

Cambridge Care Homes Limited

Cambridge House

Inspection report

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Haverhill
Suffolk
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Cambridge House provides accommodation and support for up to six people who have a learning disability. On the day of our visit, there were five people living in the service. Cambridge House is a detached bungalow in a residential cul-de-sac within the town of Haverhill, Suffolk.

At our last inspection in November 2017 we were concerned because the service was poorly managed in respect of the maintenance of the building. At that time the provider did not have an effective governance system to monitor the quality of the service and identify the risks to people. At that inspection improvements were required to ensure that people were kept safe in the service. Some radiators were not covered and the temperature of hot water to people's rooms and communal areas was not controlled.

At this inspection we found that some environmental concerns had been rectified. Over the past year a number of improvements had been made, however there was still further work needed. The manager had worked hard on implementing the necessary environmental changes but other areas of the service had not been kept up to date.

Cambridge House has not been operated and developed in line with all the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The outcomes for people did not fully reflect the principles and values of Registering the Right Support because people did not live in an environment that valued and underpinned the best practice guidance and were not supported with appropriate staffing levels.

People's experience of using this service:

- People did not always receive a service that provided them with safe, effective and high-quality care.
- There were not enough staff deployed to meet people's needs consistently. This meant that for one person they did not always have varied or meaningful activities and their personal care needs were not met when always required. This was because staff were supporting the people they were funded to provide one to one care with.
- Safety of the premises was not always a priority for the provider. 10 out of 11 fire doors were being propped or held open due to a failure of the fire door system and this had been the case for at least six months.
- The service was not always well led and there was a lack of quality assurance processes in place to identify the issues found during the inspection.
- People received support from staff who were kind and treated them with respect.

- People were supported to maintain a healthy and balanced diet.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Rating at last inspection: The service was rated 'Requires Improvement' at our last inspection. The report following that inspection was published on 24 January 2018.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Cambridge House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type: 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.

At our last inspection we were concerned that the service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This was because at that time people did not live in an environment that valued and underpinned the best practice guidance. At this inspection we found the service had worked hard to make some of the necessary improvements however further improvement was still needed.

There was a manager in post who had been in that role since the last inspection however they had only recently submitted their application to register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. This person has been referred to as the manager throughout this report.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is information that we request that asks the provider to give some key information about the service, what the service does well and any further developments they plan to make. We looked at the notifications we had received for this

service. Notifications are information about important events the service is required to send us by law.

During the inspection, we met all five people who lived at the service however due to their complex communication styles we were unable to obtain their feedback verbally. We observed how people were being cared for and supported. We also met and spoke with four support staff and heard from a further two following our visit. We spent time with the manager during our visit.

We looked at records used by the provider for managing the service. These included the care plans for people, staff training and support records, records of quality monitoring and audits, information about medicines and we inspected the environment.

After the inspection visit we spoke with three relatives of people who lived at the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- We saw fire doors, used to prevent the spread of smoke or fire, were poorly maintained and did not provide assurance that people would be safe in the event of emergency.
- 10 out of 11 fire doors at the service had either been wedged open or were faulty which would have prevented them from closing in the event of a fire emergency.
- Following our visit, the manager sent us confirmation that the providers had decided to carry out a repair of the fire doors and had requested the necessary fire safety remedial works be completed at the earliest opportunity. However, we saw that these works had been required since at least September 2018 and the actions were taken as a result of our inspection findings and not through the providers own course of action.
- Checks of fire safety call points within the service were not always carried out according to good practice recommendations. Government guidance states there should be testing of fire warning systems, including weekly alarm tests and periodic maintenance by a competent person. This was not consistently happening in the home and was particularly important considering the identified faults with the fire doors.

The concerns about people's safety are a repeat breach of Regulation 12 of the Health and Social Care Act 2008 (Regulations) 2014.

- Following this inspection site visit we contacted the local authority fire and rescue service and shared our concerns with them.
- There were protocols in place for staff to know how to support people in an emergency. For example, people had personal emergency evacuation plans (PEEPs) in place which ensured in appropriate guidance in place in the event of a fire.
- Other risks to people's health, well-being or safety were identified, assessed and reviewed regularly to take account of their changing needs and circumstances. For example, a variety of risk assessments were in place for people in respect of their health care.
- We found that improvements had been made in respect of some health and safety concerns we found at our previous inspection. Radiators and hot water pipe that were previously uncovered and that presented a risk to people had been safely enclosed.
- Thermostatic valves had been fitted to hot water supplies to reduce the risks associated with water being delivered to taps at the service at excessively high temperatures.
- Legionella risk assessment and checks had been completed that were not in place before. Legionella is a bacterium that can result in serious illnesses, to which people living in care services and homes can be particularly susceptible.

