

Unity Homes Limited

Cambridge Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 9 and 10 January 2018 and was unannounced.

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

Cambridge Court Care Home is located in Waterloo in Liverpool. It has 54 bedrooms some of which have en-suite facilities. The home has been refurbished to a high standard but still requires additional refurbishments in some parts of the home. The home provides 24 hour long term care, respite residential care and care for residents with nursing and dementia care requirements. Accommodation is located over three floors with access to all areas of the home by a passenger lift. During the inspection there were 39 people living in the home.

When we carried out a previous inspection in December 2016 we found the service was rated 'requires improvement' in safe, effective and well-led with an overall rating of 'requires improvement'. This inspection looked to see whether improvements had been made to ensure the provider was meeting the fundamental standards of care.

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.

During the inspection we observed the care home to be generally clean and free from odours. Whilst there were a few areas that required refurbishment the manager informed us that this was part of their business plan and changes were due to be made. People living in the home were observed to be well cared for, clean and happy.

During the last inspection the feedback we received about staffing levels was mixed, however during this inspection we found that appropriate staffing levels were in place and staff felt happy with the number of staff on duty. The registered manager had appointed new permanent care staff in order to ensure that adequate numbers of staff were provided on each shift.

The last inspection that was carried out in December 2016 found that 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. During this inspection we found that improvements had been made and there was evidence of regular safety checks being carried out.

During the previous inspection it was observed that best practice was not always implemented in relation to

moving and handling. However during this inspection it was identified that most staff had received appropriate training both on-line and practical and during observations it was evidenced that safe procedures were being followed.

We observed a member of staff administering medications and checked records, stock, storage arrangements and audits and found that medicines were managed and stored safely.

Staff were aware of different types of abuse and how to report safeguarding incidents. Those that were reported had been done so appropriately. They were also aware of the whistleblowing policy. Staff were able to explain how to keep residents safe from abuse. People's individual risks were appropriately assessed and reviewed in order to keep people safe.

Six staff recruitment files were checked and found to reflect safe recruitment processes. Each file contained an application form with detailed employment history, photographic identification, references and evidence of DBS checks.

The home had a robust approach to the recording and monitoring of incidents and accidents. The records that we saw detailed and showed evidence of review and analysis by the registered manager.

People told us they felt safe at the home.

Staff had received appropriate training to provide them with the skills required to carry out their role.

Principles of the Mental Capacity Act (MCA) 2005 legislation were being followed and DoLS applications were completed correctly and in line with current legislation. Staff showed a basic knowledge and understanding of both MCA and DoLS.

People we spoke to during the inspection spoke positively about the food at Cambridge Court and were supported to maintain a healthy diet.

People had good access to health care where required.

Staff supervisions and appraisals had been completed regularly and were clearly documented. Staff told us they felt well supported by the management team and were able to request additional support through supervisions if required.

Staff that were spoken to showed good knowledge around maintaining the dignity and respect of people living within the home. During the inspection staff were observed to be kind, compassionate and respectful towards people and were seen to interact in a calm, respectful manner. People living in the home and their relatives spoke positively of staff and their care and treatment towards them.

Cambridge Court employs an activities coordinator several days a week. People living in the home spoke positively about the activities that were provided. We saw evidence of a wide range of both group and individual activities, themed activities and trips out. The activities folder provided further evidence of the positive reactions from people living in the home.

During the inspection we looked at six care files and found that people received personalised care that met their needs. Care records were person centred and produced with the involvement of the person and relatives and were reviewed regularly. In most files there was evidence of consent for care being obtained

appropriately where people lacked the capacity. However it was also identified that where a person was known to have capacity, their consent was not obtained. This was discussed with the manager during the inspection who was responsive to the feedback provided and offered assurance that this would be addressed.

The home has a robust approach to complaints that is easily accessible to residents and family and provided evidence that they were reviewed and action taken where required.

