speak with them. One person said, "If I ring my bell they are here as quickly as they can, but they never have time to sit and talk." Another person said, "They are very good, they come very quickly in response to the call bell. They are all splendid, but there are sometimes not enough of them around if you just want to chat." One other person told us that night time was the only time they used their call bell, "I did use it [call bell] last night to take the cushions off my bed because I'm not allowed to lift anything." When asked how quickly staff responded they told us, "It took a while because they were on their own and serving tea, it's not usually as long as that."

People's relatives and visiting professionals told us they felt there were enough staff. One relative told us, "It seems to be better than it was, at times it was difficult but since the new manager's been here it's been better." A visiting professional said they felt there enough staff to meet people's needs and there were good interactions between staff and the people living in the home.

Staff also told us there were enough staff to meet people's needs. One told us, "Generally there are enough staff." Another said, "It is ok but busy. There is not a lot of time to spend with people and it's difficult when people want to chat." A third member of staff told us, "There are enough staff, people are well looked after and you can see they are happy."

We found that there were enough staff on duty to meet people's needs safely, although staff in some areas of the home were very busy. The registered manager monitored people's needs monthly, using a recognised assessment tool, in addition to general observations, to monitor the staffing levels required at the home. We saw that where an increase of staffing was required for safety reasons, this was actioned quickly. The manager had identified where people required one to one support to ensure they were kept safe and had their care needs met.

Staff sought consent from the person before administering their medicines and reminded people what medication they were taking was for.

Staff who administered medication received appropriate training and had their competency to do this regularly assessed. People we spoke with told us they received their medication regularly. One person said, "They [staff] always

Good

Is the service safe?

ask if I require any pain relief." Another person told us, "Oh yes, they're very prompt they put them [medicines] down on my table before breakfast and always say don't forget to take them."

We found that medication was stored securely and at the correct temperature. Appropriate arrangements were in place for the recording of medication. Frequent checks were made on these records to help identify and resolve any discrepancies promptly. This ensured that people received their prescribed medication in a safe way.

Staff confirmed that they did not start to work at the home until their pre-employment checks had been satisfactorily completed. One staff member told us that they had an interview and had to wait for their references to be returned before they could start work at the home. The manager told and showed us that the relevant checks were completed to ensure that staff were suitable to work with people living in the home before they were employed.

Good

Is the service effective?

Our findings

People told us they felt staff were trained to meet their health and social care needs. One person said, "I always feel they [staff] know what they are doing."

Whilst not all staff had received regular supervisions, everyone we spoke with felt well supported in their role and said that the management team were accessible to them at all times. Staff said they had received enough training to meet the needs of the people who lived at the service. This training included; manual handling, safeguarding and infection control.

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 take 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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The nurse in charge and most staff we spoke with understood and were able to demonstrate they knew about the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The nurse and staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The manager had submitted five applications for DoLS to the supervisory body (local authority) but the outcome of these were not yet known.

People were able to access the appropriate healthcare support such as dietician's, opticians and dentists to meet their on-going health needs. People told us that they had access to a local community nurse and their doctor when they needed to see them. One person told us "Yes I ask the nurse and they do the appointments, if they're busy I get the replacement doctor." Another person told us, "Yes, when I had chest discomfort, the GP was called straight away." A third person said, "The Chiropodist comes about six weekly, they're very good."

People's health care records showed that their nutritional needs were assessed and monitored to ensure that their wellbeing was maintained. Staff we spoke with were aware of care plans in place relating to people's individual needs such as the use of thickened fluids or fortified foods. They also supported people to use additional aids such as plate guards, where necessary, which allowed them to be as independent as possible whilst eating.

All of the people we spoke with told us they were happy with the food provided. We spoke with the cook who was able to tell us about people's specific diets. They explained where people needed to increase their weight they used butter and double cream to fortify diets and that most meals were served with a choice of vegetable options. When asked if the cook felt supported they told us they did and that there was enough time to manage the kitchen and prepare food from fresh ingredients. They said to get to know people, "It's going around and seeing the products in the dining rooms I do some serving, and check with people if they are enjoying their meals." They explained that after they spoke with one person they found out they liked a Cornish pasty and cheese and biscuits, but the person had told them, "They felt they couldn't ask for it." The cook told us they are now provided on occasions. One person who required a specific diet said, "They (staff) managed to get some dairy free spread for me." They also told us, "The chef [cook] is coming up today to discuss with me my diet, they [cook] are excellent, it's food that I enjoy, and they bring it separately." Another person using the service told us "We get too much choice at times; they say if I'm hungry I can ring for something else."

Relatives we spoke with told us when they visited they saw a range of food and drinks were offered and people were supported to eat and drink well. The cook was available during lunchtime to receive any feedback or suggestions about food preferences from people as they ate. A relative

Good

Is the service effective?

said, “They [family member] love their food, they cut it up for them and they offer me a meal.” One person told us about the cook and said, “They’ve improved the cuisine; they come round to ask if the meals are alright.”

Good

Is the service caring?

Our findings

All of the people that we spoke with said that the staff were very caring and helped them with their needs. One person said, “The staff are very good, they have all been respectful.” Another person said, “They try very hard to make it like a home.” A third person told us, “They [staff] are all wonderful and always try to help us as quickly as possible. They are lovely I couldn’t manage without them.”

Throughout our inspection there was a caring and friendly atmosphere in the home. People looked comfortable with the staff that supported them. We saw that people chatted and socialised with each other and staff. People spoke openly together with staff and others about the activities they had chosen to do that day and their past lives.