- A service and breakdown contract had been purchased for the washing machine which meant any breakdowns or repairs were dealt with in a more timely manner.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding procedure for staff to follow. Staff had received training to understand the signs of abuse and how to report incidents. However, neither the manager or the provider had reported a potential safeguarding concern to the local authority, or CQC when it had occurred. Following our visit, the manager sent us confirmation that they had made the necessary referral.
- Due to their communication challenges people were unable to tell us if they felt safe living at the home. Relatives we spoke with felt the service was safe.

Staffing and recruitment

- There were not always sufficient numbers of staff on duty to meet all people's needs in a timely way. Four of the five people who lived at Cambridge House required one to one staff support. There were four staff on duty during the daytime which meant that the fifth person was reliant on one of those one to one staff providing them with support as well. This had been the situation since September 2018.
- Support staff were also allocated other roles while providing one to one support, such as laundry, cooking or cleaning. This in conjunction with assisting the fifth person meant staff were not always allocated or deployed appropriately.
- We received information of concern from a funding authority during summer 2018 that they had challenges obtaining information they needed from the service to review two people's support hours. They were concerned at being told service was completing actions for the next CQC inspection so did not have the capacity to complete the information request in a timely manner. We shared this information with the registered manager during our visit.

These staffing concerns were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There continued to be occasions when agency staff were needed to cover gaps in the rotas. However, the manager told us a number of improvements had been made recently with the recruitment of more permanent staff and a reduction in the use of agency staff.
- Recruitment practices were safe and remained the same. We received confirmation from the manager of the processes they followed to ensure themselves that staff were suitable for the role. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Using medicines safely

- People's medicines were appropriately stored and managed.
- Medicines systems were organised and people were receiving their medicines when they should. Staff received training and an observation of their competency to support people with their medicines.
- Each person had a medicine administration record (MAR) chart. We found these were completed in full and showed people received their medicines as the prescriber intended.
- Protocols for 'when required' medicines (PRN) were in place however these were not always up to date. The manager had been trying to address this with the relevant healthcare professionals and was reaching a resolution with the GP to ensure people had access to these medicines when they required them.

Preventing and controlling infection

- The service was mostly clean and a number of improvements had been made to the environment since

we last inspected. A bathroom had received some renovation work which enabled more effective cleaning.

- There was further work needed in one en-suite bathroom where pipe work had taken place and not 'made good'. In another en-suite shower room due to a lack of ventilation and a leak the grout between the tiles was, in places, missing and mouldy which prevented effective cleaning.
- Another person whose room had damaged flooring that we identified at our last inspection, still had not had this repaired or replaced. This meant their floor could still not be effectively cleaned. The manager told us the damage had been caused by the fire door and when the issues with the fire safety was addressed the flooring would be replaced.
- Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons.

Learning lessons when things go wrong

- There were regular staff meetings. Any incidents or events at the service were discussed and the registered manager ensured lessons were learned where needed.
- Following a 'near miss' needlestick incident the policy relating to this had been reviewed with the staff concerned. As a result of the learning the staff member had been observed carrying out the procedure effectively twice and talked through what had previously gone wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our last inspection in November 2017, this key question was rated 'Requires Improvement'. This was because improvements were needed to the environment, paintwork and flooring at the service. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found insufficient improvements had been made in the key question of 'effective'.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

- 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."

- We found two examples where DoLS applications had not been completed or authorisations had expired but not yet been re-applied for. This meant that people were being deprived of their liberty unlawfully. Following our visit, the manager contacted us to let us know new applications had been submitted,
- Not all people's consent to their care had been sought, considered or documented under the MCA at the time of our visit. Shortly after our visit the manager sent us mental capacity assessments and best interest decisions for people. These were detailed and covered any restrictions that had been put in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and a care plan drawn up before people received a service. Care plans were reviewed by keyworkers and the manager.

Staff support: induction, training, skills and experience

- The provider had not supported staff to stay up to date with all their training so they could deliver care and support to people which was in line with best practice. For example, we were told by the manager that training such as moving and handling had not been completed by some staff since 2017.