During the last inspection it was identified that whilst systems and processes were in place to monitor the quality and safety of the service actions had not been taken to address all the concerns raised. During this inspection it was evidenced that this was now being carried out and actions were being completed where issues were identified.

The registered manager told us that their vision and values were to provide 'better care, good practice'. Staff that were spoken to shared this vision and value and were able to clearly explain that this was achieved by delivering personalised care.

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

Throughout the inspection the management team and staff were open and responsive. They were able to provide information on request and showed to improve on the quality of their service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Robust systems were in place to keep people safe and protect from abuse and neglect.

Risk was appropriately assessed and regularly reviewed.

Medicines were managed and administered safely and in accordance with best practice guidance.

Safe staff recruitment processes were in place.

Is the service effective?

Good ●

This service was effective.

Staff were trained and supported to ensure that they held the appropriate skills and knowledge.

People were supported to maintain good health in conjunction with a range of community health care services.

Staff were supported with the use of regular supervisions and appraisals.

Is the service caring?

Good ●

This service was caring.

People were treated with respect and kindness by staff.

Staff supported people to maintain their privacy and dignity in all aspects of their care.

People were encouraged to express their views and were involved in decisions made about their care.

Is the service responsive?

Good ●

This service was responsive.

Care records were based on individual needs and developed with the involvement of people and their relatives and subject to regular review.

The service had a very low level of complaints.

People were offered a range of activities to keep them physically and mentally stimulated and encourage inclusion.

People were supported in their end of life care in accordance with their wishes.

Is the service well-led?

This service was well-led.

The service had a clear management structure and staff understood their roles and responsibilities.

The service demonstrated a clear commitment to improve on the service they delivered.

The service worked effectively with other agencies and organisations.

Staff felt supported by management in their role.

Good ●

Cambridge Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 9 and 10 January 2018 and was unannounced. The inspection team consisted of one adult social care inspector, a Specialist Adviser (SPA) with experience in nursing and an Expert by Experience (ExE). An ExE 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 service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the manager, managing director, assistant manager, six members of care staff, eight people living in the home, four relatives, and two visiting social care professionals.

We made observations around the care home, we looked at the care files for seven people, six staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the

service. We also observed the delivery of care at various points during the inspection.

Is the service safe?

Our findings

In the previous inspection it had been identified that whilst systems were in place for checking the safety of the environment and equipment, there was no evidence that bed rails or window restrictors were routinely checked. However during this inspection we found that improvements had been made and there was evidence of regular safety checks being carried out.

People told us they felt safe living at Cambridge Court, comments included "Yes I didn't at first but I'm now settled and feel better", "Yes because there are a lot of [staff] and they are nice" and "Yes, it is sound. I am walking around now. There are [staff] around and it is secure". Some relatives were also spoken to and stated they felt that people were safe with comments like "Yes, he is in a reclining chair and is really watched by staff", "Yes, she did try and escape but they watch her" and "Yes he sometimes tries to go out, but the managers and staff keep him safe. I'm very happy with the arrangements."

The staff that we spoke with were able to clearly explain how they would keep people safe and safeguard them from abuse and neglect. Examples included "Monitoring people closely and keeping an eye on them and being there for them when they need us" and "You have to know your residents to be able to keep them safe". Staff were also able to clearly identify the different areas of abuse, for example "Well it's physical, emotional, financial, institutional and neglect". Staff were clear about what action they would take if they were concerned about a person's safety. The safeguarding policy for Cambridge Court was clearly accessible to all staff and they were able to fully explain their responsibilities in reporting concerns both internally and externally (whistleblowing) if required. Our records showed that two safeguarding concerns had been identified and reported in the appropriate manner by the manager. These concerns were investigated by commissioners and no action was required.

People's Individual risks were appropriately assessed and reviewed to ensure that people were kept safe without unnecessarily restricting their independence. One care file that we looked at identified a resident with challenging behaviours who had previously been physically aggressive towards other residents and staff during intervention and whilst sat in communal areas. The risk assessments provided clear information about what triggered this behaviour and guidance for staff to follow to appropriately manage those risks. We also saw that there were risk assessments and associated care plans in place for those at risk of; falls, nutrition, health and skin integrity and those who required their medication to be administered in a covert manner (hidden in food).

