

Bupa Care Homes (ANS) Limited

# The Cambridge Nursing Centre

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

### Overall summary

The Cambridge Nursing Centre is registered to provide accommodation, nursing care and personal care for up to 90 older people. There were 61 people living at the home at the time of our inspection.

This unannounced inspection took place on 13 January 2015. At our previous inspection on 14 April 2014 we found the provider was not meeting all the regulations that we looked at. We found concerns in relation to infection control, medicine administration, supporting

staff, care and welfare of people, quality assurance, safeguarding, meeting nutritional needs and consent to care and treatment. A warning notice was served around infection control. A further inspection was conducted on 12 June 2014 to check that the provider had met the required standard for infection control. Whilst we found that improvements had been made the auditing process

# Summary of findings

in respect of infection control they were not being consistently completed and some audits were still to be introduced. Therefore we required further action to be taken to make the required improvements.

At the time of this inspection the home had a registered manager. 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 and associated Regulations about how the service is run.

During this inspection we found that there had been improvements in all of the areas where were previously identified concerns, with the exception of the environment where we found that one area still had malodour and a programme of refurbishment was still in progress.

We found that staff treated people in a way that they liked and there were sufficient numbers of staff to safely meet people's needs. People received care which had maintained their health and well-being. Relatives were very happy with the care provided

Medicines were stored correctly and records showed that people had received their medication as prescribed. Staff had received appropriate training for their role in medicine management.

Staff supported each person according to their needs. This included people at risk of malnutrition or dehydration who were being supported to receive sufficient quantities to eat and drink.

Staff respected people's privacy and dignity. They knocked on people's bedroom doors and waited for a response before entering. People told us that staff ensured doors were shut when they were assisting them with their personal care.

People's needs were clearly recorded in their plans of care so that staff had the information they needed to provide care in a consistent way. Care plans were regularly reviewed to ensure they accurately reflected people's current needs.

People confirmed they were offered a variety of hobbies and interests to take part in and people were able to change their minds if they did not wish to take part in these

Effective quality assurance systems were in place to monitor the service and people's views were sought and used to improve it. The registered manager had been bringing about change to support staff to ensure that people were receiving a good quality of care and support.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Medicines were safely managed.

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.

Good



### Is the service effective?

The service was not always effective.

Improvements were needed to the environment to ensure that people lived in a home that is welcoming and free from malodours.

Staff had been supported to care for people in the right way. People were helped to eat and drink enough to stay well.

People could see, when required, health and social care professionals to make sure they received appropriate care and treatment.

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

Requires Improvement



### Is the service caring?

The service was caring.

People said that staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

There was a homely and welcoming atmosphere and people could choose where they spent their time.

Good



### Is the service responsive?

The service was responsive.

People and or their relatives were involved with developing and reviewing their care plans. People were supported to take part in their choice of activities, hobbies and interests.

Relatives were kept very well informed about anything affecting their family member.

People's complaints were thoroughly investigated and responded to in line with the provider's policy.

Good



# Summary of findings

## Is the service well-led?

The service was well led

There were opportunities for people and staff to express their views about the service via meetings, discussions with the management and through surveys.

A number of systems were in place to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

Good



# The Cambridge Nursing Centre

## 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 was 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.

The inspection took place on 13 January 2015 and was unannounced. It was undertaken by two inspectors.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We also looked at the provider information return (PIR). This is a form in which we ask the provider to give some key information about the

service, what the service does well and any improvements that they plan to make. We also made contact with NHS continuing health care commissioners and a local authority contract monitoring officer.

Due to the complex communication needs of some of the people living at the care home, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

We observed how the staff interacted with people and how they were supported during their lunch. We spoke with 19 people who used the service and four visiting family members. We also spoke with the registered manager, deputy manager, the clinical lead nurse, nine care staff, the activity co-ordinator and three housekeeping staff.

We also looked at six people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

# Is the service safe?

## Our findings

People told us that they felt safe because they liked the staff and said that they were treated well. One person said: “Oh yes, I feel very safe”. Another person said: “I feel absolutely safe here”. Relatives we spoke with had no concerns about the safety of their family members.

At our last inspection in April 2014 we found that people were not protected against the risks associated with medicines, as the arrangements in place for the safe administration, recording and storage of medicines were unsafe.

During this inspection we noted that medicines were stored safely and within safe temperature levels. We saw that medicine administration records were in place and the recording of medication was accurate. There was a system in place for the management of controlled drugs and spot checks were undertaken by a member of the management team showed that the amount in stock was recorded correctly. Temperatures of storage areas and the fridges were seen to be within the required range to keep medicines.

