

Unity Homes Limited

Cambridge Court 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 effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 20 and 21 December 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 46 people living in the home.

When we carried out an unannounced comprehensive inspection of this service in May 2016, breaches of legal requirements were found and the service was rated as, "Inadequate." 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 had made improvements and now met legal requirements.

There was a 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.

This service was last inspected in May 2016. During this inspection we found the provider was in breach of regulations relating to safeguarding, safe care and treatment, the safe management of medication, fit and proper persons employed, staffing, consent, dignity and respect, person centred care, governance of the service and submitting notifications. The overall rating for this service was 'Inadequate'. The provider sent us an action plan to advise what actions they would take to improve the quality of the service and we reviewed this as part of this inspection. We found that improvements had been made and the provider was no longer in breach of these regulations.

In May 2016 we found the provider to be in breach of regulation regarding staffing levels within the home. During this inspection our observations showed there were adequate numbers of staff on duty; however the feedback received from people was mixed. The provider had reviewed staffing levels since the last inspection and created two supernumerary deputy manager roles and developed more structure as to how staff were deployed. We discussed this with the provider who told us they would continue to look at ways of improving people's experiences. The provider was no longer in breach of this regulation.

At the previous inspection in May 2016, we found that not all incidents that should have been referred to the safeguarding team for investigation had been and not all staff had received training in relation to safeguarding. During this most recent inspection, we found that staff had a good knowledge of safeguarding and referrals had been made appropriately. The provider was no longer in breach in this regulation.

During the last inspection, we found that CQC had not been notified of all events and incidents that

occurred in the home. At this inspection we found notifications had been made appropriately. The provider was no longer in breach of this regulation.

In May 2016 we found that risk assessments did not always contain sufficient information as to how risks would be managed. At this inspection we found that risk assessments were in place to assess specific risks to people and measures were put in place to minimise these risks. The provider was no longer in breach of this regulation.

We found that medicines were not always managed safely at our last inspection, however during our most recent inspection we found that this had improved and medicines were ordered, stored and administered in line with current guidance. The provider was no longer in breach of this regulation.

At the last inspection, we found that risk assessments had not been completed to show that any risks identified during the recruitment process had been addressed. During this inspection we found that improvements had been made as safe recruitment practices were evident and risk assessments had been completed. The provider was no longer in breach of this regulation.

In May 2016 we found that not all staff had received an annual appraisal, detailed induction or regular training to support them in their role. At this inspection we found that improvements had been made. Staff had received an induction and an appraisal and took part in regular supervision. Most staff had completed mandatory training, though we observed that best practice in relation to moving and handling was not always implemented.

At the last inspection we found that consent was not always sought in line with the principles of the Mental Capacity Act 2005 (MCA) and conditions applied to authorisations to legally deprive people of their liberty were not always followed. During this inspection we found that DoLS were applied for when needed, and consent was sought in line with the principles of the MCA and recorded in people's care files.

In May 2016 we found that people's confidential records were not always stored securely. At this inspection we found that records were stored securely, which meant that only people who needed to, could access this information.

At the last inspection we also observed that staff did not always interact with people when providing them with support. They did not explain the care or offer reassurances. During this inspection we observed a number of interactions between staff and people living in the home and they were all warm and caring. The provider was no longer in breach of this regulation.

At the previous inspection we found that people did not always receive person centred care. At this most recent inspection, people we spoke with told us they were given choices regarding their care, such as the gender of staff that supported them with personal care, how they spent their day and when to get up of a morning. Care plans reflected people's preferences and contained information about them within a life history document. This helped to ensure that people were supported by staff that knew them well and could provide care based on their needs and preferences.

During the last inspection people told us they were bored and staff and relatives agreed that there was a lack of activities provided. During this inspection we found that an activity coordinator was in post five days per week and feedback regarding activities was more positive. An activity centre had also been developed within the grounds of the home, as well as a cinema room. The provider was no longer in breach of this regulation.

People living at the home spoke highly of the staff and told us they were kind and caring and relatives agreed. There were no restrictions on visiting the home and people told us their family members were made welcome when they visited.

People at the home were supported by both the staff and external health care professionals to maintain their health and wellbeing.

Feedback regarding meals was positive. The chef and staff we spoke with were aware of people's dietary needs and preferences and these were recorded in care files.

Care files reflected that people or their families had been involved in discussions regarding care and this was evident through signed care plan agreement forms.

Most care plans we viewed were detailed and reflected the needs and preferences of the individual and had been reviewed regularly.

