

# Mr Naushad Heeroo & Mrs Christine Anne Heeroo

## Cambridge House

### 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

At our last inspection in February 2017 the overall rating for this service was Requires Improvement. We rated Responsive and Well- Led as Requires Improvement because the activities provided were not always person centred and did not always reflect people's hobbies and interests. We also made recommendations that the provider reviewed their record keeping with regard to monitoring the quality of the service provided and the recording of staff supervision records. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions Responsive and Well Led to at least good.

At this inspection on the 8 May 2018 we found the provider had followed their plan with regard to the breach of regulations in person centred care and had followed our recommendations with regard to monitoring and record keeping. People could choose the activities they liked to do, systems were in place to monitor and improve the quality of the service, audits of the premises helped ensure the premises and people were kept safe and staff supervision records were more comprehensive.

We have changed the rating for Responsive and Well- Led to Good and the overall rating to Good.

Cambridge House 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. There were 13 older people, some of whom had Dementia, using the service at the time of our inspection.

The bedrooms were based on two floors and each floor had shared bathroom facilities. Some bedrooms had en-suite facilities consisting of a toilet and basin. There is a large lounge and dining room and access to a garden. The home is close to local amenities including shops and with good transport links.

The home had a registered manager who was also the provider in place. 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

People were safe at the home. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with the premises and equipment well. There were enough staff at the home to meet people's needs. Recruitment practices remained safe. Medicines continued to be administered safely. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People were cared for by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. Staff were providing support in line with the Mental Capacity Act (2005). People were supported to eat and drink sufficient

amounts to meet their needs. People had access to a range of healthcare professionals.

The staff were caring. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Throughout the inspection we saw that people had the privacy they needed and were treated with dignity and respect by staff.

People's needs were assessed before they stayed at the home and support was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

We observed during our visit that management were approachable and responsive to staff and people's needs.

## 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 remains safe. People were protected against identified risks as the service had good risk assessments and risk management strategies in place.

People were protected against the risk of abuse. Staff were knowledgeable and could demonstrate how to keep people safe from abuse.

People received care and support from sufficient numbers of staff at all times.

People received their medicines safely. ☐

### Is the service effective?

Good 

The service was effective. Staff received appropriate supervision and the necessary training to meet people's needs effectively.

People received support in line with the Mental Capacity Act 2005. Staff knew about their responsibilities under the Act and the provider had considered people's capacity to make decisions for themselves.

People were provided with a range of healthy and well balanced food and drink to meet their nutritional needs.

People were supported to maintain good health and have appropriate access to healthcare services.

### Is the service caring?

Good 

The service remains caring.

Staff demonstrated respect for people who used the service in the way they interacted with and spoke with people.

Staff took account of people's individual needs and supported them to maximise their independence. Staff provided support in ways that protected people's privacy and respected their dignity.

### Is the service responsive?

Good 

We have changed the rating of Responsive from requires improvement to good because the activities offered were tailored to individual needs and people were encouraged to take part in activities of their choice.

People's care needs were assessed before they starting using the service. Care records were detailed and clear.

People felt able to raise concerns and had confidence the registered manager would listen to their concerns and address them appropriately.

**Is the service well-led?**

**Good** ●

We have changed the rating of Well Led from requires improvement to good because there were good quality assurance processes in place and the registered manager sought feedback on the quality of the service delivery via quality assurance questionnaires.

Feedback received was reviewed and where appropriate action taken in a timely manner.

The registered manager promoted an open and friendly service where people and staff were encouraged to voice their opinions to improve the service.

# Cambridge House

## **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 was a comprehensive inspection to follow up on the breach and recommendations made at the last inspection. CQC carry out inspections approximately 12 months after a previous inspection report has been published for services rated requires improvement overall. The inspection took place on 8 May 2018 and was unannounced. The inspection was carried out by a single inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

Before the inspection we emailed a questionnaire to the local authorities who commission places at the home. We asked them for their opinion of their clients care.

