

Cambridge Care Homes Limited

Cambridge House

Inspection report

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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?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Cambridge House is a residential care home that provides accommodation and personal care for up to six people who have a learning disability. There were five people living in the service when we inspected on 1 November 2017. We gave the provider just under 24 hours' notice that we would be inspecting the service because it is a small service and we needed to be sure that there would be someone at home.

At the last inspection in April 2015 the service was rated as 'Good' in all of the key questions we ask and overall. At this inspection we have concerns in a number of key questions and there are a number of breaches of the regulations. The service has been rated 'Requires Improvement' in four of the key questions and as a result overall.

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. Cambridge House accommodates up to six people in one bungalow which was situated in a cul-de-sac in a residential area.

The care service has not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People did not live in an environment that valued and underpinned the best practice guidance.

There was not a registered manager in post at the time of our visit. 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. The previous registered manager left the service in June 2017 however the deputy manager had been offered the managers post and had verbally accepted it. They told us that they hadn't signed their contract yet and hadn't submitted an application yet to register although they had found out more about it by telephoning CQC for advice. This person has been referred to as the acting manager throughout the report.

The service was poorly managed in respect of the maintenance of the building. The provider did not have an effective governance system to monitor the quality of the service and identify the risks to people. The provider had not picked up issues that were identified in this 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. People living at the service required a lot of support and prior to our inspection, neither of these risks had been assessed.

Staff were recruited safely and received an induction when they first started working at the service. People were supported by sufficient staff who knew them well. Staff had received training and supervision and were able to describe how they worked with people to meet their needs.

Staff had an understanding of safeguarding procedures and how they should report any concerns and appropriate procedures were in place for the safe recruitment of staff. People's medicines were managed appropriately and their healthcare needs were understood and met by the service.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before they provided care.

People's dietary needs and preferences were supported. People chose what they wanted to eat and drink. People's support plans were personalised however they were also lengthy and out of date in places. Improvements were required to make them clear and to ensure that the information within them was current and relevant to the person.

People participated in a range of activities and received the support they needed to help them do this. Staff respected people's privacy and dignity and understood the importance of maintaining and supporting confidentiality. People were provided with the support they needed to maintain links with their family and friends.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were not always protected from risks to their health and safety.

Safeguarding procedures were in place and they were supported by staff who understood how to recognise and report any signs of abuse.

People were receiving their medicines safely

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were needed to the environment, paintwork and flooring.

People were receiving enough to eat and drink and they were supported to have access to the health care services they needed.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

The environment needed improvement – the current standards of décor and maintenance were not respectful of people's dignity.

People had developed positive relationships with staff who knew them well and understood their needs.

Staff relationships with people were caring and supportive. Staff knew about people's specific needs and how they liked to be supported.

Is the service responsive?

Good ●

The service was responsive.

People's support plans were personalised and reflected the care that people were receiving.

People were encouraged and supported to participate in a range of activities, based upon their preferences.

Is the service well-led?

The service was not consistently well-led.

Systems were not in place to assess, monitor and improve the service.

Staff felt the acting manager had good management oversight of the service and supported them when they needed it.

Appropriate notifications had been submitted to the Care Quality Commission as required.

Requires Improvement 

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 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.

This inspection took place on 1 November 2017 and was announced. We gave the provider under 24 hours' notice because the service is very small and we needed to be sure that someone would be at home. The inspection team consisted of one inspector.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We looked at the care records of two people in detail to check they were receiving their care as planned. We also looked at records including a staff recruitment file, training records, meeting minutes and management records.

People who used the service were unable to tell us verbally about their experience of care. However, staff who knew people well were able to assist some people to communicate their views in other ways. We spoke with three members of care staff, acting manager and the regional operations manager. We also spoke with relatives of three people currently living at the service. After our visit we received feedback from a further three healthcare professionals.

Is the service safe?

Our findings

At the last inspection this key question was rated 'Good'. At this inspection it has been rated 'Requires Improvement'. This means that we had concerns at this inspection that we did not have at the previous inspection.

Improvements were needed in the management of risk to ensure that the premises were maintained, safe and fit for purpose. We found that a number of rooms had exposed pipework leading to the radiator or a radiator that was not covered. The pipes and radiators were very hot to the touch in some cases. A number of people living at the service had complex epilepsy and as such were at risk of falls should they experience a seizure. We were told that it could be a period of time before a person was found if they had a seizure and fell against a radiator. This placed them at potential risk of harm if they were to fall and get burned. We were supplied with a risk assessment covering the residual risks after our visit and requested that the provider kept us updated and notified us when the work was completed.