Records showed that quality assurance surveys were issued to people and their relatives at various times throughout the year in order to gather feedback from people. Records also showed that resident and relative meetings took place, though they did not appear to be regular. People had access to a complaints procedure within the home. The registered manager maintained a log of all complaints received and their outcomes.

People living in the home told us they felt safe living in Cambridge Court. We found the home to be clean and well maintained. Accidents and incidents were reported and recorded appropriately. Arrangements were in place for checking most of the environment and equipment to ensure it was safe. There was no evidence that bed rails or window restrictors were routinely checked.

Effective systems were in place to monitor the quality and safety of the service, however actions had not been taken to address all of the identified concerns. Both the registered manager and provider were involved in assessing the service. The provider was no longer in breach of this regulation.

We observed that the ratings from the last inspection were clearly displayed within the home in accordance with CQC guidance.

People living in the home and staff told us the registered manager; deputy managers and the provider were both approachable and supportive. Staff told us they enjoyed working at Cambridge Court and felt well supported. Staff we spoke with were aware of the home's whistle blowing policy and told us they would not hesitate to raise any concerns they had.

Staff told us positive changes had taken place within the home since the last inspection.

At the previous inspection of Cambridge Court the provider was found to be inadequate and the service was placed in 'special measures' by CQC. During this inspection we found that improvements had been made and breaches of regulations we identified in May 2016 had been met. The rating of Cambridge Court has been revised and the service is no longer in special measures.

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.

There was mixed feedback regarding staffing levels within the home.

Arrangements were in place for checking the safety of the environment and equipment, however there was no evidence that bed rails or window restrictors were routinely checked.

Staff had a good knowledge of safeguarding and referrals had been made to the Local Authority appropriately.

Risk assessments were in place to assess specific risks to people and measures were put in place to minimise these risks.

Medicines were managed safely.

People living in the home told us they felt safe living in Cambridge Court and we found safe recruitment practices were evident.

The breaches of regulations we identified in May 2016 were now met. We have revised the rating for this domain following our inspection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Most staff had completed mandatory training, though we observed that best practice in relation to moving and handling was not always implemented.

Staff were supported in their role through induction, supervision and appraisal.

DoLS were applied for when needed, and consent was sought in line with the principles of the MCA and recorded in people's care files.

People at the home were supported by both the staff and

Requires Improvement ●

external health care professionals to maintain their health and wellbeing.

Feedback regarding meals was positive and people's dietary needs were catered for.

The breaches of regulations we identified in May 2016 were now met. We have revised the rating for this domain following our inspection.

Is the service caring?

Good ●

The service was caring.

People's confidential records were stored securely, which meant that only people who needed to, could access this information.

Interaction between staff and people living in the home were warm and caring. Feedback regarding staff was positive.

There were no restrictions on visiting the home and people told us their family members were made welcome when they visited.

The breaches of regulations we identified in May 2016 were now met. We have revised the rating for this domain following our inspection.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care.

Care plans reflected people's preferences and contained information about them within a life history document. Most plans were detailed and had been reviewed regularly.

Feedback regarding activities was positive. An activity centre had also been developed within the grounds of the home, as well as a cinema room.

Systems were in place to gather feedback from people, though meetings were not regular. People had access to a complaints procedure.

The breaches of regulations we identified in May 2016 were now met. We have revised the rating for this domain following our inspection.

Is the service well-led?

The service was not always well-led.

Systems were in place to monitor the quality and safety of the service, however actions had not been taken to address all of the concerns raised.

Statutory notifications had been made appropriately to CQC. The ratings from the last inspection were clearly displayed within the home.

Feedback regarding all levels of management was positive and staff felt well supported.

Staff we spoke with were aware of the home's whistle blowing policy and told us they would not hesitate to raise any concerns they had.

Staff told us positive changes had taken place within the home since the last inspection.

The breaches of regulations we identified in May 2016 were now met. We have revised the rating for this domain following our inspection.

Requires Improvement 

Cambridge Court Care Home

Detailed findings

Background to this inspection

We undertook an unannounced comprehensive inspection of Cambridge Court on 20 and 21 December 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 and had been rated as 'inadequate.' 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?

During the inspection we spoke with the provider, the registered manager, two assistant managers, the administrator, five people living in the home, five relatives, two members of the care team, the activity coordinator and the chef.

The inspection team included an adult social care inspector 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.

We looked at the care files of four people receiving support from the service, six 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.

Is the service safe?

Our findings

When we carried out a comprehensive inspection of Cambridge Court in May 2016, we identified breaches of regulation in relation to keeping people safe. The 'safe' domain was rated as, 'Inadequate'. This inspection checked the action the provider had taken to address the breaches in regulation and to look at the quality and safety of the service. The previous breaches were in relation to safeguarding, risk management, medicines management, staff recruitment and staffing levels.

