

Bupa Care Homes Limited

The Cambridge Care Home

Inspection report

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Tel: 01223323774

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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

The Cambridge Care Home provides accommodation and personal care to up to 90 older people, some of whom are living with dementia. The service is set over two floors and has various facilities available, including a hair and nail bar, cinema room and a library.

This comprehensive inspection took place on 24 October 2017 and was unannounced. At the time of this inspection care and support was provided to 84 people. This was the first inspection since the provider Bupa Care Homes Registered as the provider in January 2017.

The provider is required to have a registered manager as one of their conditions of registration. A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and secure living at The Cambridge Care Home. We found that staff were knowledgeable in recognising signs of potential abuse and knew how to report concerns both within the organisation and externally.

Assessments were undertaken to identify any risks to people who received a service and to the staff who supported them. There were enough members of staff available to meet people's individual support and care needs at all times. Care plans were clear and gave staff enough information to meet people's needs

People were supported to maintain good health and had access to health and social care professionals when necessary. People received appropriate support from staff to enable them to take their medicines.

People and their relatives knew how to raise concerns.

People received care and support from a staff team that fully understood people's health and care needs and who had the skills and experience to meet them.

We found that people who used the service were treated with dignity and respect and their privacy was maintained. They were provided with a healthy balanced diet that met their individual needs.

People were involved in the planning of their care and we found that people had access to independent advocacy services. There was an activities programme in place which covered seven days a week.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, and were suitable to work in a care home environment as well as being fit for the roles they were being

employed to carry out. Staff records confirmed checks had been made which ensured it was safe for them to work with vulnerable adults before a position was offered to them.

Staff were well supported by the management team and received an induction from senior staff when they first started working at the service. They received on-going training and support to enable them to perform their roles effectively. Staff had regular individual supervision meetings, team meetings and had an annual appraisal to review their development and performance.

There was an effective quality assurance system in place to identify any areas for improvement. Staff and people living in the service were encouraged to be involved in the running of the service and to give their views on any improvements needed.

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.

Risks to people had been identified and staff knew how to minimise the risks.

People were supported to take their medicines as prescribed.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good ●

The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005 legislation to protect people's rights.

Staff were trained and supported to enable them to meet people's individual needs.

People's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People were looked after by kind and attentive staff.

People's rights to independence, privacy and dignity were valued and respected.

People were involved and included in making decisions about what they wanted and liked to do.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were reviewed regularly to help ensure they continued to accurately reflect people`s changing needs.

Staff were knowledgeable about the people that they supported.

People were encouraged to maintain hobbies and interests and join in the activities provided at the service and in the community.

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

Is the service well-led?

Good ●

The service was well-led

People were enabled to make suggestions to improve the quality of their care.

The safety and quality of people's care was monitored and kept under review.

Audit arrangements were effective in identifying areas for improvement.

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

This inspection took place on 24 October 2017 and was unannounced. The inspection was carried out by two inspectors, an inspection manager and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

We reviewed the notifications received by the Care Quality Commission (CQC) and other information we hold about the service. A notification is information about important events which the service is required to send us by law.

We spoke with 12 people who lived at the service and five relatives. We observed how staff interacted with people who lived at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

We spoke with the registered manager, deputy manager, a unit manager, a nurse and five care staff.

We looked at records in relation to five people's care including medicines' administration records. We looked at records relating to the management of risk, minutes of meetings, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

One person told us, "I feel safe here because I know the routine. The staff are always around to talk to if I need anything." A second person said, "I feel safe here because there is always someone around to help you. I only have to ask and they will help me." A third person told us, "Nothing puts me on edge, I feel safe here because the staff are so lovely and helpful. They put me at my ease." A relative said, "We never worry about [family member] because the staff are always kind and patient. There is always a member of staff around for people's safety."

We had received information in regards to a serious safeguarding incident that took place in 2016. An investigation was undertaken by the local authority. The outcome showed that further training was required to be undertaken by the staff. This has since been actioned by the provider. A review of the safeguarding and emergency procedures had taken place to improve staff knowledge and understanding.

On the day of our inspection we found information and guidance was prominently displayed throughout the service about safeguarding. It provided people, staff and visitors with information on how to report any concerns. Staff we spoke with were able to demonstrate they could recognise signs of abuse and how to report any concerns both internally and externally. One staff member said, "If I had any concerns I would report them to the manager. I could go to the manager, CQC or social services." Another member of staff told us, "If I am ever uncertain about anything I always ask and would always pass on any concerns I may have."