Assistance with personal care was offered discreetly and we saw that doors were kept closed when people were being assisted with personal care. We noted that all staff knocked on people’s doors and waited for an answer before entering. On entering when just checking on people they introduced themselves and asked if they required anything.

People told us that they were supported to maintain their privacy. There were various areas throughout the home for people to meet their visitors in private. People told us they had the choice to have a key to their rooms and that they could lock their door in order to be private. One person told us, “I lock my door at bedtime.” People said that they could also have their meals in the privacy of their own bedroom if they wished to, although staff encouraged people to eat in the dining room where possible to promote social inclusion

We observed people having their lunch within the dining area of the home and noted that the meal time was relaxed with people being encouraged to come together to eat. There were good staff interactions as staff chatted with people and people were well supported. We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their privacy and dignity was maintained.

People said staff listened to them when they wanted to discuss things and took action to support people when they made choices or decisions. One person told us, “I often don’t go to bed until 1am, they come and put my eye drops in then I get into bed when I’m ready.” “When I first came they were in and out all the time and it woke me up. Now they don’t come as often.” Their relative said, “It shows they’re listening to what is being said.”

The provider had information about the local advocacy services for people who needed additional support in representing their views. Advocates are people who are independent and who help support people to make and communicate their wishes and make decisions.

Good

Is the service responsive?

Our findings

Care records were in electronic format which were available in the unit office. Staff could update them and the update would be immediately available throughout the homes computer system. This information would then be used for handover. Turn charts and risk assessments in paper format and were in a folder in people's bedrooms. This ensured the information was readily available when staff were conducting personal care in people's rooms without having to return to the office. Staff told us that there was sufficient detail in people's care plans to give them the information they needed to provide care consistently and in ways that people preferred. Care plans had been reviewed regularly so that any changes to people's needs had been identified and acted on. Records showed that when people's needs had changed, staff had made appropriate referrals for example to the dietician, dentist and or opticians and had updated the care plans accordingly.

Care records showed that planned care was based on people's individual needs. We observed interactions by staff with people using the service and found that the interventions described in the care plans were put into action by staff. We saw detailed information in the care records which showed us that staff had spent time listening to people in order to be responsive to their needs. For example, staff were able to tell us about people lives and what their occupation was and about who their members of their family were. This helped when starting a conversation with people.

We spoke to a member of staff who was responsible for arranging activities and interests for people. They told us and we saw that there were activities taking place on each of the three floors in the dining rooms prior to lunch. These included painting poppies for Remembrance day and a poppy modelling activity using foam shapes and straws. On one of the floors where most people lived with dementia, a music quiz themed around musicals was taking place. Staff interacted with people in a personal and informative way during these activities) and supported them to take part as much as they were able.

One relative told us, "[Family member] does the garden, they grow tomatoes and have planted the plants, they do what they can, and it keeps them happy." One person told us how they went out to lunch with another resident and their daughter. They said that the home organised trips for people, "We had a trip out to Cambridge bowls club, and I thoroughly enjoyed the afternoon." Another person said, "They organised trips to Duxford air museum for about six or eight of us."

We looked at the minutes of the most recent residents' meeting and saw action had been taken in response to issues or ideas raised. We saw a discussion had taken place recently about outings and where people would like to go.

A copy of the complaints procedure was available in the main reception of the home. People we spoke with, and their relatives, told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. Staff told us if they received any concerns and complaints they would pass these on to the manager. There had been no formal complaints received since the manager came into post. Although there is form available that could record and detail any action taken and the outcome and includes an area to look at any learning that may be identified.

People using the service were positive about their views being acted on by staff and the nurse in charge. One person said, "I have raised issues if I have needed to and I am always listened to." Another person said, "I am quite happy here and if I do raise anything I know they will take it seriously and deal with it." A third person told us, "I don't have any complaints." A member of staff confirmed to us that, "I would always report any concerns or complaints that were given to me by a relative or the resident."

Good

Is the service well-led?

Our findings

The home had a manager in post, although they were registered with CQC they were not registered for this location. At the time of this inspection they were in the process of applying to be the registered manager of Cambridge Manor Care Home.

There were clear management arrangements within the home so that staff knew who to escalate any concerns to. The manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. They worked alongside staff to check on working practice and provide support as appropriate. Staff we spoke with told us that the manager was approachable and that they could see her anytime.

Most people said that they knew who the manager was and that they were helpful. One person said, "Oh yes, I know [the manager]. Always here, always smiling." Another person said, "A very cheerful person and always coming and having a chat with us". A relative we spoke to about the home said to us, "I think it's great, I think it's lovely, when my relative and I first came in the door we felt it was so fresh. I was made very welcome, we just felt right."

The manager talked with people who used the service, staff and visitors throughout the day. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provided leadership for staff.

We received many positive comments about the manager from staff who told us that they were approachable, fair and communicated well with them. One staff member commented, "She's like a breath of fresh with new ideas and is very passionate about the residents." Another staff member told us: "They listen and ensure we are told things that are important." A third staff member said, "Staff morale is really good and we work well as a team. It is brilliant working here."

We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff were able to tell us which external bodies they would escalate their concerns to.

People were given the opportunity to influence the service they received. Relatives and residents' meetings were held to gather people's views, concerns and talk about any plans for the service for example recruitment. This showed that people were kept informed of important information about the home and had a chance to express their views.

There were handover meetings at the beginning and end of each shift so that staff could talk about each person's care and any change which had occurred. In addition, there were regular staff meetings for all staff at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. There were regular visits from the provider which reviewed the audits and ensured that appropriate action had been taken. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.