At our inspection in May 2016 we found the provider to be in breach of regulation regarding staffing levels within the home. Staff rotas did not accurately reflect the number of staff on duty and our observations showed there were not always enough staff to meet people's needs effectively. At this recent inspection, we found that improvements had been made, though there were still some concerns raised regarding staffing levels. The provider was no longer in breach of regulation regarding this.

During this inspection we looked at how the home was staffed. There were two nurses and ten care staff on duty, as well as the registered manager, two deputy managers, kitchen, maintenance, administration and domestic staff, to support 46 people living in the home. Staff rota's we viewed were reflective of the staff on duty and showed that these staffing levels were consistently maintained. Since the last inspection the provider had reviewed staffing and created two supernumerary deputy manager roles and developed more structure as to how staff were deployed which staff told us had made a difference. A staffing level calculator had been completed based on the level of dependency of each person living in the home, to try to establish how many staff were required to be on duty to meet their needs. This showed that there were more staff on duty during the day than the assessment stated was necessary and the number of staff scheduled to be on duty at night were as the calculator tool recommended.

Most staff we spoke with told us they felt there were adequate numbers of staff to meet people's needs. One staff member told us, "We are lucky with staffing levels" and another said, "Staffing is good." Staff we spoke with told us that call bells were answered quickly and people's needs were always met.

We found however that feedback we received from people living in the home and their relatives was mixed. Most people told us that if they needed any support during the day they only had to ask and would be supported quickly. Comments regarding staffing levels included, "We don't really need anybody else", "A couple of times at night I've waited longer, when [staff] have been busy with someone" and, "I don't think there's enough at night." Another person told us they had had to wait a long time once when they needed the toilet. When asked about how long they waited for support after pressing their call bell, one person said, "I found it ok." One relative we spoke with told us they felt the staffing levels were very good and this was one of the reasons for choosing the home for their relative. When asked if they felt there were enough staff, other comments from relatives included, "There seems to be yes", "Yes, but [staff] are sometimes a bit pushed" and "No. [Staff] don't get a minute. They're in and out doing what they have to do and that's it."

Our observations showed that staff attended to people requests for support quickly, call bells were answered after a short period of time and there was staff visible in communal areas at all times during the

inspection.

We found that feedback and observations regarding staffing levels had improved since the last inspection, although not all people were satisfied regarding this. We discussed this with the provider who told us they would continue to look at ways of improving people's experiences. The provider described plans they aimed to implement in the near future which could have an impact on this.

At the previous inspection in May 2016, we found systems in place were not effective to ensure people remained safe and we found the provider to be in breach of regulation regarding safeguarding. Not all incidents that should have been referred to the safeguarding team for investigation had been and not all staff had received training in relation to safeguarding. During this most recent inspection, we found that improvements had been made. Staff we spoke with and records we viewed, showed that most staff had now completed safeguarding training and staff had clear knowledge and understanding of their responsibilities in relation to reporting concerns. We found that referrals had been made to the local authority safeguarding team appropriately to enable concerns to be investigated. The provider was no longer in breach of this regulation.

In May 2016 we found that risk assessments did not always contain sufficient information as to how risks would be managed and there were no records of the actions described in the risk assessments. For example, risk assessments in place for people who spent time in their room and were unable to use the nurse call stated that staff would make regular checks on these people, but there was no detail as to the frequency of the checks and no evidence that these checks had been completed. At this inspection we found that improvements had been made and records we viewed were detailed and showed that staff made regular checks on people in their rooms who were unable to call for assistance.

Records showed staff had completed risk assessments to assess and monitor people's health and safety. Risk assessments had been completed in areas such as the use of bed rails, risk of falls, skin integrity, malnutrition, use of hoists, as well as a range of activities and tasks that took place within the home. The provider was no longer in breach of this regulation.

Care files showed that people had a personal emergency evacuation plan (PEEP) in place. These guided staff what support each person would require to be assisted to a safe place in the event of an emergency. They followed the home's policy of horizontal evacuation, though did not contain further detail as to how people would be supported to evacuate the building should this be required in the absence of the emergency services.

We found that medicines were not always managed safely at our last inspection in May 2016 and the provider was found to be in breach of regulation regarding this. Records were not always accurately maintained and we observed medicines were not always administered safely. PRN plans did not provide adequate information to ensure medicine could be administered to people consistently and effectively. At this inspection we found that improvements had been made and medicines were managed safely.

