HC-One No.1 Limited

The Cambridge Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
The Cambridge Care Home provides accommodation, nursing and personal care to up to 90 older people, some of whom are living with dementia. The service is set over two floors and has various communal rooms and a secure garden available for people to use. At the time of our inspection there were 53 people living at the service.

People's experience of using this service and what we found
Due to a shortage of permanent staff there was a large proportion of temporary agency staff. This meant there was a risk that agency staff would not understand, or respond to, people's needs well.

People were not always safe when being supported to transfer with the support of staff. Staff had received training in moving and handling, however safe practices were not always followed. The provider had arranged for all staff to be retrained in moving and handling, and competency assessments to take place by senior staff.

People were not always treated with dignity and respect. There was limited interaction and communication between people and staff.

Concerns had been raised regarding the cleanliness of the service. During our inspection we found the service to be clean and free from clutter. There was an unpleasant odour present in one of the units, however new floors had been arranged to be fitted to address this.

At the time of our inspection a new management team had been appointed and put in place. This was to address the concerns raised and make improvements in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 28 November 2017).

Why we inspected
We received concerns in relation to the cleanliness of the service, the care provided, and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, caring and

well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Cambridge Care Home on our website at www.cqc.org.uk

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Cambridge Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by four inspectors.

Service and service type
The Cambridge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not currently have a manager registered with the Care Quality Commission, although a new manager had applied to register.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service and five relatives about their experience of the care provided. We spoke with 14 members of staff including the manager, two area managers, two turn around managers, deputy manager, unit manager, care workers and the head of housekeeping.

We reviewed a range of records. This included people's care records. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● During our inspection, we witnessed an unsafe moving and handling technique to help a person transfer from their wheelchair to a lounge chair. This was also witnessed by the manager who intervened immediately. Health care professionals had raised concerns with the provider regarding their observations of manual handling techniques and the equipment used. The area manager informed us that 90% of staff had previously received training in manual handling techniques. This meant that the training which had been provided to staff had not been effective. This also put people at risk of harm.

● The manager was in the process of arranging for all staff to be retrained in manual handling techniques at the time of our first visit. This training was later delayed due to a COVID-19 outbreak. However, the provider assured us that this had been rescheduled, and in the interim they were in the process of completing staff competency checks in moving and handling.

● The service held a daily meeting with management, heads of departments and senior staff present. This meeting had a standing agenda and included individual risk monitoring, safety management and environmental management. Prompts and reminders were given daily to staff to ensure risks were mitigated where possible. The manager informed us that alongside the standing agenda, any other areas which required discussion on the day were included. For example, concerns raised by the local authority regarding fluid intake, was now discussed and senior staff prompted to check fluid charts following the meeting.

Staffing and recruitment

● On the first day of our inspection we received overwhelming feedback from staff that there was an over reliance of agency staff, and in general staffing levels could have a negative impact on the running of the service. We also observed a high number of agency staff.

● Relatives also told us they were concerned that there were not enough staff, and this impacted on the way people were treated. One relative said, "The needs of people are just too high, and staff are working very hard just to manage. There is no human touch. People have to wait to be toileted. They just get fed and watered."

● On the day of our second visit to the service, staffing levels had improved, and some senior staff from the provider's other services were now working at this service to support the staff. Although agency staff levels were still high, staff appeared to have more direction, and we did observe more interaction with people.

● We were informed by the management team at the time we gave feedback that they had successfully appointed a number of new staff to start working at the service, following the completion of recruitment checks.

Using medicines safely

● People had protocols in place for as and when required medicines, which informed staff when these medicines were required and how they should be administered.
● The manager completed audits and spot checks of medication administration. When a medication error or incident was identified, it was recorded appropriately, and analysed for any trends or themes.
● The manager identified that there had been increased errors when medicines were administered by agency staff. To reduce the risk of this reoccurring, the manager liaised with the agency and arranged for all agency staff administering medicines to receive the same training as permanent staff. Agency staff were also to receive the same competency checks, and observations of their care practices, as permanent staff.
● Medicine management was discussed daily at 'flash' meetings. A flash meeting is an opportunity for the manager to address concerns promptly with staff. This included any changes to people's medicines, issues with stock levels or any other medicine matters. This ensured that the manager had clinical oversight of all medicine issues across the units.

Preventing and controlling infection
● We observed staff wearing personal protective equipment (PPE) appropriately, and putting it on and taking it off correctly. Staff and visitors wore full PPE before entering people's bedrooms, and this was disposed of in a safe way.
● The provider had policies and guidance to help staff work in accordance with national guidance on infection prevention and control (IPC).
● Relatives had mixed views regarding the cleanliness of the service. On both of our visits we found the communal areas and bathrooms to be clean. We did note a strong smell of urine. However, we were assured that this was being addressed, and flooring, which was the cause of the odour, was due to be changed the following week.
● During our visit we had been made aware that some people were isolating in their rooms to avoid the risk of infection spreading. This was due to recently being in hospital, and in line with the provider's infection control policy. Whilst walking around the building we saw one of these bedrooms had their door open. We spoke to staff on site who confirmed that this door should have been closed. This was fed back to the manager who said they would monitor this.
● From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.
● Relatives confirmed that they followed visiting guidance on arrival to the service, which included a COVID-19 test and wearing personal protective equipment (PPE). The service was following current government vising guidance.