From looking at the water temperature records we identified that there were several rooms where water was delivered to the taps at excessively high temperatures. This had been raised by the staff members undertaking the temperature test over the month of October 2017 as a concern however no action had been taken to address it. We identified that there was no up to date legionella risk assessment or regular maintenance being undertaken to reduce the risk posed to service users in relation to legionella. Legionella is a bacterium that can result in serious illnesses, to which people living in care services and homes can be particularly susceptible.

The service only had one washing machine which was a domestic machine with no sluice or disinfection facility on it. People who lived at the service had personal care needs that meant the washing machine was in frequent use and also due to the levels of use, subject to frequent breakdown.

The failure to ensure that the premises and equipment was safe for the purpose for which they are being used was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at infection control practices within the service. We observed staff using the appropriate personal protective equipment (PPE), such as disposable gloves and had access to handwashing facilities.

People living at the service were not able to tell us if they felt safe living at the service. We asked their relatives if they felt their family member were safe. One relative told us, "I know [family member] is safe. They [staff] clearly look after my [family member] very well." Other relatives we contacted were also equally positive that their family member was safe living at Cambridge House.

Accidents and incidents had been recorded which demonstrated that appropriate action had been taken in response. Accidents and incidents were not routinely reviewed to look for trends however the service was very small and accidents and incidents not very frequent.

We found that people were supported by staff who were knowledgeable about safeguarding people from the risk of abuse. Staff had completed safeguarding adults training and understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. One staff member said, "I feel very confident to raise any concerns if I had any, I know about the police and safeguarding team. All the numbers we need are in the office."

We found that there were enough staff to meet people's needs. The provider determined staffing levels based on people's assessed needs and any additional hours they received for one to one support. Staff we spoke with told us there were enough staff on duty to meet people's needs however increased numbers of staffing would have enabled people to go out more often. Families we spoke with also reflected this. We saw that staff had the time to support people in an unhurried manner, people who were funded to have one to one hours had these and there were plenty of opportunities for staff to interact with people

Safe and effective recruitment practices were followed to help ensure that all staff were of good character for the care and support roles they performed. All staff had been through recruitment procedures that involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services.

We checked the management of medicines. We found records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration. Medicines were appropriately secured in a locked cabinet in each person's bedroom with staff holding the keys with them securely. Where people were prescribed medicines on a 'when necessary' (PRN) basis, there were clear instructions for staff so they could recognise when the medicine was needed. Medicines received from and returned to the pharmacy were recorded. This meant that medicines were stored safely, and that people were protected from the unsafe access and potential misuse of medicines. We checked the stock levels of some of the medicines and found that they were correct according to what had been dispensed.

Is the service effective?

Our findings

At the last inspection this key question was rated 'Good'. At this inspection it has been rated 'Requires Improvement'. This means that we had concerns at this inspection that we did not have at the previous inspection.

During this inspection we found the home to be visibly poorly maintained in places. Paintwork on some walls, skirting boards and doors was dirty and chipped in places. In one person's bedroom the flooring had a hole in it which was not only unsightly but would have meant effective cleaning was not possible. Some of the radiators were very rusty and within some of the bathrooms there was evidence of black mould growing on the walls, tiles and around the bath. The acting manager did not have access to a refurbishment plan and told us that the providers dealt with maintenance requests and controlled the budgets relating to redecoration and home improvements.

The lounge area which was a focal point of the service where people spent quite a lot of time with people, relaxing or listening to music, needed improving and personalising. This was a view shared by some relatives. One told us, "I feel the environment is just bland. It could do with being more interesting and brightening up. It's all very beige." Some staff also shared this view point, one staff told us, "The [service] needs to be decorated to brighten it up. In fact it needs more upkeep all round." After our visit the acting manager told us as part of a new risk assessment around the environment that she was planning to meet with the providers to review the service and works needed. We will continue to monitor this and ask the manager and provider for updates.

