

## Cambridge Nursing Home Ltd

# Cambridge Nursing Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This unannounced inspection took place on 14 April 2015. The service did not meet three regulations we inspected against at our last inspection on 8 September 2014. During this inspection we found that the service was now compliant with these regulations.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

In September 2014, our inspection found that the nursing home provider breached regulations relating to Care and welfare of people who use services, cleanliness and infection control and Assessing and monitoring the quality of service provision. Following this inspection the

# Summary of findings

provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made.

Cambridge Nursing Home is a care home with nursing provided on three floors. The service is registered to accommodate a maximum of 49 people. At the time of the inspection there were 48 people using the service.

Medicines were not always safely managed. We saw the balance of medicines for five people did not match with the records. We noted there was not always a system in place to account for medicine and to check to ensure people had the right quantity of medication required, which left people at risk because medicines were not properly managed.

People and relatives told us they liked the home. They said the home was clean and staff were pleasant. People told us they felt safe in the home because staff quickly responded to their calls. Relatives felt that the home had enough number of staff deployed to support people. They said staff were kind and welcomed them when they visited the home.

Each person had a care plan which contained information about their needs including any allergies, nutrition, falls risk, wellbeing, manual handling and instruction for staff how to support people. People's healthcare needs such as their weight, blood pressure, and blood sugar level were monitored and recorded in

their files. People were referred to dieticians, speech and language therapists, district nurses, and GPs as and when needed. This ensured that people received treatment healthcare intervention when they needed.

People talked positively about different aspects of the service. They told us the food provided was good and they had choices of what they wanted to have at breakfast, lunch and dinner. We saw staff provided assistance for those who needed support with meals. We observed staff sat by people and talked to them when helping them with their food. This showed staff treated people with respect.

Records showed staff had various training opportunities relevant to their roles. Staff told us they felt supported and enjoyed their work. They informed us they worked as a team; they had regular supervision and attended team meetings. Staff told us they shared experience with colleagues and supported each other.

There was a system in place for checking health and safety. Staff checked fire safety, emergency lights and the cleanliness of the home. Relatives, visitors and people were consulted about the quality of the service. This ensured that people's views were taken into account in provision and improvement of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

# 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 not always safe. Adequate systems were not always in place to check and account for medicines to ensure people had the right quantity of medicine required. We also found that a Medicine Administration Record Sheets (MARS) was incomplete because it did not show the quantity of medicines received. This put people at risk because medicines were not properly managed.

There were enough staff deployed at the home. We observed staff were available to assist and care for people when needed. The provider had a good recruitment process. This ensured that people were supported by staff who were appropriately vetted before starting work at the home.

All parts of the home were clean and staff wore personal protective equipment such as gloves and aprons. This ensured that the home the risks of infections to people were managed

Requires improvement



### Is the service effective?

The service was effective. Care files were detailed with information about people's needs and guidance for staff on how to support them. Staff attended various training programmes and had the skills and knowledge support people.

Staff knew people had the right to make their own decisions about their care and treatment. People were offered choices and supported to make their decision, for example, whether or not to join in with others or stay in their rooms.

Staff supported people to maintain good health and eat a balanced, healthy and nutritious diet. People's weights were monitored and they had good access to healthcare professionals such as opticians, dentists, chiropodists and GPs.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



### Is the service caring?

The service was caring. Staff were respectful of people's privacy and dignity at all times. Relatives told us staff were always kind to people.

Staff knew people's likes and dislikes and ensured that each person's wishes were respected. People told us staff knew them well and were attentive to their needs.

Good



# Summary of findings

## Is the service responsive?

People told us they could talk to staff and staff listened to them. They informed us they knew how to make a complaint if they had a concern.

The registered manager recorded and investigated complaints. There was a complaints procedure displayed in the home. This ensured visitors and relatives were aware of complaints procedure.

People participated in the activities provided by staff. They told us they were engaged and never felt lonely. We observed that people took part in the activities and enjoyed them.

Good



## Is the service well-led?

The service was well-led. People, visitors and relatives were consulted about the quality of the service. Feedback received from relatives about the quality of the service and management was positive.

Staff meetings took place on a regular basis. The registered manager and the provider were present at the home Monday to Friday during the day shifts. This showed that they were available to deal with concerns and support people.

Staff told us they enjoyed working at the home. They said they worked at the team and felt able to seek support from each other or their line managers. This showed that the working environment at the home was good.

Good



# Cambridge Nursing 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 inspection took place on 14 April and was unannounced. The inspection was conducted by two adult social care inspectors and one 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.

As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection we spoke with 13 people who used the service, two relatives, one healthcare professional, nine staff and the registered manager. We reviewed five people's care files, 13 staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We also had a guided tour of the premises and observed people's interaction with staff.