- The manager had plans to implement this training and sent us confirmation that they had identified the training needed by staff to ensure they were up to date.
- The manager was reliant on the operations manager to deliver training to staff however this had caused some delays. For example, the next layer of management at the service after the manager was the team leaders. The manager had been unable to secure training to enable the team leaders to deliver formal supervision so this resulted in the manager being responsible for the supervision and oversight of 18 staff and had resulted in staff not receiving frequent supervision in line with the providers policy.
- Staff told us that they found the manager supportive and approachable despite not receiving frequent formal supervision.
- Following our visit we were told that the provider had purchased an online training package for staff to access and that staff had also recently undertaken specialist healthcare training in diabetes and dysphagia.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to have a healthy balanced diet. People were involved in decisions about the menus and were encouraged to take part in preparation of their meals where this was safe to do so.
- Staff were attentive during mealtimes. When people required support to eat, this was given patiently with encouragement.
- Special diets were catered for; one person's relative told us how their family member had gained some much-needed weight since moving to Cambridge House due to the actions of the staff adding additional calories to their diet and providing lots of encouragement when eating.

Staff working with other agencies to provide consistent, effective, timely care

- Arrangements were in place to share information between services as appropriate and for the benefit of people. For example, people had a 'hospital passport' in place whereby relevant information about them was always available should they be taken to hospital in an emergency.

Adapting service, design, decoration to meet people's needs

- The building was suitably adapted to meet the needs of people living there. Everybody had their own bedroom which had been personalised to their interests, however two were looking 'tired' in décor. The manager told us that damaged flooring in one person's bedroom would be replaced when the fire door maintenance was completed.
- Redecoration had taken place across several of the communal areas which were now more aesthetically appealing.
- There was suitable shared space such as a lounge and dining area adjoining the kitchen. A large enclosed garden to the rear to the building had replacement fencing since our last inspection along with two new sheds.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend healthcare appointments as needed.
- The manager worked hard to build links with healthcare professionals in areas such as Epilepsy, the aim of which was to ensure people had the most appropriate healthcare support in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection in November 2017, this key question was rated 'Requires Improvement'. This was because improvements were needed to the standards of décor and overall maintenance of the environment. This did not demonstrate care and respect for people and was not respectful of their dignity. We found at this inspection that improvements had been made.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Improvements had been made to the environment through redecoration which was respectful of people's dignity.
- Not all of the people who lived at the service were able to tell us about their experiences and views of the service.
- We observed how people were being supported to see if staff were caring towards them. Staff, and the manager, showed us that they knew people's needs and preferences well and were very familiar with the non-verbal ways people communicated.
- People were treated with kindness and care by staff who demonstrated patience and compassion towards them.
- One person was supported by staff to use technology to make a video call to their relative during the evening to 'say goodnight' and help settle them for the night.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make their own choices and decisions about their care and support where possible. People had non-verbal communication skills, however they used other ways such as gestures to let staff know what they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- People could spend their time where they wanted. They could go to their rooms at any time where they were not disturbed. On our arrival and whilst we were being introduced to people, one person made it clear they wished for us and the manager to leave their space. The manager explained this was what they were indicating with their communication and their choice was respected.
- People were supported to maintain relationships with family and friends who were welcome to visit them at any time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At our last inspection in November 2017 this key question was rated 'Good'. At this inspection we were concerned about the responsiveness of the staff due to the staffing situation at the service.

Requires Improvement: ☐ People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Whilst some people had some access to the community, this was dependent on staffing levels which were not sufficient to meet people's needs. Staff told us they tried as much as possible to support people to go out. Several relatives told us they felt people would benefit from the opportunity to have more social opportunities. The manager recognised that this needed improvement and told us they would begin to focus on the outstanding review of people's support hours.
- When they did go out, we were told people enjoyed participating in activities such as shopping and lunch out in the community.
- Care plans contained details of people's preferences, likes and dislikes. Staff used the care plans to aid them to provide person-centred care.
- Care plans we saw were detailed, easy to follow and contained information for staff about how people wanted to be supported.
- People's care plans included a section on 'communications' which clearly explained what signs, words and sounds they used to express themselves.
- Some care plans were in the process of being updated, people's keyworkers were making notes of the changes needed and consulting with relatives and staff to ensure information was up to date and relevant.
- Staff completed daily records of the support provided to people during the day and night.
- The manager told us of their plans to create a sensory area at the service for people to access. They told us they had purchased coloured lights for hallways and had agreement from the provider to purchase black out blinds to block out the daylight and make the sensory lights more effective.

Improving care quality in response to complaints or concerns

- People's needs continued to be complex and they would still have needed a relative or advocate to make a complaint on their behalf. People's relatives that we spoke with told us that they would feel comfortable to raise any complaints or concerns with the staff or manager. One person's relative told us they had discussed a concern with the manager, which had not developed into a formal complaint.