During this inspection we looked at the systems in place for managing medicines in 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 found that Medication Administration Records (MARs) were completed fully and reflected medicines that had been administered, refused or had not been required. People who had an allergy recorded in their care

files also had this information available on their MAR charts to help avoid being prescribed or administered medicine they were allergic to.

We also found that PRN (as and when needed) protocols were in place and provided detailed information to ensure medicines could be administered to people effectively and consistently. For example, one person's MAR chart described to staff what signs to look for to identify whether or not the person was in pain, as they were unable to inform staff verbally. This meant that the person could receive their prescribed pain relief medication when they needed it. People we spoke with told us they received their medicines when they needed them.

Medicines were stored safely in a locked clinic room and the temperature of the room was recorded daily, as well as the temperature of the medicine fridge. Records showed that these temperatures were within safe ranges. If medicines are not stored at the correct temperature, they may not work as effectively. Controlled drugs were stored in line with legislation and signed by two staff when administered. Regular stock balance checks for controlled medicines were evident. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation.

Staff told us and records we viewed confirmed, that staff had completed training in relation to safe medicine administration and had their competency assessed. The provider was no longer in breach of this regulation.

At the last inspection, we found that processes were not in place to ensure staff were suitable to work with vulnerable people as risk assessments had not been completed to show that any risks identified during the recruitment process had been addressed. During this inspection we looked at how staff were recruited into the home and found that improvements had been made as safe recruitment practices were evident. The provider was no longer in breach of this regulation.

We viewed six staff recruitment records and found that they contained the required information, such as employment history, photographic identification of staff and references from previous employers. Although not all files contained a reference from the staff member's last employer, there was evidence that attempts had been made unsuccessfully to obtain these. Disclosure and Barring Service (DBS) checks were in place prior to people commencing in post. 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 any risks identified during this process, had been assessed by the provider to ensure it was safe for staff to work with vulnerable people.

We looked at accident and incident reporting within the home and found these were reported and recorded appropriately. An accident book was in use and care files we viewed reflected when people had been involved in any accidents, such as falls. Records also showed that appropriate actions had been taken following any incidents. For example, one accident form reported a minor incident that occurred in the grounds of the home; the provider responded and fitted extra lighting to reduce the potential of this happening again.

People living in the home that we spoke with told us they felt safe living in Cambridge Court. Their comments included, "Yes. The place is secure and the staff keep an eye on things. They know what they're doing" and "Yes because you're well looked after." All relatives we spoke with told us that people were safe and staff agreed. One staff member told us people were, "Safe and well looked after."

Arrangements were in place for checking the environment and equipment to ensure it was safe. External

contracts were in place to ensure safe provision of gas, electricity, passenger lift, fire fighting equipment, hoists and slings and the fire alarm system. We viewed certificates from these checks and they were in date. Regular internal checks were also completed and recorded for the fire alarm, emergency lights, hot water boiler, water temperatures, fire doors and PAT testing. There was no evidence that bed rails or window restrictors were routinely checked. We discussed this with the registered manager and provider and they agreed to review this.

During the inspection we observed a hot water urn to be in use in a satellite kitchen. The door to this was open which meant that vulnerable people had access to it and could be at risk of injury. The registered manager immediately secured the room and the provider later told us that they had recently bought kettles so this urn would not be used and had now removed the urn permanently and we observed that it was no longer in the kitchen before the end of the inspection.

We found the home to be clean and well maintained. Bathrooms contained liquid soap and paper towels and staff had access to appropriate personal protective equipment in line with infection control guidance. We observed staff using gloves and aprons appropriately throughout the inspection and hand gel was available for everybody to use. When asked about the cleanliness of the home all people we spoke with were complimentary. One person told us, "Yes, it's lovely and clean" and a relative said, "Yes, the rooms are always clean."

The breaches of regulations we identified in May 2016 were now met. We have revised the rating for this domain following our inspection.

Is the service effective?

Our findings

When we carried out a comprehensive inspection of Cambridge Court in May 2016, we identified breaches of regulation in the "Effective" domain, which was rated as, "Inadequate." 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, Deprivation of Liberty Safeguards and gaining consent.

In May 2016 we found that not all staff had received an annual appraisal, detailed induction or regular training to support them in their role. At this inspection we reviewed staff training and support and found that improvements had been made.

Records showed that all staff had received an appraisal in the last 12 months and a one to one supervision recently. The registered manager told us staff receive supervisions up to six times per year and staff we spoke with agreed these were conducted regularly.