Environmental risks were also considered and we saw evidence of this in relation to legionella, fire, water and general health and safety around the building. Each person had a personal emergency evacuation plan in their care file which provided detailed guidance for staff in safely removing people from the building during an emergency. During the inspection it was identified that whilst these PEEPs were held in care files, staff did not have immediate access to this information should an emergency evacuation be required. This was addressed immediately and by the end of the inspection the manager had implemented a PEEP folder for each floor for staff to obtain quickly. Fire equipment had been subject to regular servicing and testing by the provider and external contractors as required. Safety certificates relating to; fire alarms, gas safety,

portable appliance testing (PAT), food hygiene, and moving and handling equipment were all up to date. Whilst Cambridge Court had appropriate equipment to safely remove people from the upper level floors during an emergency it was identified that these were not quickly and easily accessible for staff and were kept in an unlocked cupboard. This matter was immediately addressed and by the end of the inspection they were located at each stair case.

During the inspection in December 2016 we had received mixed feedback in relation to staffing levels, however during this inspection it was identified that staff were deployed in sufficient numbers to meet people's needs; this was evidenced during the inspection by reviewing the staff rotas for two weeks and by observing the levels provided on the day of the inspection. Staff that we spoke to told us that they felt there were enough staff to be able to do carry out their role effectively. Examples being "We have enough staff now to be able to interact with residents in a more personalised and person centred way", "We have enough staff to spend quality time and deliver 2:1 care, there is nothing that stops me spending quality time with residents".

Seven out of the eight people that we spoke to felt that there were enough staff however one commented that the home were sometimes short at weekends. We discussed this with the manager and they told us that they were in the process of recruiting more staff but where possible tried to ensure that sufficient staff were available. A number of people who were spoken to in the lounge said there was always staff around if they needed anything. People spoke positively about staff responses to call bells with comments like "If I press my buzzer they come quick", "I only use it occasionally and they come quickly" and "Yes, it depends how many are on – but you don't have to wait long". During the inspection we observed a number of staff respond within 30 seconds to a call bell being activated.

We checked six recruitment files and found that they reflected safe recruitment practice in line with the provider's recruitment policy. Each file contained an application form with a detailed employment history, photographic identification, references and evidence of Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable adults or children.

We observed a member of staff while they administered some medicines and checked records, storage arrangements and audits.

Medicines were stored within a locked trolley, however on a tour of the home we noted that whilst attending to a person sat at the other side of the lounge, the nurse had left keys in the unlocked/open medication trolley. This was immediately locked when we alerted them and was not observed to happen again. The registered manager was responsive to the concern raised and addressed it immediately. We observed medication administration and found the nurse to be patient and kind to people whilst ensuring that they appropriately monitored people taking medication.

The medication trolley was clean and tidy. Open medication bottles were checked and had been dated on opening. This was good practice as it ensured that medicines administered were within their expiry dates and safe to use.

MAR (Medicine Administration Record) sheets were checked and no errors were found, they were clear and easy to follow and contained photographs and allergy information. We saw evidence of PRN (as required) protocols for the administration of pain relief and other medicines. This meant that staff had clear information on how and when to administer these medications. Staff also recorded basic outcomes of the use of medication. We completed a stock check of medication and no errors were identified.

The treatment room was checked and found to be clean, orderly and well stocked. The temperatures of the room and refrigerator were recorded regularly and remained within safe limits.

Monitoring of these temperatures is important because some medicines can be damaged by storage at excessive temperatures. Advice regarding incorrect temperatures was easily accessible for staff.

The service had one person on covert medication (hidden in food or drink in their best interests). Their care file contained appropriate risk and capacity assessments and best interests' decisions in line with the Mental Capacity Act 2005 (MCA).