Staff told us they had received training in medicines. Records showed that staff had had their competency checked to ensure they were safely able to administer medicines. Where medicines were administered covertly, (without the person knowing) appropriate measures were in place to ensure that this was in people’s best interest. A person said: “I am asked if I would like any pain relief”. Another person said “I get all the medicines the doctor prescribes”. Whilst we saw that special instructions were not available for specific medicines about how they were to be administered, the nurse we spoke with was able to clearly explain the protocol. The registered manager assured us that detailed protocols would be written to ensure clear instructions were in place for all staff that carry out the administration of medicines and to minimise any errors.

At the inspection carried out in April 2014 we found there had been deficits in the infection control procedures and processes. Although improvements had been made at a further inspection conducted in June 2014 the provider had not consistently completed audits in relation to infection control and some had yet to be introduced.

All but one area of the home was clean and free from malodours. We spoke with three house keepers who were able to demonstrate the cleaning schedules and how they record when each area has been cleaned. We found the sluices and cleaning cupboards were tidy and had good stock levels of cleaning equipment and products. All sluices and storage areas were locked securely to protect people from unauthorised access to potentially dangerous chemicals. The housekeepers did confirm that whilst the decoration is in progress in communal areas it was hard work to keep on top of the cleaning as there was a lot of dust, but the builders did try and keep this to a minimum of only one area in each unit they were working in.

Staff had received safeguarding training and were able to demonstrate what constituted harm and what they would do if they were told, saw or suspected that someone was being abused. One member of staff said: “I have never had to report a concern, but I would if I needed to”. This meant that people were supported to be as safe as practicable.

Two staff told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed. We spoke with an agency worker who was at the home for the first time and they said: “I did have an induction. I was shown round this morning and told what’s what and who’s who.”

The atmosphere of the home was calm although staff were busy and people were looked after by members of staff in an unhurried way. One person told us that when they called for staff help, “They come.” Another person commented that staff were very busy, and told us: “Last night I waited ages for help to go to the toilet”. A staff member said: “There are enough staff, but we could always do with more”. Another said: “Short staffing can be a problem. There are enough staff on the rota today”. Overall staff felt that there were usually enough staff to cover the work and they had appropriate training and felt supported.

People’s health and safety risk assessments were carried out and measures were taken to minimise these risks. The risks included, for instance, risks of falling out of bed. We found that alternative measures were used, for example, the use of bed rails. In addition, where people had been assessed to be at risk of harm, due to behaviours that

## Is the service safe?

challenge others, measures were put in place to minimise this risk. For example when a person's behaviour challenges others there were various distraction techniques available for staff to use.

# Is the service effective?

## Our findings

People who we spoke with felt staff were trained to safely and effectively do their job. One person told us that the, “Staff are very good.” Another person told us that, “Staff understand my care needs.” Staff stated that they had the right level of training and support to do their job. Although one person told us: “I want training in dementia to help me gain a better understanding of people’s needs”.

At both of the previous inspections in April 2014 & June 2014, one area of the home had been identified as having a strong malodour. During this inspection we noted that the action taken has not rectified the issues and people have remained living in an environment that had unpleasant odours. The registered manager informed us that since they have been in post they had tried various cleaning methods but this had not solved the problem. The home was being refurbished although this had not yet been completed. We were told by the registered manager that as part of this the concrete flooring was to be replaced and this was hoped to eliminate the odour. There were a number of areas of the home in the process of being refurbished. Fitzwilliam Unit was closed as it was being refurbished.. Downing Unit was having the woodwork painted, a kitchenette was being refurbished which led to a dining area being unable to be used and people were supported to eat their meals in the lounge or their own room. The builders were creating one area into a rehabilitation/ physiotherapy room. A bathroom on the ground floor that was not used was turned into a hairdresser’s salon and this created a relaxed space for people to enjoy whilst having their hair done. Some people we spoke with told us they had been consulted on the colours that were being used.

At our inspection in April 2014 we found that the arrangements in place for obtaining and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were ineffective. At this inspection people’s rights to make decisions about their support and care were valued and where people had been assessed not to have mental capacity, they had been supported in the decision making process. Staff were trained and were knowledgeable in their roles and responsibilities in relation to consent, as defined in the

MCA 2005. They gave examples of how they had effectively managed situations when people had been assessed not to have mental capacity. The examples included when people refused support with their personal care and taking their prescribed medication. The registered manager advised us that DoLS applications had been submitted to the authorising agencies, but there was a delay in processing and there was a letter in place to confirm this.

All the staff we spoke with told us they felt well trained and supported to effectively carry out their role. Staff told us they had received regular supervision since the registered manager and deputy manager came into post. Staff told us and the training records we reviewed showed that staff had received training in a number of topics including fire awareness, infection control and food safety, moving and handling, safeguarding people. Staff told us that they had received a good induction when they started which included up to two weeks shadowing an experienced member of staff who knew the people in the home well. This helped them get to know people’s needs and routines.