During the inspection we spoke with six people who used the service but they were not all able to fully share their experiences of using the service because of their complex needs. We observed care and staff and people's interaction in an informal way. We also spoke with the registered manager and five members of staff. We looked at a range of records including three staff files, three people's care plans and other records relating to the management of the home.

# Is the service safe?

## Our findings

People were safe at the home. Our observation showed that staff kept people safe in various ways. Including ensuring people were assisted when walking if needed, and by ensuring the physical environment was clear of hazardous objects. In the 2017 home survey a relative commented "Thank you so much for your care and family like approach to my mother. It's a relief for her to be in a safe, caring and friendly environment."

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff were able to explain what safeguarding adults meant to them and the people they supported. These measures helped to ensure they kept themselves and the other people in the home safe at all times.

People had appropriate risk assessments in place. Staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person's daily life, including behaviours that may challenge, personal care and eating and drinking. Where risks were identified management plans were in place. For one person who independently accessed the local community the risk assessment for this activity was very comprehensive and included safety plans should the person not return to Cambridge House.

Where a person would need assistance to evacuate the building in an emergency we saw they had a current personal emergency evacuation plan [PEEP] in place, which explained the help they would need to safely leave the building. Regular fire drills were held with a full evacuation of all people. Contingency plans were in place should the home become unusable.

The provider and staff managed the risks associated with the premises and equipment well. A range of checks were in place including those relating to fire and gas safety and electrical installations. We found food was labelled and stored correctly and the kitchen area was very clean. An inspection by the Food Standards Agency in August 2017 gave the kitchen a rating score of five, where one is the lowest score and five the highest score.

Records showed that repairs were carried out promptly when necessary to ensure the premises were maintained and remained safe. For example during a very cold spell of weather in February 2018 the homes boiler broke down, the provider immediately installed electric heaters into all the rooms until the boiler could be repaired.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. We observed that some people were independently mobile and could choose where they wanted to be in the home. Other less mobile people were assisted by staff to be in the part of the home they wanted to be in.

Recruitment practices were safe. The home had a consistent and stable staff team, several who had worked at the home for many years. We looked at the files of three care workers and saw the necessary recruitment

steps had been carried out before they were employed. This included a completed application form, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines were administered safely. People were supported by staff to take their medicines when they needed them and medicines administration records (MARs) were kept. The MAR's we looked at were up to date and accurate. Medicines, including controlled drugs were stored securely. Staff received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

The provider kept records of any incidents and accidents that occurred, including details of any incidents that related to the safeguarding of vulnerable adults. The provider analysed the records to see if there were any trends to the accidents and the actions they could take to keep people safe. This showed the provider and staff were learning from the incidents which helped to prevent future occurrences.



# Is the service effective?

## Our findings

At our inspection in February 2017 we recommended that comprehensive supervision records were maintained to ensure that staff performance was monitored. At this inspection we found the registered manager had developed a new type of supervision record for staff which included discussions on training received, further training needs, monitoring of the daily working day, employment related issues and staff comments. We saw these had been signed by the supervisor and the staff member.

We spoke with staff about the new style of supervision and they all agreed it was good. Staff also told us that a different senior person supervised them each time which they said was very helpful, as it gave a different outlook on the care they gave. Staff were receiving supervision every six to eight weeks or more often if needed. This was a small staff team of 19 and so staff could speak with the registered manager or their supervisor at any time for help.

In the 2017 home survey relatives commented about the staff saying "All the staff are very nice," "The staff do a great job, well done" and "The staff make me feel involved in my relative's life and care. Excellent and brilliant home."

We asked staff what was it that made the home good, they commented "The home is small, people get individual attention, we work as a team, we are a family," "It's nice to work here, you are made welcome, the people are lovely. We are one big family," "The care we show makes this place good" and "People and staff are happy here."

People were cared for by staff who received appropriate training and support. We observed good interaction between people and staff. We saw that staff spent time listening and speaking with people in a friendly and non-judgmental way.