# Is the service safe?

## Our findings

At our inspection in September 2014, we were concerned about the cleanliness and hygiene of the home. We asked the provider to send us an action plan outlining how they would make improvements. When we inspected the home again in April 2015, we found that the provider had made improvements.

People told us they liked living in the home. One person said, "It is safe [living in the home]." Another person told us that they felt safe because staff came to assist them "quickly when the buzzer went on". Another person said they were "very happy" at the home. They said staff were "trying to get a physiotherapist [for me]". Relatives told us that the service provided at the home was "wonderful" and the home was "always very clean". One relative said, "Staff are pleasant" and they always ensured people were "clean and presentable". We observed people were relaxed when interacting with staff. This showed that people felt confident to seek and obtain assistance when they needed it.

We looked at the procedure for cleaning. We found the home was clean throughout including bedrooms and communal areas. Personal protective equipment (PPE), such as gloves and aprons were available for use and staff knew when to use them. We also saw staff putting on PPE prior to carrying out personal care. We found there was a system in place for the safe disposal of clinical waste. We noted the home had schedules for cleaning bedrooms but these were not available for communal areas. We also noted that four bathrooms and toilets did not have soap for handwashing. We discussed these with the manager who reassured us that they would be addressed immediately.

Relatives told us they were happy with the way medicines were administered. For example, a relative said, "The nurses can be trusted with [people's] medicines – including painkillers if needed." None of the people or their relatives we spoke with had concerns relating to medicines.

However, we checked the balances of medicine in stock against the medicine administration record sheets (MARS) for 10 people and found five of these records were not accurate. We found medicines in stock for these five people did not match with the medicines in stock on their MARS. The two nurses we spoke with told us they did not use a

medicines' reconciliation sheet to check stock balances. This meant there was not always a suitable system in place to account for medicine and to check to ensure people had the right quantity of medication required.

We found one person had been prescribed medicines by a hospital and staff had not fully completed the MARS with details of the quantity of medicines received. We were informed this had been recorded in the person's care plan and we were shown evidence of this

Some people were prescribed medicines to be given only when needed, such as pain relieving medicines. We saw that although there was a policy in place to provide staff with some instructions on how to administer these medicines, the policy was not always followed and there was no protocol in place for each person who required medicine, when needed. This indicated that staff did not have the necessary information on when to administer when required medicines.

This above issues demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the action we have asked the provider to take can be found at the back of this report.

We looked at the system for disposing of or returning discarded medicines including controlled drugs as well as disposing of sharps. We found there was a suitable system in place to destroy unused medication. This meant medicinal and sharps waste was being stored and disposed of appropriately to avoid hazard or harm.

We saw that medicines were stored securely in locked cabinets in locked rooms. We also noted that there were controlled drugs (CDs) cabinets in use. We checked a CDs record book which was used to document the CDs administered. These had been signed and witnessed by two nurses each time a CD had been administered to people.

We noted that the registered manager obtained medicines for one person who regularly refused to take their medicine. A best interests meeting had been held for this person to administer their medicine covertly. However, we noted that the person was still refusing their medicine and there was no record to state the risks to the health of the person for not taking the medicine. We discussed this with

## Is the service safe?

staff and a health professional. They told us that the risk to the person of not taking this medicine was low and they would review this in a meeting to be arranged by the registered manager.

Staff files showed that all staff employed at the home had gone through the home's recruitment processes. We saw that relevant checks were completed before staff began working at the home. These included obtaining employment references and police checks to ensure staff were of good character. There was evidence in the files that staff were interviewed and had attended an induction programme before starting work at the home. These were also confirmed by staff. This showed people were supported by staff who were appropriately checked.

Relatives told us there were enough staff to support people. However, one person felt that there were not sufficient number of staff at night. We looked at the staff rota and spoke to the registered manager. We noted that there were eight care workers and two nurses during the day, and four care workers and one nurse at night. The registered manager informed us that the provider and himself were also at the home during the day shift. We observed staff were present to support people and we did not see any person who was not attended to when they needed help. We also discussed the night staffing level with the registered manager and were informed that this was sufficient for the current people who used the service. He told us that the staffing level would be reviewed when people's needs changed. This showed that the home deployed enough staff to meet people's needs.

# Is the service effective?

## Our findings

At our inspection in September 2014, we were concerned about Care and welfare of people who used services. We asked the provider to send us an action plan outlining how they would make improvements. When we inspected the home again in April 2015, we found that the provider had made improvements. This meant people received Care and treatment that was planned to meet their needs.