Before our inspection, health and social care professionals told us that they had no concerns about how people’s health and wellbeing needs were met. Support was provided for people to gain access to a range of services to maintain their health. This included weekly visits made by a GP and daily visits made by a community nurse. In addition, people had health support and advice from opticians, local hospitals and community mental health services. A person living at the care home told us: “I go to an appointment on Tuesdays, sometime after that I will go home to visit my family”. Another person said: “I see a doctor when I need one and they [the staff] are very good”.

Health care professional advice had been sought and had been followed in relation to people’s eating and drinking. This included where people had been supported to access nutritional and swallowing advice from dietician and speech and language therapists, respectively. We saw that people were provided with special diets, in line with the recorded health care professional advice.

People had enough to eat and drink and told us that the food was good. There was a choice of hot meals and a selection of vegetables. One person said to us: “I have never had so much food. It’s excellent”. Another person who



## Is the service effective?

we spoke with confirmed that they had enough to eat and drink and liked the range and choice of menu options. We saw that people were offered hot and cold drinks and snacks in between meals.

We observed the lunch time on one of the units and we found that where people needed support to eat their food,

they were encouraged and prompted to eat or helped to eat their meal by a member of staff. People were offered a choice of what they would like to eat in a way that they could understand.

# Is the service caring?

## Our findings

People were happy with the care provided in the service and told us that they received a good standard of care. One person said, “I am happy with my care I receive from the staff”. Another person said: “The atmosphere is nice and the girls [the staff] are very good to me. I have no complaints about my care at all”.

At our last inspection of 14 April 2014, we required the provider to make improvements in relation to responding to people’s needs. Interactions with people were task based with missed opportunities for communicating with people and people’s needs were not always responded to in a timely way.

At this inspection we saw that staff treated people with respect and in a kind and caring way and staff referred to people by their preferred names. We observed the relationships between people who lived in the service and staff and noted that these were positive and caring. One person described to us how the staff were amiable and good fun when providing their personal care. They said, “Yes they [staff] are very good. I have a laugh with them [staff]. I have no complaints about them.”

We saw staff supporting people in a patient and encouraging manner. We observed staff assist a person to change their chair they were sitting in and noted how they allowed the person time to do it for themselves, by encouraging them and giving them time to settle in their chair.

We observed many positive interactions and saw that these supported people’s wellbeing. One member of staff entered the communal area and noted the sun was shining on a person’s face. They closed the curtains and asked them if

they would like to move to another chair where the sun was not shining. Just before lunchtime a member of staff was assisting a person to the table for their lunch and they quietly spoke with the person and asked if they needed to go to their room before sitting at the table. This was carried out in a discreet, quiet manner so they did not embarrass the person and did not draw attention to the situation.

Relatives said that they were able to visit their relatives whenever they wanted. One relative told us: “I always get a warm welcome and am offered a drink”. Some people could not easily express their wishes and did not have family or friends to support them to make decisions about their care. However, the registered manager was aware of local advocacy services which were available to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Information about advocacy was available in the main reception area.

We noted that staff respected people's privacy and dignity. People gave us examples of when staff would knock on their bedroom door before entering and remembered to close the door when changing their clothing or attending to their personal needs. A relative told us that the staff talked and communicated with their relative. They said: “Yes they do treat [my relative] with dignity and respect. The staff talk with [my relative], have a conversation with them and they complement them, they are wonderful”.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how people liked to dress and we saw that people had their wishes respected. One staff member said: “The reason I like working here and we get to know people well and know what they like and don’t like”.

# Is the service responsive?

## Our findings

At our inspection in April 2014 we found that improvements were required to ensure that people and their relatives knew who to speak to and how to raise any concerns. People were not supported to make choices in what they would like to drink and given opportunities of what hobbies and interests they would like to take part in. We found that a number of people were being put to bed after lunch with no valid reason. At this inspection we identified that improvements had been made.

People said that staff knew the support they needed and provided this for them. They said that staff responded to their individual needs for assistance. One person said: "The staff do know you and your particular ways". People said that they would be happy to tell staff how they would like their care. One person said: "I will soon tell them and they will do as I ask".

Relatives told us that staff had kept them informed about their relatives' care so they could be as involved as they wanted to be. One relative said how they were involved in their relative's care and how their relative received person centred care and was widely consulted on their own wishes regarding their care and welfare. Another relative said how involved they were made to feel by the staff in their relative's care and how they were continually updated on things like medication. They said: "They [the staff] always ring me up and let me know when [my relative] is on different medications."

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, which provided care in a way they liked. One member of staff explained to us how they always encouraged people to choose their own clothes in the morning.