We viewed the training matrix for the service which showed that most staff had completed training in courses the provider considered mandatory. These courses included manual handling, dementia awareness, health and safety, first aid, mental capacity act, safeguarding, fire awareness and infection control. Staff we spoke with told us they had access to a range of training which they felt was sufficient to enable them to meet people's needs safely and that if they felt any further training was required, they could request this. We observed staff being given advice and guidance by a deputy manager as to how to use equipment correctly. We seen staff use a variety of moving and handling equipment appropriately; however we also observed one member of staff support a person to stand in a way that was not in line with best practice. We spoke with the registered manager and provider regarding this and they assured us that further training would be provided.

At the last inspection we found that not all staff received an adequate induction in line with the principles of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to achieve and be assessed as competent. At this inspection we viewed records relating to induction and found that new care staff had completed an induction in line with the Care Certificate and this had been signed off by both the staff member and registered manager. Staff we spoke with told us their induction was sufficient and that they shadowed more senior staff at first whilst they got to know the people they would be supporting. The provider was no longer in breach of this regulation.

At the last inspection we found that consent was not always sought in line with the principles of the Mental Capacity Act 2005 (MCA) and conditions applied to authorisations to legally deprive people of their liberty were not always followed.

During this inspection we looked to see if the service was working within the legal framework of the 2005 MCA. The 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).

The registered manager told us that six DoLS authorisations were in place and a number of other required applications had been submitted to the Local Authority for assessment. We found that staff had completed training in relation to DoLS and those staff we spoke with were aware of who this applied to within the home. We viewed the care records for one person who had an authorised DoLS in place and there was a care plan in place to inform staff of how this impacted on the care the person received, when it was due to expire and actions to take should the person leave the home, such as being admitted to hospital. The provider was no longer in breach of this regulation.

In May 2016 we found that the principles of the MCA were not always followed as mental capacity assessments were not always completed fully and there was no evidence of best interest decision making when people were assessed as lacking capacity to make the decision.

At this inspection we spoke with staff about how they gained people's consent to the care and treatment provided to them. Staff we spoke with told us they always asked for people's consent before providing care and we observed this during the visit, such as knocking on people's bedroom doors before entering and asking for consent before supporting people to transfer with a hoist.

Care plans showed that when able, people signed to show their consent in areas such as care planning, photography, use of bed rails and access to care records. When people were unable to consent, we found that mental capacity assessments were completed and best interest decisions recorded with involvement from relevant people. For instance, one person's care plan showed they had been assessed as lacking capacity to understand the implications of refusing their medicines. Discussions were held with the person's G.P, family and pharmacist and it was agreed for staff to administer certain medicines covertly (hidden in food or drinks) in their best interest. This process was clearly recorded and a care plan was in place to guide staff how to administer the person's medicines. The provider was no longer in breach of this regulation.

People at the home were supported by both 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 GP, community matron, dietician, speech and language therapist and the optician. Care files showed that staff made appropriate referrals for specialist advice in a timely way. When asked if medical advice was sought when necessary, one person told us, "Yes, very quickly" and all relatives we spoke with agreed.

Cambridge Court have begun using a telemedicine system which gives staff access to medical advice 24 hours per day. One staff member told us this had been really helpful in ensuring advice was sought quickly when needed.

We asked people about meals and drinks available in the home and feedback was positive. One person told us, "It's like being at home" and another person said, "The food is really good given that they are working on a budget." Relatives were also positive regarding meals available and one relative told us, "It look's excellent." We viewed completed quality assurance surveys within which people provided feedback regarding the food and comments included, "Good food" and, "Food is very good. I enjoy it."

We spoke with the chef who told us people were asked each day what their preference was for lunch and people we spoke with told us there was always alternatives available if they did not like the meal offered on the menu. Main meals were usually served at lunch time and tea consisted of soup and sandwiches. One person told us, "Tea never really varies, but it is fine." The chef was aware of people's dietary requirements, including specialised diets and preferences and had developed an easy to read document to ensure all staff had access to clear and accurate information regarding this. Staff we spoke with were also knowledgeable about people's needs and preferences and one staff member told us they had access to a pictorial menu for those people that required it. A relative told us, "[Relative] is eating since moving into the home and has put on weight. The staff get to know what [relative] likes and doesn't."

We observed staff providing support to people to eat their meals when required at lunch time and this was undertaken in a discreet way. There were a number of staff available in the dining room and those people who required support were not assisted to the table until there was a staff member that could assist them. This meant that people were not sitting at the table for long periods waiting for their meal, or it being left in front of them to go cold. One staff member we spoke with told us meal time experiences had improved recently as management had informed all staff to be available in the dining rooms to ensure people were supported timely. We found that drinks were available to people with their lunch and nobody was rushed.