Controlled drugs were locked securely in a separate cupboard from all other medication. The controlled drugs book was completed correctly with two signatures for all administration. Stocks were counted and no errors were found. There was also a controlled drug destruction kit in place.

The medication policy contained guidance for staff in a number areas such as medication storage, administration, destruction and return. The document also contained guidance regarding self-medication, covert medication and controlled drugs. The policy was easily accessible for staff to read.

We found the home to very clean and free from odours during the inspection. People we spoke to provided positive feedback about the cleanliness of the home with comments like "Yes, it's spotless. I've watched them and they clean around the pictures in my room", "Yes, it's pretty good and my room is fine" and "Yes, the big rooms are fine and the bedroom and bedding is always clean". Staff made appropriate use of personal protective equipment (PPE) to reduce the risk of infection. There were also regular cleaning schedules and audits completed to ensure that the home remained clean. Staff had also completed appropriate training in infection control.

Cambridge Court had a robust approach to monitoring and recording of accidents and incidents and where it was identified that an increase in falls had occurred relevant referrals had been made to appropriate health professionals.

Is the service effective?

Our findings

People we spoke to felt that staff had the right skills and experience to meet individual care needs with comments like "Yes, they look after me really well", "Yes I think they do a good job" and "Yes they know what they are doing". Relatives felt that training was satisfactory with comments like "Yes, they all know how to prop [RELATIVE] up so [RELATIVE] is comfortable".

We saw that staff had completed a range of training courses in line with the care certificate and relevant to the needs of the people living at the home. Example included moving and handling, infection control, health and safety, first aid, safeguarding, dementia and end of life care. The majority of training was up to date and in accordance with the provider's schedule. Records indicated when training was due to be refreshed. Staff spoke positively about the training and said it was delivered both by way of e-learning and by external trainers. The assistant manager had also attended a course enabling them to train and assess staff in areas such as manual handling.

We spoke to two nurses who stated they had received appropriate training and had attended courses on catheterisation; this was evidenced with appropriate training certificates. Prior to the inspection we were informed by a health care professional of concerns regarding nursing staff not providing specific treatment where required. However, during the inspection we checked relevant records and found no evidence to corroborate these concerns. Both nurses also stated that Telemedicine was available if needed; one nurse stated "this is especially helpful at weekends".

Staff supervisions and appraisals were carried on a regular basis in line with the provider's policy. There was evidence of detailed discussions and offers of support where appropriate. Staff spoken to stated they felt supported during supervision and were able to discuss any concerns.

People were supported to eat and drink and maintain a healthy diet in accordance with their individual requirements. We observed that staff sat with people who lived at the home and supported people who needed help to eat and drink in a patient and sensitive manner. It appeared to take some time for people's meals to be served however food was only brought out by staff when people were ready to eat ensuring that food was not served cold. The menu was clearly displayed and for those people who had communication difficulties pictorial menus were used. This consisted of a set of pictures of what was on the menu that day to help people choose what they would like. The chef was seen to speak with residents and offer alternatives where requested. Staff were observed providing drinks and snacks throughout the day where required.

People spoke positively about the food with comments like "I can't complain – I could have a cooked breakfast if I wanted and I enjoy the tea time things" and "They are very good and I get enough to drink", one person said "I'm not fussy on the lunches but the soup, rolls and salad in the evening is fine". One person who had attended hospital in the morning told us that when they returned from hospital the chef had made them a cooked breakfast which they had enjoyed. People's relatives said "[RELATIVE] has to be fed and they do help [RELATIVE], they get enough to drink", "It's a lot better with this new chef" and "It's marvellous,

[RELATIVE] only has a small appetite but they have put on weight".

We saw in some care files that people required specific dietary support for example one person was known to have a poor dietary intake and staff had identified through regular weight records that they were not maintaining a healthy weight. Referrals were made to a dietician and they were placed on appropriate supplements in order to promote their dietary intake. The action taken resulted in the person no longer requiring the support of a dietician.