Staff had the skills, experience and a good understanding of how to meet people's needs. The provider had identified a range of training courses, some on-line, some class room learning that were refreshed every three years or more often if required. Specialist training was also available to staff to meet a person's specific need.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. We saw that people could access all areas of the home when they wanted to. This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction to their liberty 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). The provider had arrangements in place to assess people's capacity in regards to making specific decisions. We saw that people's capacity to consent to their care had been assessed and the provider had made the

relevant applications to the local authority for authorisation to deprive several people of their liberty. Information about people's capacity was included in their care plans.

Staff continued to support people to eat and drink sufficient amounts to meet their needs. In the 2017 home survey people commented "I am happy with the food and am given Halal meat that I have asked for," "The food provided is excellent" and "I am happy with the meals provided."

Meals were planned according to people's wishes and changed on a daily basis if people changed their mind about what they would like to eat. We observed the lunch time meal and saw this looked hot and appetising. The cook told us they monitored the amount and type of food that was returned to help them plan future menus. Meals were also prepared in line with people religious needs. We saw these were prepared in separate cooking pots, using specific utensils for the cooking and preparation.

Staff ensured people received the care and support they needed from healthcare professionals. Each person was registered with a local GP who would visit when required. Detailed records of the care and support people received were kept. In the 2017 survey healthcare professionals had commented "The door is always opened in a timely manner, staff are aware of my visit and who I am seeing and have a good history of the person I am seeing" and "Client care and documentation are excellent."

## Is the service caring?

### Our findings

When asked people were able to tell us about the staff commenting "They are lovely," "Very nice and kind" and "I like them." In the residents meeting minutes we saw people had spoken of staff saying "Staff show a lot of kindness," "The staff are good and have plenty of time to help us" and "Staff get full marks from me." In the 2017 home survey relatives commented "The staff are very friendly, very helpful and lovely with residents," "My mother always seems happy when we come to visit and we leave confident that she is in good hands" and "I am very pleased with the care my grandma receives. She is always happy and looks healthy. The staff are amazing and make me feel very welcome."

People's care records were well written and informative, giving details of people's background, their skills and their challenges. The provider had developed a new one page 'Person centred care planning at a glance' for each person. This gave easy to reference details of who a person was and their likes and dislikes. Information included the persons' preferred name, people who were important to them, their skills and background, tips for communicating with the person and a summary of their critical care and support needs. This was useful for staff to get to know a person quickly and gave them vital information for developing a rapport with the person.

Many of the staff had worked at the home for many years and this was evident in the care we saw given and the conversations we heard. We saw positive interactions between people and staff. Staff were patient in their support and waited for the person to respond before carrying on. We found the atmosphere was very relaxed between staff and people. Continuity of staff gave people a reassurance of knowing who the staff were and confidence to speak with staff about any matter or concern they had.

People at Cambridge House had a variety of care needs and abilities, with some people being more independent than others. Many people had dementia and we saw staff took their time and gave people encouragement in their independence whilst supporting them. The atmosphere in the home was calm, friendly and relaxed.

People's religious and cultural beliefs were respected. One person was able to watch specific religious services of their choice on the television. Other people had the opportunity to join in a religious service when a visiting church came to the home. People's nutritional religious beliefs were being met by staff.

People's privacy and dignity was maintained by staff asking people how they would like to be treated, including when giving or prompting people in their personal care. The bathroom and toilet doors could all be locked to help maintain a person's dignity and privacy.

## Is the service responsive?

### Our findings

At our inspection in February 2017 we found a breach of regulations with regard to the activities provided not always being person centred or reflecting people's hobbies and interests. The provider wrote to us to say what they would do to be compliant with this regulation and improve this key question to at least good.

At this inspection we found the provider had followed their action plan and the activities on offer to people had improved. The one page profile they had developed gave details of people's interests and hobbies. We saw people enjoyed a variety of activities including gardening, listening to music, playing cards, art and quizzes. In the 2017 home survey people commented about the activities, "I enjoy the spelling and maths quizzes," "I am happy with the activities and the trips out" and "I am happy with the activities when I want to join in." Three people also commented that they didn't like to join in the activities but preferred to talk to people.