The failure to ensure that the premises and equipment was clean, maintained and suitable for the purpose for which they are being used was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were holistically assessed prior to them moving into the service. People's communication needs were considered in order that staff knew how to support them. Staff had a good understanding of people's support needs and the staff we spoke with told us it was important to people that there was consistent approach to communication. We saw one person being supported to understand what was happening in the day and make their decisions with the use of technology through a tablet device. They were using a piece of software that was made up of pictures and symbols which enabled the person to point to their choices.

Staff told us they received the training such as moving and handling, medication and epilepsy that they needed to be effective in their roles. Some staff hadn't attended training for a while and we were told that there was currently no schedule with regards to how frequently the training needed refreshing. This was something the acting manager and regional operations manager were reviewing. Some staff told us they needed training refreshing and to re attend the course in order to keep themselves up to date. Staff told us that overall they found the training they had attended and refreshed helpful for them at work. The acting manager told us that there were plans for two staff to attend some dignity training and that the plan was to

implement lessons learnt from the training within the service.

Staff told us they received regular supervision and they felt well supported in their roles by the acting manager. Supervision is a method for supporting and managing staff which often involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss day to day practice issues. All staff confirmed they had received regular supervision with the acting manager. A member of staff said, "I have supervision every six to eight weeks. I find I can speak up in the meetings and be honest."

Staff told us that they had received an induction when they started working at the service, which they had found helpful and included learning about the service and people's support needs. New staff also completed the Care Certificate, which sets out the standards of care, learning outcomes and competencies that care staff are expected to have.

We spoke with staff about the menu within the home. Staff were able to tell us about people's individual food likes and dislikes and people's individual support needs such as health conditions which affected their diet. These were in line with people's support plans and current guidance. Staff supported people with the preparation of their meals; we saw that people ate according to their own individual needs and preferences and not always as a collective group.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards.

Staff demonstrated their knowledge and understanding of people's right to make informed choices and decisions independently. Staff were seen to ask for people's consent before giving care and support throughout the visit. They also took time to explain decisions and possible options to people to help them make decisions for themselves. One member of staff told us, "We assume capacity unless otherwise proved. People here can make some decisions." Another member of staff said, "Best interests that's about what's best for people."

People received health checks and had access to a range of health professionals including; GPs, dentists and opticians to make sure they received effective healthcare and treatment. We saw that the acting manager was actively working to ensure that additional healthcare support such as for epilepsy was up to date and available for people that needed this.

For people such as those living with epilepsy, we could see that guidance had been provided and was known by staff on how to manage people's conditions. Care plans contained people's epilepsy triggers which could induce a seizure, signs the person would display prior to, during and after a seizure and the action staff should take to ensure their physical and emotional wellbeing. The acting manager told us that she had contacted the healthcare team for specific advice and support in updating the plans.

Is the service caring?

Our findings

At the last inspection this key question was rated 'Good'. At this inspection it has been rated 'Requires Improvement'. This means that we had concerns at this inspection that we did not have at the previous inspection.

People were living in an environment that required improvements with regards to the standards of décor and overall maintenance. Paint was damaged on the walls in places and there was considerable mould growth and rust in some of the bathrooms around the radiators, bath and tiles. This did not demonstrate care and respect for people and was not respectful of their dignity.

We received positive feedback about the caring nature of the staff from people's relatives. One relative said, "I can't fault the staff, it's clear they enjoy their jobs." Another relative told us, "The staff seem very caring. It's very good care."

Staff were enthusiastic about the care they provided to people. Staff knew the people they were caring for well and spoke knowledgeably about them, their needs and their lives. One staff told us, "The care here is excellent, it's personal. We spend time with people. It's a small home where staff can really get to know people, their ways and what they like." The privacy and dignity of people were supported by the approach of staff. Staff asked people's permission before entering their room.

People had complex learning disabilities and non-verbal communication methods, it was therefore challenging for them to contribute fully to their care planning. Staff however clearly knew people very well and we saw that staff knowledge of people's preferences were included in their care plans. Staff told us that they took time to get to know people. Families were encouraged to be involved in the planning of people's care and support wherever possible. One relative said, "There is lots of communication, the staff keep me informed, we communicate all the time, they send me text messages in the night if [family member] is unwell."