The breaches of regulations we identified in May 2016 were now met. We have revised the rating for this domain following our inspection.

Is the service caring?

Our findings

During the last inspection in May 2016, we identified a breach of regulation in the "Caring" domain, which was rated as, "Requires improvement." This inspection checked the action the provider had taken to address the breach in regulation and look at the quality and safety of the service. The breach was in relation to maintaining the dignity and respect of people living in the home.

At the last inspection we found that people's dignity and privacy was not always maintained as confidential records were not always stored securely, staff did not engage with people and talk to them about the support they providing, such as when using a hoist to help people to transfer and some people reported difficulty with communication as they could not understand all staff members. We looked at these areas during this inspection and found that improvements had been made.

In May 2016 we found that people's confidential records were not always stored securely. At this inspection we found that records were stored securely, which meant that only people who needed to, could access this information.

At the last inspection we also observed that staff did not always interact with people when providing them with support. They did not explain the care or offer reassurances. During this inspection we observed a number of interactions between staff and people living in the home and they were all warm and caring. We observed one person being supported to transfer using a hoist. They were spoken to throughout the process and given explanations as to what would happen next. We also observed one person who was upset and a staff member sat and spoke with them and offered reassurances until they were calm and settled. The provider was no longer in breach of this regulation.

People living at the home spoke highly of the staff and told us they were kind and caring. Their comments included, "The staff are great and they're all nice people; I have no problem with them. We have a good laugh; we are all good friends", ""Very kind yes" and "They are fantastic but don't have much time." Relatives we spoke with were also positive about the staff in Cambridge Court. Staff were described as, "Good, no problem at all, quite caring", "Very, very caring and patient" and "No problem at all, they all speak nicely to people." Quality assurance surveys we viewed contained feedback regarding staff and comments included, "[Staff] treat me well", "I like them and they like me" and "[Staff] listen to me."

We observed people's dignity being maintained by staff in a number of ways during the inspection, such as referring to people by their preferred name. For example, one staff member told us how a person preferred to be called by their title and surname and care plans we viewed reflected people's preferred names. Staff told us they always knocked on people's doors before entering and we seen this during the inspection. People we spoke with told us that staff always treated them with respect. Comments included, "They always knock" and, "They knock and when I needed a lot of care they were very respectful."

People told us that staff supported them in such a way as to promote their independence. A relative told us how their family member had been encouraged to join others at the dining table for lunch rather than eating

in their room with staff support. They told us, "That's much better for [relatives] independence." Another relative told us that although staff supported their family member to eat, when they were having a good day and could manage it themselves, staff encouraged this.

People we spoke with told us they felt staff knew them well. We observed staff making people drinks and when handing it to people, clearly describing what the drink was, whether there was sugar, milk etc. This showed that the staff member was aware of people's preferences. Staff we spoke with agreed that they got to know people as individuals.

We observed relatives visiting during the inspection. The registered manager told us there were no restrictions in visiting, encouraging relationships to be maintained. People we spoke with told us their relatives could visit at any time. One person said, "Yes, I can see [family] whenever I want and wherever I want" and another person told us, "Yes, they are offered a cup of tea when they come." Relatives agreed they could visit anytime and told us they were able to visit their family members in private. One relative told us, "Yes if I want to, although I am quite happy to sit in dining area with [relative]."

For people who did not have friends or family to support them, details of a local advocacy service were available within the home for people to access should they require this service. One person told us they were currently accessing an advocacy service through their social worker.

The breaches of regulations we identified in May 2016 were now met. We have revised the rating for this domain following our inspection.

Is the service responsive?

Our findings

When we carried out a comprehensive inspection of Cambridge Court in May 2016, we identified a breach of regulation in the "Responsive" domain, which was rated as, "Requires Improvement." This inspection checked the action the provider had taken to address the breach in regulation which was in relation to activities and provision of person centred care. We found at this inspection that improvements had been made.

At the last inspection we found that people did not always receive person centred care. For instance, people told us they did not have a choice as to the gender of the carer that supported them with personal care. At this most recent inspection, people we spoke with told us they were asked if they had a preference, though most people we spoke with did not have a preference. One person told us, "I don't mind but I was asked when I first came" and another person said, "They're all trained, aren't they? So it doesn't matter if they're male or female."

All people we spoke with told us they had choice as to how they spent their day, such as when they went to bed and got up, whether to participate in activities and what foods they wanted to eat. Care plans guided staff to ensure people were encouraged to make choices about their care. For instance, one person's personal care plan informed staff to ask the person what they wanted to wear each day and reflected the choices and preferences the person had made staff aware of, such as the perfume they liked to wear.