People were supported with other health needs in conjunction with community-based healthcare professionals. We saw evidence in care records of consultations and appointments with GPs, district nurses, speech and language and community mental health services.

On an escorted tour of Cambridge Court we saw examples of how the building had been adapted to meet the needs of people living there. Parts of the building were bright, homely and welcoming. One part of the home appeared dark and uninviting, this was discussed during the inspection and we were provided evidence by the manager of the provider's plans to complete refurbishments within the home to address this. The manager was responsive to suggestions regarding dementia friendly decorations. We saw that there were a number of areas for people to sit and relax and the manager showed us rooms that were often used for families when visiting if requested. This enabled people to have some privacy when they had visitors. The home had wide corridors and clear signage for those with dementia and mobility difficulties to enable them to move about the home safely and efficiently.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty had been made regularly to the local authority.

Many of the people living at Cambridge Court lacked the capacity to make certain decisions about their care. The records that we saw indicated that the service operated in accordance with the principles of the MCA and where required completed best interests decisions. We saw evidence that when making these best interests decisions the relevant individuals were included such as family, health/medical and other professionals. It was clear from care records and discussions with people and relatives that their consent was sought in relation to care being provided. Relatives stated "They took a full history and keep me informed", "They always talk it through with me, I'm involved" and "[RELATIVE] is on a new Care Plan. They went through it with me". However one care file indicated that where capacity was not an issue, consent was not obtained from the person but from relatives. This was discussed with the manager and they stated this would be addressed.

During the inspection we spoke with a number of DoLS assessors from the local authority. They provided positive feedback about the service and the quality of their DoLS applications. One stated "They are very interested and want to make sure it's right" and "The paperwork is always fine and up-to-date. The best interests paperwork is very thorough and always includes the appropriate relevant people".

Staff that were spoken demonstrated that they had a basic knowledge of MCA and DoLS.

Is the service caring?

Our findings

People spoke positively about the quality of the care provided by staff and the managers. Comments included "Yes, they are kind, they know what I like", "Some of them deserve a medal. They don't complain about looking after anyone, and are never short with difficult patients" and "Staff are lovely, they look after me and I am happy. There are a lot of good people looking after us". Relative's comments included "[RELATIVE] is nice and comfortable I can't complain. They go the extra mile", "The approach is really good. We were invited to Christmas dinner and had a lovely time", "The staff are very kind, they are caring and lovely. Nothing is too much trouble" and "They are really patient and understanding and have been very supportive to us".

Recent surveys were seen and included comments like "I cannot fault the staff here. They all work very hard to care for the residents everyone seems happy here. Staff are always willing to help and have a smile for us when visiting. Keep up the good work", "Staff are friendly and professional", "The activities coordinator goes out of their way to provide an excellent range of activities" and "Managers always have time to discuss any queries".

Throughout the inspection we observed staff to be kind and prompt when assistance was needed. The staff interaction with people indicated familiar and mutually respectful relationships. Staff were observed to be responsive to people's needs in a variety of ways. The Activities Co-ordinator seemed especially attentive and was observed talking to residents in both lounges whilst a movie was showing in the designated cinema.

Visiting professionals stated that they had observed good staff interaction with people; staff were seen to be responsive and often chatting with residents.

Regular residents meetings were held to obtain the views of people living in the home and comments were seen to be very positive for example "Well girl it was a good day for me you know. I enjoyed my couple of beers and that fella had a good voice, the singer fella. I was laughing you know girl because (STAFF) dressed up as Santa but I knew it was him girl", "I like to go out and I ask the activities girl and they take me out as much as they can" and "I think the cinema room is the best for me as I love watching movies".

Care files showed evidence of involvement from people using the service and their relatives. The files viewed were person centred and included detailed information about the person's life history, family and interests. The information was detailed enough for staff to be able to understand people and their personalities. An example of this was that one file detailed how a person had previously had dogs and that these were very important to them, it also included that they enjoyed holidays away with their friend.