End of life care and support

- People were unable to take part in discussions about any end of life support preferences.
- Due to the ages of the people at the service the manager told us people's relatives had not wanted to undertake any advance plans for this aspect of care.
- At the time of the inspection, there was no one receiving end-of-life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection in November 2017, this key question was rated 'Requires improvement'. This was because no regular or formal systems were in place to identify and rectify issues with the quality of the service that we found. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found insufficient improvements had been made.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had commenced in their role just prior to our last inspection in November 2017. They had applied in January 2019 to register with CQC and had their registration interview scheduled for shortly after our visit in March 2019.
- When the current manager took over the role of service manager, their substantive post of team leader was not recruited to. This has resulted in them not having the day to day support of a wider management team at the service. Despite the service being small, the manager was clearly juggling covering shifts including waking nights on the rota, supervising and overseeing the staff whilst also managing the service day to day. This meant that the manager was not afforded the time to manage the service effectively.
- Governance systems were not operated effectively and did not identify problems that we found during our inspection. Although audits had been introduced since our last inspection, those undertaken had not accurately identified the shortfalls found. There was insufficient provider level oversight and a lack of appropriate day to day support for the manager to enable them to identify and act on issues.
- For example, people's support hours were not effectively monitored. We were made aware by a funding authority that they had issues obtaining the information they needed to review people's support hours during summer 2018. They reported being told that the service was completing actions for the next CQC inspection so did not have the capacity to complete the information request in a timely manner.
- Our requesting the gas safety certificate had identified that it was overdue for renewal, but this had not been identified or organised prior to our visit.
- The faults with the fire doors had been identified six months prior to our inspection however the provider did not agree the expenditure on the works until we had raised that this needed to be completed.
- There was no system in place to consider when Deprivation of Liberty Safeguards (DoLS) applications may need to be reviewed. This was not considered and therefore not made until highlighted by our inspection.
- The audit had also not identified other areas of concern, which we referred to in the safe section of this report.

These concerns were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated

- Staff told us they liked working at the service and felt that they were well supported by the manager. A staff member contacted us to say, "We [staff] have never been in a situation where we have not received a competent response or corrective action [by the manager]."
- Staff told us they felt valued and listened to by the manager.
- We found the manager had an honest approach and was professional. They had clearly faced challenges within their role over the past year that they were trying to resolve. They were receptive to our findings and keen to share their plans for developing the service further.
- We also were made aware of an incident which should have been raised as a safeguarding incident to both the local authority and CQC. This meant that the service was not reporting to CQC to ensure we were able to monitor the service provided effectively.
- Once we pointed this out to the manager they took action to address this straight away and made the necessary safeguarding referral and submitted the notification to CQC with a good level of detail.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The manager knew people who used the service very well and due to her often working shifts delivering care she had an in-depth knowledge of their support needs. Staff told us the manager was always available to provide hands on support if it was needed.
- The manager confirmed that they did not have access to a budget to support the service at a local level to help drive improvement. However, the manager felt the provider was supportive of any requests they made. The manager described how the providers had made a big financial investment into the home to address the health and safety issues that we identified at our last inspection. This included re-decoration of communal areas of the home, the fitting of radiator safety covers and thermostatic valves to the hot water system.
- The manager and the operations manager had, on behalf of the provider, submitted their 'Provider Information Return' (PIR) as is required. The information provided in the PIR was detailed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Most relatives we spoke with told us they thought it was a good service. One relative said, "[Manager] is doing well as the manager. If there are any concerns I'm kept in the loop."
- Some relatives however were concerned about the oversight of the manager due to time restrictions within her role. They told us, "The service is usually very good but lately I often find [the manager] in the office. There seems to be a lot of admin to do and not enough staff to help."

Continuous learning and improving care

- The manager had no access to peer support from other managers. We asked about other services owned and run by one of the providers. The manager told us there was no forum for the different managers to meet and they were unaware of who they were or where the services were situated.
- The manager told us that they had tried to go a local authority 'provider forum' but due to staffing levels at the service said it was not always possible to attend.
- The manager told us they kept up to date with current thinking and best practice in learning disability care. They had signed up for CQC news and alerts and also were in receipt of two care magazines which provided updates.
- Regular team meetings were held with staff to review people's support needs.
- On going monitoring of the service needed to improve

- We spoke with the manager during and following our inspection to discuss our concerns so that action could be taken quickly to address these. Throughout these conversations the manager has listened and responded to our requests for information.

Working in partnership with others

- The service worked in partnership with some health and social care professionals who were involved in people`s care, primarily around health related needs.
- Some partnership working was not effective, for example a funding authority told us that they had issues obtaining information required to review people's support hours.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to take appropriate action to address areas of concern relating to fire safety at the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Ineffective governance systems remained in place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient staff available to meet people's needs.