Potential risks to people's health, well-being or safety had been identified; these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Areas of risk included people's medicines, mobility, choking and bedrails. This meant that staff were able to provide care and support safely. For example, one person we looked at who had mobility issues had been assessed for the use of a wheelchair. We noted this assessment had been regularly reviewed to ensure the person's safety. This meant that risks and people's changing needs were monitored and reviewed and actions were taken to keep people safe.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager on a monthly basis. This ensured that any trends or patterns were identified and actions put in place to mitigate risks.

There were recruitment procedures in place to ensure that only suitable staff were employed to look after people. Staff confirmed that they had not started to work at the service until their pre-employment checks, which included a satisfactory criminal records check, had been completed. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. The registered manager used an established and recognised dependency tool to assess and review people's individual needs and as a result regularly evaluated staffing levels. This

ensured there were enough staff on duty at all times. Staff told us that on most days they were happy with the staffing levels. One staff member said, "I feel that we have enough staff to be able to look after people safely and appropriately. It can sometimes feel a bit rushed especially if staff go off sick. We do still have a little time to sit and chat with people although it would be nice to do it for longer." Another staff member we spoke with told us, "It's would be lovely if we could have more time to talk to people as well as providing their personal care." We observed staff sitting and chatting to people after their lunchtime meal and also when they were having a drink mid-afternoon. The atmosphere was both relaxed and calm throughout the day.

People told us that they were satisfied with how their prescribed medicines were managed and received them at the appropriate times during the day. One person said, "They [staff] always make sure I have taken my tablets, they are very good like that." Another person told us, "They don't let me get away with not taking my tablets."

Medicines administration records were completed to show that people had received their medicines as prescribed. Where an error had been identified for example in the recording of the medicines, an investigation was undertaken to prevent any further errors. Medicines were kept secure so that only authorised staff had access to people's prescribed medicines. This showed that procedures were in place to keep people safe from the risk of unsafe management of their medicines.

Plans and guidance were available to help staff deal with any emergencies which included training in topics such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested. We saw people had personal evacuation plans in place. We also checked the service records for the hoists used and found that these had all been serviced within the past year. This meant that people's safety was protected and maintained by staff who were both competent and vigilant in maintaining a safe environment.

Is the service effective?

Our findings

People were being cared for by staff who had received the required training. One relative said, "Staff are very good and know [family member] very well. They are amazing. They get lots of training." Staff told us that they had attended training in a range of topics. One member of care staff said they had on-going training, which included caring for people living with dementia, health and safety training and infection control. The registered manager confirmed and staff training records showed that all of the staff had attended the provider's required training.

Members of care staff told us that they felt well supported to do their job; they also said they enjoyed their work. One member of staff said, "I love it here, everyone is so supportive." They told us that they worked well as a team and had support from the management team. This support included informal and one-to-one support. The one-to-one support included discussions about staff training needs and the standard of their work performance.

The Mental Capacity Act (2005) (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working in line with the principles of the MCA and found that. Applications for authorisation with regards to Deprivation of Liberty Safeguards (DoLS) for people where their freedom of movement may have been restricted to keep them safe, such as those requiring constant supervision had been referred to the local authority.

We found that staff had received training in understanding their roles and responsibilities with regards to the MCA and DoLS. Care records showed us that people who lacked mental capacity had a best interest assessment carried out so that any decisions made regarding their health and welfare were made in their best interests.

There were mixed views from people we spoke about the food provided at the service. One person told us, "The food is okay, you get a choice and they would get you something else if you didn't like it." A second person we spoke with told us, "The food is reasonable but it is very boring." A third person said, "I enjoy my meals and there is always plenty to eat."

We observed the lunchtime meal in all four units and found this to be a relaxed and social experience for people. We found that there were conversations taking place between some of the people and staff on the units. We observed that staff asked for people's consent prior to assisting them to eat. For example, we saw a staff member asking one person, "Can I help you with your lunch?" As the person had limited communication we saw that the staff member interpreted the smile from the person as an acceptance of

consent. The assistance provided was in a manner that was both respectful and inclusive.