Care files contained information about people's needs. Details of people's nutrition needs, risks of falls, and moving and handling were recorded with instructions of how staff should ensure people's needs were met. We noted people's healthcare needs such as allergies, weight, blood pressure, and blood sugar level were monitored and recorded. Records also showed that people were referred to dietitians, speech and language therapists, district nurses, and GPs as and when needed. This ensured that people received treatment and healthcare intervention when needed.

The service provided was effective. The registered manager told us that Deprivation of Liberty Safeguards (DoLS) authorisations had been granted for four people and they were waiting for a decision regarding their other applications under DoLS. DoLS are legal safeguards that ensure people's liberty is only deprived when absolutely necessary. Records showed that the home had completed assessments of people's capacity to understand and agree to their support and there were comprehensive policies in place regarding the Mental Capacity Act 2005 and DoLS. The MCA is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment.

People told us they liked the food provided at the home. One person said, "The food is first class. [As someone who knows about food], I can tell you it is first class. I can choose what I want to eat." Relatives felt that the food provided was good. A relative said, "[The person] likes the food and would certainly say so if [they] didn't." When we asked one person if they knew what was for lunch, they were able to tell us exactly what was written on the menu. They told us that staff always came to ask them what they would like for breakfast, lunch and dinner. They said they

could choose food which was not on the menu. Records and discussion with people and staff showed the home provided food that met people's cultural, spiritual or medical needs.

We asked people what they thought of the staff. One person said, "[Staff] certainly all seem to know how to look after me. I've been here for about a year and everyone seems well trained to do their jobs." A relative told us, "The staff are pleasant. They talk to people and know their job." We observed that staff communicated effectively with people and were aware of people's needs and how to assist them. At lunchtime we saw that one member of staff sat by a person, talked to them and helped them with their meals. There was a friendly and respectful interaction between this member of staff and the person. However, we also saw another member of staff who was standing "over" a person when helping them with their meal. We discussed this with the registered manager who reassured us that all staff would be trained and reminded to sit by people and interact with them whilst supporting them with their meal.

The provider worked closely with healthcare professionals to assess and review people's medical needs. A healthcare professional told us that they believed "people received good care" and that the provider "contacted them if and when there were problems". Records showed that people were referred to and accessed healthcare from opticians, chiropodists, dentists, psychiatrists and hospitals. We noted that people's healthcare needs were regularly monitored and recorded, and appropriate referrals were made for them to receive treatment.

There was a rolling programme of training available, including safeguarding adults, infection control and moving and handling. Staff attended specialist training such as tracheotomy care. Some staff were also supported to complete qualifications in Health and Social Care. All staff we spoke with confirmed that they had induction and training to enable them to provide care for people. A member of staff listed the training they attended that included end of life care, adult safeguarding, health and safety, mental capacity act 2005 (MCA 2005), DoLS, first aid, infection control, and moving and handling. Staff were able to tell us examples of how people could be abused and how they would record and report an incident or allegation of abuse. The member of staff said, "If I see abuse, I will report to a nurse. If no action is taken I will go to the



## Is the service effective?

manager or go above to the local authority, the police or CQC.” This showed that the home provided appropriate training to ensure staff knew the procedures to follow to report incidents of abuse.

The registered manager told us that the provider offered a good range of training that was aimed at ensuring that staff fully understood the expectations of their roles. Where new

training needs arose, they supported staff to ensure they could access relevant courses. The registered manager said all staff had supervision with their line managers. Staff confirmed this. We also saw evidence of staff supervision in the staff files. This showed that staff had the opportunity to discuss their practice and training needs with their line managers.

# Is the service caring?

## Our findings

The service was caring. People and relatives spoke positively about the staff. One person said, “Staff are attentive” and “I have no complaints [about the quality of care provided].” Another person said, “Staff deal with your needs. They know what they are doing.” A relative said, “Staff here are very respectful and caring.” The relative said, “I am quite happy with the home and with the way [the person] is treated.” This showed that people were satisfied with the care provided at the home.

We observed staff interacted with people in a caring and respectful manner. We saw staff talked to people and explained what they were doing when supporting them. For example, we observed staff explaining to people the choices they had for lunch and helping them with eating their meals. Staff were not hurried when assisting people with their meals. We saw a friendly and enjoyable environment with people joking and laughing in the lounge. This showed staff were caring.

A healthcare professional told us people received “good care”. They told us staff were “knowledgeable about people” and they were happy with the care the home

provided. They told us staff discussed end of life care and “do not resuscitate” (DNR) with people when they admitted during admission. We saw evidence of these in people’s care files. This showed people had the opportunity to decide the type of end of life care they wanted to be provided.

Staff demonstrated good understanding of the need to ensure that people were treated with respect and dignity. They were able to tell us how they treated each person as an individual with their own needs. They told us they encouraged people to make decisions when supporting them. For example, what clothes to wear and when to get up. Staff told us they respected people's wishes and said it was important to involve people in all decisions affecting them.