We found during this inspection that care plans contained a 'This is your life' document which provided information regarding the person's family members, past occupations and hobbies, special events in the person's life and how they liked to spend their time now. It included information regarding people's preferences in areas such as activities, colours, music, films and books. Care plans also informed staff of people's preferences in areas such as food, drinks and routines. This helped to ensure that people were supported by staff that knew them well and could provide care based on their needs and preferences.

At the last inspection people told us they were bored and staff and relatives agreed that there was a lack of activities provided. There was no activity coordinator employed at the time of the last inspection. During this inspection we found that an activity coordinator was in post five days per week and feedback regarding activities was more positive. People told us there were more activities available to them and we saw that activities were scheduled regularly, such as board games, baking, painting, quizzes, trips out to places of interest, parties, films and one to one activities such as hand massages or just talking with people. The activity coordinator told us they provided one to one activities in the morning and group activities in the afternoon and that they had developed a rota to ensure each person was offered one to one time regularly. They hoped to further develop activity provision through creation of reminiscence therapy and each person had recently completed a questionnaire regarding activities to help ensure those provided were reflective of people's preferences.

The provider showed us the 'Activity Hub' that had been developed since the last inspection. This was a separate building that contained space for people to hold parties or participate in activities. It had been

decorated to reflect local interests, such as football teams. There were photographs of past events and activities and the provider told us they planned to develop a sensory room within the building. A new cinema area had also been developed within one of the lounges and staff told us this was used nearly every day and people enjoyed it.

People we spoke with were aware of the activities available. One person told us, "There's quite a lot going on, I enjoy it when we do quizzes" and another person said, "We have singers in and go out on trips sometimes." Relatives we spoke with agreed that activities were regularly available and one relative told us that a lot of "Man hours" had gone into creating the new activity centre. Another family member told us, "It's lovely, there's always something going on and [relative] is a different person from how [relative] was before [at previous care home]. [Relative] is smiling now; they never used to." A different relative told us, "They play games. We have used the club for parties and have seen it in use by the home when we're visiting." The provider was no longer in breach of this regulation.

Although not all people we spoke with could recall being involved in the creation of their care plans, people were happy with the support in place. One person told us, "[Staff] are very good with all that and they've looked after me well since I've been here. No complaints." Care files reflected that people or their families had been involved in discussions regarding care and this was evident through signed care plan agreement forms.

Care files contained a pre admission assessment; this helped to ensure the service was aware of people's needs and that they could be met effectively as soon as people moved into the home. Care files also contained service user profile summary which gave a brief overview of the support people needed. This helped to ensure that staff had accessible information about the person and the support they required.

We viewed care plans in areas such as safe environment, communication, breathing, sleeping, eating and drinking, elimination, washing and dressing and mobility. There were also care plans specific to people's health needs, such as seizures, behaviour management, covert administration of medicines, catheter care and wound management.

Most care plans were detailed and reflected the needs and preferences of the individual. For example, one person's nutritional care plan advised that the person required a specialist diet and what consistency their food and drinks needed to be to ensure they could swallow them safely. The care plan advised what support the staff were to offer, that they should ensure the person was sat upright when eating, not to rush the person and record all diet and fluid intake. Another person's sleeping care plan reflected the person's preference regarding the time they liked to go to bed, but also the need for bed rails to help maintain their safety and that the person required staff to assist them to reposition every two hours during the night. This care was evidenced as provided.

We looked at processes in place to gather feedback from people regarding the service. Records showed that quality assurance surveys were issued to people and their relatives at various times throughout the year, although relatives we spoke with during the inspection did not recall any surveys being issued to them. These surveys asked for feedback on the quality of the service and included areas such as meals, staff attitudes and activities. These records showed that the registered manager had reviewed the feedback and had in most instances, recorded actions taken. For instance, one person had made comment about the food and the manager had arranged for the chef to meet with the person to discuss their options and scheduled in a meeting with the person in a few weeks to establish if they were satisfied with the actions taken.

Records also showed that resident and relative meetings took place, though they did not appear to be

regular. One person living in the home told us, "We have chats about what we want and don't want; what's good and what's not."

People had access to a complaints procedure within the home. The registered manager maintained a log of all complaints received and their outcomes. We viewed three complaints and found that they had been investigated appropriately in line with the policy of the home, and that the complainants were happy with the outcomes. People we spoke with told us they knew how to raise any concerns they had regarding their care and felt happy to do this.

The registered manager told us there was nobody currently living in the home that had any specific religious needs but that they would always respect and meet people's religious or cultural needs. We were told about a group of people who regularly attended a local church for brunch.