We asked staff how they ensured that people's rights to privacy and dignity were maintained. Each staff member was clear about the basic precautions that they took when providing personal care. For example, closing doors and curtains and covering people up where practical. They stated that it was vital to ensure that people were asked about their care before delivering it and explaining to people what they were going

to do. Staff were able identify one person who had expressed a wish to have personal care delivered by female staff only and this was respected. Staff were clear about the importance of treating people with dignity and respect one staff member stated "It is paramount and the first thing that we should consider". The home had created a dignity champion whose responsibility it was to promote the importance of dignity. The home also planned to participate in a dignity week which they hoped to involve relatives in.

People living in the home agreed that staff treated them with dignity and respect and staff were observed to be respectful when dealing with them.

Whilst the home currently does not have anyone living there with any equality, diversity, human rights (EDHR) needs/wishes staff were able to clearly identify actions that would be taken to ensure that these wishes were respected. The service also has a detailed policy regarding EDHR.

Is the service responsive?

Our findings

Cambridge Court ensured that people received personalised care that met their needs. We saw that care records had been completed with the involvement of the person and their relatives and were reviewed regularly. Each file contained support plans and assessments that were individual to the person's needs. The information contained in the files helped staff to provide care that reflected their individual needs. For example one care file described a person with severe cognitive impairment. The information provided in the plan was detailed and clear and supported staff to provide appropriate care to reduce isolation and to communicate effectively and be respectful to the person's needs.

We observed staff that staff were responsive to people's needs in a variety of ways. Examples included helping them with their drinks, snacks and meals; assisting them in going to the toilet and talking calmly and patiently to people who lived with dementia. People that were spoken to were positive about how responsive staff were to their needs.

Cambridge Court has employed a coordinator who organises both group and individual activities. We saw that they had worked hard to create a varied program to suit most people living in the home; examples were themed parties, cinema room, pamper days, various trips out, creative activities and doll therapy. We spoke to the activity coordinator who told us they worked four days a week but was flexible and would often work weekends which enable them to take people out to a local lunch club at church. They had use of a mini-bus for this purpose and was supported in doing so by another care worker or sometimes relatives would assist. They also did other activities such as hand and nails and would visits resident in their rooms for chats, play games and read to them. The manager showed us a separate building which they used as the activity centre which is used during the summer for activities such as quizzes, bingo and social events such as birthdays. The activity coordinator told us they try to include relatives in activities as much as possible. The manager stated as part of their business plan they are looking to add sensory equipment into the activity centre to support people with dementia.

From the records it was evident that people enjoyed the activities provided. Pictures taken showed evidence of people having fun and great effort from staff to ensure inclusion. Relatives spoke positively about the activities provided and told us about various outings that people had enjoyed in the last year, one relative commented on how much their mother had enjoyed ten-pin bowling.

As part of the inspection we checked the home's complaints policy, any records of complaints and spoke with people about any concerns or complaints they may have. There was a detailed complaints policy that clearly indicated how people and their relatives could make a complaint and who to contact if they wished to do so. The people that we spoke to reported that they had not felt the need to make a complaint. Complaints records were checked and only one had been recorded since the last inspection. The records showed that this matter was dealt with in a timely manner and resolved to the satisfaction of the complainant.

Staff and managers were conscious of their need to support residents and their wishes at the end of their

lives. We saw examples of how end of life care was planned for in conjunction with the person, their family and healthcare professionals. People's end of life wishes were recorded. For example, some care records contained do not attempt cardio-pulmonary resuscitation (DNACPR) instructions. Whilst the service did not have anyone currently on end of life care it was evident that where requested plans were in place and people's wishes were documented.

Is the service well-led?

Our findings

There was a registered manager in post.

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

Cambridge Court had an extensive and clear management structure with a focus on better care and good practice that was shared amongst all staff. There was a clear vision of person centred care for all people living within the home.