Systems and processes to safeguard people from the risk of abuse
● The provider had safeguarding systems in place. Staff understood what to do to protect people from harm, and how to report concerns. Staff told us that they had received safeguarding training.
● The manager raised safeguarding concerns appropriately with the local authority and informed CQC you need to tell readers who this is.
● Relatives told us that they felt people were safe living in the service. One relative said, "I feel [family member is 100% safe as [staff] know [family member's] condition."

Learning lessons when things go wrong
● The manager and provider had developed a comprehensive action plan in response to the concerns which had been identified by external healthcare professionals and the local authority. Actions identified and updates, were discussed with staff at daily meetings and wider staff team meetings.

● Incidents or accidents involving people using the service or staff were managed effectively. The manager completed an analysis each month to identify such things as increases or decreases in falls, and whether actions had been effective.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were not always well treated or treated with dignity and respect.
- Staff showed a lack of understanding of people's needs which was detrimental to their well-being. For example, when asked, staff were unclear about why a person was in bed, or why they were potentially in pain.
- We observed a person calling for help who wanted a drink. We asked staff if they could help this person with their request. Although a member of staff did bring this person a drink, we had to further ask the member of staff to support them with it, even though the person had also asked them to help. The staff member did not identify that this person needed support with this, and we had to be asked to provide them with it.
- We saw that the atmosphere within the service on the day of our inspection was mostly task driven rather than person centred. For example, we sat in a communal lounge with six people, who had been supported into the lounge and all were sat facing the television. The television was on and the sound turned off. We asked the manager if there was a reason the television was turned off and were informed there was no reason. This showed a lack of respect and thought for the people using the lounge.
- People did not always have their care call bells within reach This meant that for those people, they were unable to alert staff to their needs in a timely manner. We fed this concern back to the manager and were informed that some handsets were faulty. On our second visit we were assured that everyone we saw had a call bell in reach and the manager was liaising with a contractor to replace the current system.
- Despite our findings, people told us the staff were caring. However, they said staff did not have the time to support them. One person we spoke with told us, "All I really want is a good shave. [Staff] come in and have a look and say they will, and then come back and say, 'Oh have you not had a shave yet?'" Records for this person showed they had not been supported, or offered a shave, for the previous two weeks. This was clearly important to them and was recorded in their care plan as needing to be offered daily. A number of records relating to personal care read, "Gave him a quick body wash," without reference to being offered a shave.
- Some language used in care notes showed a lack of dignity or understanding for the person, for example '[Person] was asking for help for no reason'.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate choice, respect and valuing people was effectively managed. This placed people at risk of harm. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

● The provider had organised for staff to be retrained in dignity and respect.

Supporting people to express their views and be involved in making decisions about their care
● One person told us that they wished to spend time with their spouse who also lived in the service. We fed this back to the manager who assured us that they were able to do this. Following the feedback, we gave at our initial visit, a care plan was written the following day to include this person's request.
● Relatives told us that they were involved in making decisions about their family members' care and were involved in completing people's care plans where appropriate.
● Relatives also told us that staff contacted them to discuss the person's care or treatment. One relative told us, "Staff do contact me by telephone if they need to speak to me."

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Our inspection was prompted by concerns which the local authority and Clinical Commissioning Group had raised. This had led to support being provided by healthcare professionals, including social workers, occupational therapists, dieticians and a care home support team.
- We did not observe people achieving good outcomes. This was because staff we spoke with were not knowledgeable about peoples care and support needs. Information we raised with the manager was included in people's care plans following our visit. The management team were aware and understood that people's care plans were not always accurate and required reviewing immediately. The area manager told us, "The '[standard of] care plans are not where they are expected to be." This issue had not been identified previously in the provider's audits.
- The service has undergone a number of changes within its management team and was being managed by a new service manager, with support from a new area director and a manager responsible for improving services Concerns highlighted by healthcare professionals and the new management team are being addressed in an action plan.
- When we fed back our concerns with the provider and manager, they were open and responsive to the concerns we raised. This led to a wider discussion of additional actions that would be appropriate to address these areas. This highlighted a willingness to improve the care and support for people living at the service.
- Staff were positive about the impact the new manager had had on the service since they started in post. We could see that positive changes were taking place, and the manager was passionate about ensuring further change.
- Audits and surveys were now being carried out across the service by the manager and analysed for trends and themes. This included medicine administration, care plans, incidents and accidents and the environment. Actions were taken as a result of these audits. The manager was also reviewing daily care records and had provided staff with an outline of what should be included.
- The service requires a period of stability to embed the changes being made by the new management team. Systems and processes need to be robust to ensure that there is oversight of the service.
- Training needs were being addressed for both permanent and agency staff. This included medication administration, dignity and respect and manual handling.
- The service requires a period of stability to embed the changes being made by the new management

team. Systems and processes need to be robust to ensure that there is good, consistent oversight of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

●The manager sent us information about events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things.

● The service displayed their inspection rating on their website and at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● Relatives told us that they had recently received a feedback survey from the service. At the time of our inspection, the manager had not received any responses to this survey.

● Staff and the manager worked in partnership with other professionals and agencies, such as the GP, social workers, other health care professionals and the local authority to ensure that people received joined-up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not treated with dignity and respect. People were not valued as individuals. Staff carried out tasks without communicating with people.