People's individual dietary needs were catered for. Information about people's food and drink allergies was obtained and shared with the catering staff. This was so that they were able to prepare meals and snacks according to people's dietary needs. The chef was able to tell us about people's various nutritional needs.

We saw that people had an assessment in place with regards to their nutritional and dietary needs. People who were assessed as being at risk of choking had an up to date assessment in place which ensured the diet provided was suitable and also provided guidance for staff on how to keep people safe when assisting them to eat. We also saw that people who had been assessed as being at risk of malnutrition were provided with a fortified diet to increase their caloric intake and to encourage weight gain.

We saw in people's care plans that people received care, treatment and support which promoted their health and welfare. People had access to GPs and other care professionals when required. For example we saw from one person's care plan that they had recently been visited by their GP as they had been feeling unwell and a change to their medication had been prescribed. This information was well documented, with the date and the advice and action taken. We also found that people were regularly visited by a chiropodist. One person told us, "The doctor comes in if you need them; I think that is really good."

All relatives we spoke with told us they were kept informed of changes in people's healthcare conditions and informed of incidents that affected people's wellbeing. One relative told us, "[Family member] was taken to hospital and they [staff] rang me. I assumed I needed to get there as soon as possible but they confirmed that everything was in hand and they were dealing with all the arrangements. That really put me at my ease."

Is the service caring?

Our findings

Staff were seen to show kindness and patience when supporting people. People we spoke with were complimentary about the staff. One person told us, "I am very happy here and everyone is lovely to me." Another person said, "I think the care is really good here. They take an interest in you and really look after you." A third person told us, "The staff are very kind and lovely; they really take care of you."

Staff ensured people's privacy and dignity were respected. For example when staff entered people's rooms they were seen to knock on the door. We saw throughout the day that the staff's approach was calm, caring and respectful of people's needs. One person told us, "When they [staff] help me get dressed they always make sure my clothes match. That is very important to me, I like to look nice." Another person said, "I am very impressed with the level of care and commitment provided by the staff." One relative we spoke with told us, "They [staff] keep the door closed, even asking me to leave whilst they provide care to [family member]." One relative said, "I am happy with the home and feel that the staff give me peace of mind when I go home."

Staff we spoke with were all able to demonstrate they understood how to promote independence. They told us that they encouraged people to maintain their independence especially in relation to their mobility and were supported with walking frames where possible, rather than being taken around in wheelchairs. People told us if they were going outside they used a wheelchair as it would be too far for them to walk. One person told us, "I get up and go to bed when I want. There is no set time." Another person said, "I please myself when I get up. If I want a morning in bed then that is what I do."

People and relatives were appropriately invited to contribute to the planning of people's care and provide information about people's life histories. One relative we spoke with said, "When [family member] came in they [staff] talked to us about what care they needed." Another relative said, "They [staff] talked to me and [family member] about what they need in regards to care and support."

The visitor's books showed that there was a regular flow of visitors into the service and there were no restrictions with this. We observed visitors coming and going throughout the day during our inspection. One relative told us, "I am able to visit anytime. I always get a very warm welcome from all the staff."

Confidentiality was maintained throughout the service and information held about people's health, support needs and medical histories was kept secure. Information about advocacy services was made available to people and their relatives should this be required. We were told by the registered manager that advocates were used although nobody currently had requested to use this service.

Is the service responsive?

Our findings

We saw that people's care and support needs were assessed before they moved into the service to ensure the service could meet their needs. A care plan was then drawn up once the person moved in. After the first few weeks a review took place where people's feedback on their care was sought and if any changes were required to their care and support.

People's care plans provided details to guide staff to ensure their individual care needs could be met. For example, their communication plan states 'you will need to repeat your questions and use visual prompts to help with choice of meals and snacks'. The care plan also provided staff with the information about the person's bedtime routine including staying in the lounge with others watching the TV and will say when they are ready to go to bed.

People care plans also documented their end of life wishes. For example care plans looked at contained information about where the person would prefer to spend their final days, any religious requirements and pain relief control.

Within the care plan there was a section called 'My Day, My Life, My Story' which incorporated the person's hobbies and interests. We saw that an activity and interaction log had been created in order to monitor people's interaction with others and engagement in activities. This helped to prevent people becoming isolated.