The breach of regulation we identified in May 2016 were now met. We have revised the rating for this domain following our inspection.

Is the service well-led?

Our findings

When we carried out a comprehensive inspection of Cambridge Court in May 2016, we identified breaches of regulation in the "Well-led" domain, which was rated as, "Inadequate." 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 and not informing CQC of notifiable incidents within the home.

At the last inspection we found that although audits had been completed, identified actions were not always addressed. During this inspection, we looked at the systems in place to enable the registered manager and provider to assess and monitor the quality and safety of the service and found that improvements had been made.

We viewed completed audits which included areas such as falls, staff files, medicines, care files and infection control. Audits identified areas for improvement and actions were recorded. We found that identified actions were addressed. For example, one medicine audit reflected that staff were not using the reverse of the MAR chart to record reasons for PRN medicines being administered or other medicine not being administered. The identified action was for the registered manager to hold supervisions with nursing staff to remind them of their responsibilities in this area and we viewed records which showed these meetings had taken place. Another example relates to a care plan audit we viewed. The audit identified that a photograph of the person was required; we viewed the person's care file and seen that this was now in place. We did however review comments/ratings in completed quality assurance surveys that would require further review by the registered manager and this was not always evident. The registered manager told us they would review all surveys and take appropriate action.

Recommendations from audits completed by external bodies had also been addressed by the provider. For instance, Sefton clinical commissioning group had undertaken an audit of medicines in the home. This highlighted that staff needed to sign medicine policies; that a policy was required for MAR charts and further detail was required for the direction on some topical medicine prescriptions. We found that all of these actions had been addressed at the time of the inspection.

At the last inspection we found that although the provider visited the service regularly, there was no evidence of these visits or checks undertaken during them. During this inspection, the provider told us and records we viewed showed, that they were involved in the regular audits completed in the home and so was aware of any issues that arose. After the last inspection the provider developed an action plan to advise us what actions would be taken to ensure improvements were made. We found that each of the points on the action plan had been met. This meant that there were effective systems in place to monitor the safety and quality of the service. The provider was no longer in breach of this regulation.

During the last inspection, we found that CQC had not been notified of all events and incidents that occurred in the home in accordance with our statutory notifications. At this inspection we reviewed the incidents that had occurred within the home and found notifications had been made appropriately. This

helped to ensure that CQC was aware of any risks relating to Cambridge Court. The provider was no longer in breach of this regulation.

We observed that the ratings from the last inspection were clearly displayed within the home in accordance with CQC guidance.

We asked people their views of how the home was managed and feedback was positive. There was a registered manager in place and staff described them as, "Really helpful", "Supportive" and "Approachable." Staff told us they felt well supported by the registered manager and one staff member told us the registered manager always tells them to come to them if they have any problems at all. Another staff member told us they had a good working relationship with the registered manager. People we spoke with told us the newly appointed deputy managers were also very supportive.

One staff member told us the provider was, "Really, really approachable" and that he, "Understands." Most relatives we spoke with were aware of who the owner was and told us he was, "Friendly", "Approachable" and, "The owner is here all day so he seems to be on the ball."

We asked people what it was like to live in Cambridge Court and their comments included, "It is just like being at home, like a family" and "It's fine, I'm alright here." Other people however told us, "It's a bit quiet" and, "We're cared for as best [staff] can, but [staff] are under pressure." Feedback from relatives was mostly positive; one relative told us, "As soon as we walked in we knew we were going to be happy with it. We feel really fortunate to have found it." Another relative told us, "It's just lovely."

Staff told us they enjoyed working at Cambridge Court. One staff member told us, "I love it here" and another staff member told us they were proud to work at the home. All staff we spoke with told us they would be happy for one of their family members to receive care at the home.

We asked staff about any changes that had taken place within the home since the last inspection and staff told us care was more person centred, they were well supported by the management team, meals had improved and more activities were available. One staff member told us that the changes had had a positive impact on people living in the home as they see them laughing and smiling and singing.

Staff we spoke with were aware of the home's whistle blowing policy and told us they would not hesitate to raise any concerns they had. Having a whistle blowing policy helps to promote an open culture within the home.

We looked at processes in place to gather feedback from people and listen to their views about the quality of the service. As well as the resident and relative meetings and quality assurance surveys completed, there was also staff meetings held. Staff told us they were encouraged to share their views during the meetings and were listened to if they did raise an issue. Records we viewed showed that staff meetings covered areas such as teamwork, record keeping, confidentiality, care planning and staffing.

The breaches of regulations we identified in May 2016 were now met. We have revised the rating for this domain following our inspection.