We looked at six care plans, and saw that people's needs and had been regularly reviewed to make sure that the appropriate care was provided. One relative told us how they were involved in care plan reviews. Other relatives confirmed that they had been offered invitations to take part in care plan meetings and reviews.

Assessments were undertaken to identify people's support needs and care plans were developed stating how these needs were to be met. The registered manager told us how people and their families would be encouraged to visit the

service before they moved in. This would give them an idea of what it would be like to live in the service and see if their needs could be met. This included the assessment of what level of support people required with their personal care, mobilising and eating and drinking.

We observed people having their lunch and noted that the meal time was relaxed and a social event in the day as people who lived in the service were encouraged to come together to eat. However, people could dine in the privacy of their own bedroom if they wished to do.

People said that they were provided with a choice of meals that reflected their preferences. We noted how people were offered a range of alternative foods if they did not want what they had chosen or what was on the menu for the day. People were offered a choice of soft drinks, and a hot drink after their meal. People made different choices to the menu of the day and they were provided with alternative meals.

We observed people sat in the communal areas, listening to music, reading their newspapers and completing crosswords. Relatives and visitors were in the home during the morning and afternoon period. Overall, people were happy with lots of smiles and laughter in what they had chosen to do.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had bought in their own furniture, which included a favourite chair and that rooms were personalised with pictures, photos and paintings.

Everyone we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "There is a feeling that me and the staff can go to them [management] to raise any concerns. Another person said, "Oh yes I would talk to anyone of the carers." A relative said, "It is possible to raise general issues and raise issues with the manager."

The home had a complaints procedure which was available in the main reception. There had been eight formal complaints received in the last 12 months. We saw that these had been investigated and responded to in line with the provider's policy. One complaint had gone on to stage 2 of their complaints procedure and was being dealt with via head office.

# Is the service well-led?

## Our findings

At our inspection in April 2014 we identified concerns in relation to staffing levels, appropriately trained staff and the quality monitoring of the service. At this inspection we found that improvements had been made.

There was a registered manager in post at the time of this inspection. People said that they knew who the registered manager was and that they found them helpful. One relative was extremely satisfied with the management of the home and could not be more grateful for the work that they have put in to make improvements to the home and make it a lovely place for the relative to be. They said: "These two are wonderful and they have worked so hard and the atmosphere of the home has much improved and staff are a lot happier in their work. I can't thank them enough. [Relative] is well looked after and their needs are well met".

There were clear management arrangements in the service so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the service, their relatives and staff. The registered manager and deputy had put together a comprehensive improvement plan and key aspects were on display in the office. This allowed them to continually reflect on what they had achieved and what further action was needed to make further improvements to the service.

We saw the registered manager talking with people who used the service and with staff. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Staff told us that they felt supported by the registered manager. One staff member said: "We have been through a lot of change over the last few months but I do think it is settling down here now. [The manager] has been very supportive and flexible". Another said, "There has been a lot of change and uncertainty for staff. I feel like the home is on the up and there are so many improvements that have been made".

We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said: "I have never

had to raise anything, but I would have no hesitation in raising a concern if I thought something wasn't right." Staff were able to tell us which external bodies they would escalate their concerns to.

Staff felt they were provided with the leadership they needed to develop good team working practices. One of them said: "We are a good team. We support each other and are not afraid to ask for help". Another staff member told us: "We all work together, carers and nurses, we work as a team. There is no division, we work well together".

People said they observed good relationships between the staff and the management. One person said: "Yes, the staff are very friendly and helpful to each other, there's no conflict, it's generally a very friendly atmosphere, staff can communicate with the manager and they can take on board what they say".

There were handover meetings at the beginning and end of each shift so that staff could talk about each person's care and any change which had occurred. In addition, there were regular staff meetings for all staff at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

People were given the opportunity to influence the service they received and residents' meetings were held by the registered manager to gather people's views and concerns. People told us they were kept informed of important information about the home and had a chance to express their views. People told us they had been kept updated in relation to the major refurbishment. They had been able to change the use of an area that was not previously used and was now the hairdressers salon

There were effective quality assurance systems in place that monitored 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 as infection control and cleaning, and health and safety. Audits were completed by the senior housekeeper and signed off by the manager. Where action had been identified this was followed up and recorded when completed this ensured people lived in a clean

## Is the service well-led?

environment. The registered manager submitted quality indicator reports on a monthly basis to senior managers that monitored the service's performance and highlighted any issues

Records showed that the registered provider referred to these reports when they visited the service to check that people were safely receiving the care they needed. 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 training to make arrangements to provide refresher training as necessary. We were told by staff that the senior nurse regularly 'worked the floor' (this meant they worked alongside the staff in providing care) to ensure staff were implementing their training and to ensure they were delivering good quality care to people.