People's changing needs were responded to appropriately. For example, one person's care plan recorded that they were becoming unsettled at night. As staff were concerned for their wellbeing an appointment was made with their GP. The person was prescribed a short course of a sleeping tablet to help them settle. The care plan record stated that the person was now 'sleeping better'. This demonstrated that people's needs were responded to and actions were completed to improve outcomes for people.

Regular meetings were held for people who used the service and their relatives to share their opinions about the service. A relative of a person who used the service said, "I see the registered manager around sometimes. If I have a question about [family member's] care, they are approachable and professional. They have attended the meetings to let us know what is happening." A person who used the service told us, "I go along to the meetings so I can find out what is happening and raise any concerns I may have. It's a nice time to meet up with others people who live here and get a nice cuppa and biscuits" People we spoke with were aware of the meetings and dates

A range of activities were provided seven days a week. People gave mixed views about the current activity programme provided. One person told us, "The staff will tell you if something is happening. The hairdresser comes once a week and I have had my nails painted for the first time in my life." Another person said, "We could do with some more activity. Some days there is not much going on." Some more comments included, "I like the flower arranging and the exercise class" and "I have a go at the exercises. The dancing is good as well."

An activity programme was available and some activities offered included but was not limited to, dog therapy, arts and crafts, a movie, flower arranging quizzes and board games. The staff also told us that people had also been out on visits which included the Botanical Gardens, shopping, a day out at the seaside and local garden centres.

There were several communal areas available where people had the opportunity to sit and chat with their friends and relatives. The atmosphere of the service was both welcoming and homely, with a steady flow of visitors coming in to meet their relatives and friends. A relative said, "I visit [family member] a few times a week and I can come whenever I wish which is really useful." Another relative told us, "I like the fact that I can come in when I want to see [family member]."

During the inspection we became aware of a relative who had made a complaint. They told us they had not received a full response. We looked at the records and the full details of the action taken were not available at the time. Following our inspection the registered manager provided us with the full details of the investigation, responses and the outcome. This showed that concerns and complaints raised by people who used the service or their relatives were investigated and the action documented.

Other people who used the service and their relatives told us that they would be confident to raise any concerns with staff. One person said, "I would speak to the staff in the office, that's what they are here for." One relative told us, "I have had an issue in the past and I spoke with [name of registered manager] and was quickly dealt with."

Is the service well-led?

Our findings

People who lived at The Cambridge Care Home, their relatives and staff were positive about how the service was run. We were told that the registered manager was approachable and supportive, although not everybody felt they saw them around the service. One person told us, "I think I have only seen the manager once. My niece would probably sort it out [any problems]." Another person told us, "It's a good place to live, staff are patient and caring and the manager [unit manager] is always around to talk to." One relative said, "They [registered manager] are always available whenever I need to discuss anything about my [family member]." Another relative told us, "It is a good home. I think the [registered] manager we have now has improved the reputation of the home as a caring place to live."

The registered manager demonstrated knowledge of the staff they employed and people living at the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive and warm manner.

Providers of health and social care are required to inform the Care Quality Commission, (CQC) of certain events that happen in or affect the service. The registered manager had informed the CQC of a number significant events in a timely way for example deaths and serious injuries. However, we had noted that we had not received a number of notifications in relation to the authorisation of DOLs applications. Following the inspection the manager sent in all the appropriate notifications.

Staff told us that the management team was approachable and that they could talk to them at any time. One staff member told us, "I have worked here for over five years. There has been a good turnover of staff. There has always been a good core of staff to maintain some consistency for the residents [people who use the service]." A second member of staff said, "[name of manager] visits the unit to check that everyone is okay."

Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the service. Staff meeting minutes confirmed that these were a two way process and that staff suggestions were taken seriously and incorporated into daily working practice.

There were daily management meetings held between the registered manager and the heads of each department in order to discuss such issues as recruitment, the performance of the service and any matters arising. The meeting also discussed any concerns about the people who used the service and any interventions that are required or additional support and any appointments such as out patients' clinic and or a GP visit.

There were effective quality assurance systems in place that monitored people's care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication, health and safety, call bell audits and infection control audits. Where action had been identified these were followed up and recorded when completed to ensure people's safety. We saw that where the need for improvement had been highlighted that action had been

taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor all training and to make arrangements to provide refresher training when necessary. Staff told us that the registered manager regularly 'worked alongside' the staff. This ensured that staff implemented their training and ensured they delivered good quality care to people. As a result of these checks staff knew what was expected of them.