Staff gave us examples of how they maintained people’s dignity and privacy. They told us they shut doors and closed curtains when assisting people with personal care. They told us they kept people's files in locked cabinets and ensured that information about people was not shared with others. This showed staff ensured people's privacy and dignity.

# Is the service responsive?

## Our findings

The service was responsive. People told us they knew how to complain if they were not happy about the care and treatment provided at the home. One person said, “I did not have to complain but if I need I know how to complain.” Another person told us they would speak to staff or the manager if they had a complaint. A relative said there was no reason for them to complain but they knew they could “complain to the Council [Local Authority]” if they were not satisfied with the care people received. They told us they could also speak to the manager, police or CQC if they were not happy with the service. This showed that people knew how to make a complaint if they were not happy about the service.

People told us staff listened to them. One person said staff, “listen” and “I can talk to [them]”. We observed staff interacted with people and asked them if they were comfortable. We saw staff responded without delay when people needed help or when they called them. This showed that staff promptly responded when people needed assistance.

There had been three recorded complaints since February 2015. These were investigated and responded to by registered manager. Information about the complaints procedure was displayed clearly on the wall by the main entrance. This enabled people to know that the home had a complaints procedure in place.

Staff monitored people’s health and wellbeing; reviewed care plans and arranged interventions by referring people to appropriate health and social care services. Daily records of activities and care provided to each person were kept in their files. Records showed that the home made adjustments to people’s care following ongoing monitoring and assessment of their wellbeing and the service provided. For example, bedside rails and pressure relief mattresses were provided following review of people’s needs and risk assessments. This showed that the home made suitable arrangements to respond to people’s changing needs.

Staff provided activities that reflected people’s preferences. A relative told us people participated in the activities and were supported to go out to the garden. A person told us that they had “everything” they needed and never felt “lonely although I don’t have real friends here”. Another person told us they preferred to stay in their room but they always talked with staff and never felt “lonely”. We observed that people participated in and enjoyed the activities provided by the home. We saw the staff who were facilitating the activities were knowledgeable about the activities and people’s needs including their names. However, we noted that the size of the activities’ room was too small for the number of people using it. The provider may wish to look into this by, for example, also using the training room as an activities’ room whenever possible.

# Is the service well-led?

## Our findings

At our inspection in September 2014, we were concerned about Assessing and monitoring the quality of service provision. We asked the provider to send us an action plan outlining how they would make improvements. When we inspected the home again in April 2015, we found that the provider had made improvements. This meant that there were systems in place to identify, assess and manage risks relating to the health, welfare and safety of people and others who may be at risk from carrying out the regulated activity.

The registered manager had systems in place to monitor different aspects of the service. For example, staff regularly checked and recorded that the emergency lights were working and fire tests were carried out. Staff also checked and recorded that rooms were cleaned and beds were made up for people. This showed that there was a routine for checking facilities and equipment were safe. Records showed that staff audited medicines weekly. However, we saw gaps in recording of medicines. The registered manager told us that he would review and make medicine auditing system more frequent so that errors were identified and dealt with by staff immediately.

The service was well-led. People spoke positively about the home. They told us the home was "very good" and that staff made "things right". One person said they were "content" with the quality of the service. Another person told us the home was "the best" they had been to. A relative told us that they were "quite happy with the home and the way people were treated".

Staff told us they liked working at the home. They said they felt supported by their managers and team members. They informed us the registered manager listened to them and they could talk to him.

Staff knew the home's policies and procedures including the whistleblowing and complaints procedures. They were able to explain how they could make use of the procedures for example by reporting to the manager or relevant others including the CQC if they became aware of concerns.

Staff attended regular team meetings. They told us the meetings gave them the opportunity to discuss best practices and also share experience with colleagues. They said the team meetings were useful. A copy of the staff meeting minutes showed that staff had attended and discussed a range of issues related to the service.

Relatives made positive comments about the service. For example, they wrote in a compliment card, "We would like to thank you all for looking after [a person] and for the kindness shown to us on our visits." This showed the home was welcoming and relatives were able to talk to staff.

The registered manager used survey questionnaires to obtain people's and relatives' views about the quality of the service. We saw samples of questionnaires sent out to friends and relatives of people on 11 February 2015. We found that eight people had completed and returned the questionnaires. All of these indicated that they were satisfied with the quality of the service. The registered manager was yet to collate the outcome of the feedback and put an action plan in place to make further improvements to the service.

We saw the home was well managed by the registered manager and the provider. We noted both the registered manager and the provider were the owners of the home and were present Monday to Friday during day shifts.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services were not protected against the risks associated with unsafe management or administration of medicines because of inadequate recording and accounting of medicines. Regulation 12 (2) (f) (g)</p>