During the inspection we observed staff talking with individual people or small groups engaging people in an activity that had an interest to them. One person was looking at family photos and when they were unable to remember who people were the staff member showed good skills in prompting the person. It was clear the staff member knew the person and their family well and was able to help the person remember family members. Two other people were engaged in an art session and another person was enjoying looking at some history books about Egypt and happily spoke with us about their choice of book. Staff told us this person often went to the local shops independently and bought a new book of their choice.

In the afternoon we heard a staff member helping a person with a quiz, giving clues and prompting memories. It was clear this was a fun activity for the person and the staff member, with lots of laughter heard. It was a warm sunny day when we inspected and people could access the garden to enjoy the sunshine. Staff also supported another person to take a phone call from a family member and supported them when they became upset, staying with them until they felt better.

We saw the minutes of the residents meetings where future activities and outings were discussed and each person had the opportunity to make a suggestion of where they would like to go or what they would like to do. Activities people suggested were stamp collecting, sing-a-longs and an outing to Saville Gardens.

Cambridge House was responsive to people's needs and staff assessed people's support needs before they came to live at the home. This information was used to plan the care and support they received. We looked at the care plans of three people who live at the home, these were informative and gave staff the information they needed to support people effectively.

The care plans described who the person was, their background, knowledge and wishes of how they would like to be supported. Care plans were tailored to a person's individual needs; they were up to date and reviewed regularly. We saw where possible people had signed their care plan and the reviews.

Each care plan had a photo of the person and a front cover with important information on next of kin

contacts, allergies and their GP. There was a section on a person's background, where they were born, brought up, education and employment. This was very informative and gave staff good information about a person, including their likes and dislikes.

There were bi-monthly residents meeting to discuss plans for the house, staffing, meals and outings. We saw the notes for the last three meetings, which were informative and gave individual people the chance to have their say.

We saw the provider had arrangements in place to respond appropriately to people's concerns and complaints. There had been no formal complaints since our last inspection. Any small concerns were dealt with immediately, which helped to avoid a continuing complaint.

Discussions had taken place, where appropriate between staff, people and their relatives about peoples' end of life wishes and these were documented in people's care plans. Where agreed a 'do not attempt resuscitation' (DNAR) form had been completed by the person and their GP. The steps the provider had taken helped to assure a person that their end of life wishes would be respected.

## Is the service well-led?

### Our findings

At our inspection in February 2017 we recommended that systems to monitor the quality of the service were reviewed to ensure they were effective in identifying areas for improvement. At this inspection we found the registered manager had reviewed their systems and were able to analyse trends and put in place measures to help improve the quality of the service.

Accidents and incidents were comprehensively reported and regularly analysed for any trends as to why the incidents had occurred. Because the numbers of incidents occurring were small, each was dealt with on an individual basis and no trends were showing at this time. The provider had developed a range of monitoring systems to ensure contracts for services were kept up to date and action taken in a timely manner when required. A new more user friendly form had been developed for staff supervision. These measures helped the provider monitor and plan the service delivery and action any failings in a timely manner.

The provider continued to assess and monitor the quality of the service. They conducted weekly and monthly health and safety checks of the home including the environment, people's rooms and equipment. Audits were also conducted of people's risk assessments, support plans and MAR's. Both types of audits generated action plans detailing what actions needed to be taken and were signed off once completed.

The registered manager for Cambridge House was also the provider of the service. They were supported by senior care staff and had a knowledgeable staff team. Staff described the registered manager as 'Supportive,' 'Always fair' and 'Helpful, he works with us.'

We observed and heard people talking freely with all the staff, including the registered manager. It was clear that staff knew people very well. The registered manager told us that because they were a small team they communicated really well and they also had a comprehensive communications book, so important dates, appointments and maintenance issues could be recorded. Team meetings were held regularly and we saw the notes from the last two meetings which were detailed.

The provider conducted surveys for staff, people, relatives and healthcare professionals. We looked at the results of the September 2017 survey, all of which showed a good return of questionnaires from residents, relatives and healthcare professionals. The results we saw were positive and informative and we have included comments from the survey throughout this report.

From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.