Most people that we spoke to stated they knew the management team and spoke positively about their openness and support and the atmosphere that they created with comments like "Yes, they [Manager] is very nice and helpful but I don't know their name", "It's very pleasant – I'm quite contented" and "Yes, the manager always comes round to see us and asks how we are". During the tour of the home we were told by one person that the manager was very nice. Relatives said "It's very good. We can come in anytime and they always make us welcome. We have witnessed people being cared for really well. The male carer was so respectful of the lady patient.", "It's fine. We could go to a home opposite – but we like it here" and "The atmosphere is friendly and people seem to get on well". Most people that we spoke to told us that they found the manager very approachable with comments like "I know the manager, they are very approachable", "I know I can go to them and they will always listen" and "Yes, the managers are really nice, and they have a great attitude – good life skills".

Staff spoke positively about the management team stating that they felt supported and found them to be very approachable. They felt their views mattered and were confident in raising issues. One staff member stated that the manager encouraged personal development and supported them through their change in role within the home. Another staff member told us that the management were flexible and enable them to spend time with their children as well as being supportive of their training. The staff member stated they had completed several courses and was due to start their NVQ level 3.

Throughout the inspection the staff and managers were open and responsive. They were able to provide evidence on request and clearly understood management systems and what was required of them. Where information could not be located in files staff and management were immediately able to find the appropriate paperwork.

During this inspection we reviewed the incidents that occurred within the home and found that statutory notifications had been made appropriately. This helped to ensure that CQC was aware of any risks relating to Cambridge Court.

People living and working at Cambridge Court were engaged and consulted about changes through regular meetings and surveys. We saw evidence of regular meetings being held which clearly documented the wishes and feelings of people. For example during one resident meeting one person said "I like white fish

and I could eat it every day if you gave it to me. The cook makes sure that I have enjoyed my white fish". Resident surveys were viewed and were clear and easy to follow for people with dementia and used pictures to clearly explain each question allowing all people living in the home to provide feedback about the service. The surveys looked at areas such as staff support, meals and drinks and home environment. There were comments such as "oh yes the home is beautiful" and "that's what I like about this home" (enough to eat and drink). There was also evidence of family surveys being completed.

Staff surveys and meetings were held regularly and were clearly documented with various areas discussed such as staffing levels, training, updates about people's care needs, and any issues identified by the manager and staff. The surveys showed that staff felt comfortable raising concerns. For example one staff member stated they had not been allocated as key worker; clear response and guidance was given by the manager. Another concern raised was about the use of agency staff and the manager took on board the comments and made changes to address the issue.

When the service was last inspected it was identified that whilst systems and processes were in place to monitor the quality and safety of the service actions had not always been taken to address the concerns raised. During this inspection we saw evidence of regular audits being conducted and action taken when issues were identified. For example we saw evidence of regular medicine audits and care file audits being undertaken. One care plan audit identified that there was no personal history and an action had been set for staff to contact family for this to be completed. Unannounced night checks were completed by the manager. We saw that during one unannounced night visit the manager had observed that people's care records had not been updated contemporaneously. They addressed this immediately with staff and the records were completed.

The managing director conducting regular site visits during which they checked areas such as; recruitment, training, medication (policies, training, records, MAR sheets), staffing, environment, service user appearance, nurse call alarm systems, staff interaction and supervision. Where issues were found it was clearly documented and acted upon.

We saw evidence of audits in relation to accidents and incidents. The records that we looked at were detailed and showed evidence of analysis and review by the manager. Appropriate action had been taken when patterns were identified, for example a number of incidents had been recorded within a short period of time for one person with challenging behaviour; appropriate referrals had been made to health professionals to address the issue identified.

During the inspection we saw evidence that the home worked effectively in partnership with other agencies. This included health and social care professionals. For example we saw that the home had worked closely with commissioners in relation to their DoLS applications and were told by a visiting DoLS assessor that the management team and staff worked well to ensure that applications were completed appropriately and were open to support and advice. We also saw evidence of close working with district nurses, GP surgery and other health care professionals.