We observed numerous caring interactions between staff and people living at the service, there was a genuine rapport and we observed people having fun with staff. Staff understood that although people had non-verbal communication skills often they could still make everyday choices if staff gave them choices and explained information in a way they could understand. We saw that people were offered choices about what they did, what music they wished to listen to and where they wanted to go within the service. We saw one person being encouraged to make choices using an electronic tablet which contained software which enabled them to communicate through words and symbols. Staff took time to ensure the person could respond to their questions and respected the person's decision.

People received their personal care support in private and staff were discreet in their approach. We saw that staff members knew how people at the home communicated and could respond to their needs in a timely way. One person needed assistance to change their clothing due to a stain; staff reacted promptly and respectfully and without fuss supported the person to their bedroom to assist them to change.

Is the service responsive?

Our findings

At the last inspection this key question was rated 'Good'. At this inspection it has been rated 'Good' again. This means that the provider had sustained this rating for this key question.

People received care and support that was responsive to their needs. Staff were aware of the needs of people who lived at Cambridge House and spoke knowledgeably about how people liked to be supported and what was important to them. Staff worked very closely with people and from talking to staff, it was clear that they knew people very well.

People's care records included detailed information about their background, interests, relationships, goals and other essential information to help staff know them well and understand their needs. Support plans were large and difficult to navigate. Areas of the support plans needed updating, some information was dated and hand written changes had been made across typed records. Not all information had been dated when changes were made. However staff demonstrated they knew people well and were not reliant on quickly accessing information from a person's support plan in order to communicate with people and understand and meet their needs.

Each person had a 'hospital passport' that included a range of information about their specific health needs and support they may like if admitted to hospital. People and staff took this document with them if admitted to hospital so hospital staff would understand their individual needs and preferences and so provide them with the care that they required in the way they preferred. People also had health action plans in place which were a review of health needs and how these were being addressed. We saw that neither of these documents were dated when written. We also found some parts had been written up to three years previously. This meant that the information contained within them may not have been current however the acting manager told us this was something she would be working on.

Staff spoke with pride about the people they cared for and their accomplishments. Staff told us about one person who was living at Cambridge House and their achievements, "[Person] has been on an incredible journey here. When they first moved in no one could support them into the bath and no one could communicate with them. They wouldn't do anything for anyone. Now due to the consistency of staff and us following the person's routines we have all come on in leaps and bounds." They went on to tell us about how the person was now engaging with staff, enjoying activities and participating in the service. They told us, "The difference is 100% amazing; truthfully I can't believe how far we have come."

People had the opportunity to take part in and engage in a number of social activities. Staff told us that they tried to meet everyone's needs and ensure that everyone was able to take part where they wanted to. One member of staff said, "We [staff] try to give time to everyone. Tonight it's the [activity] club, there is church group once a month, and two people go swimming on a Tuesday. One person likes to get a magazine from the shops. Everyone likes to go out for a drive."

Considering the complex needs of the people living at the service, they would 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. Records showed the service had not received any formal complaints in the last 12 months.

Is the service well-led?

Our findings

At the time of our visit, there was no registered manager in place at the home. The previous registered manager left the service in June 2017 however the deputy manager had been offered the managers post and had verbally accepted it. They told us that they hadn't signed their contract yet and hadn't submitted an application yet to register although they had found out more about it by telephoning CQC for advice. This person has been referred to as the acting manager throughout the report.

At our last inspection during April 2015 we rated the home as 'Good' in all of our key questions. This meant that we rated the home 'Good' overall. At this inspection we have rated it as 'Requires Improvement' in three of the key questions and overall. This means that we considered that there were more concerns at the home now than when we last inspected it.

This inspection identified concerns in relation to the cleanliness and maintenance of the home and water safety. We recognised that the acting manager in post when we visited the service was not the permanent manager and as a result had not had time to put in place the actions they felt were necessary for the service. The provider had also failed to monitor and take action where required. We were also concerned that a manager in post at the service did not have access to a maintenance or improvement plan for the service or a maintenance budget where they could access repairs quickly when needed we considered that repairs necessary were not always responsive as a result.

The provider had recently recruited a regional operations manager just before the previous registered manager had left the service at the end of June 2017. The regional operations manager was at the service on the day of our visit. However no regular or formal systems were in place to identify and rectify issues with the quality of the service. For example, when we asked to see audits of the service and how areas such as the environment were monitored, no formal audits could be produced with the exception of a fire audit and risk assessment document which we were sent after our visit. We were told that this was something the regional operations manager was looking to introduce.

These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told that people's relatives and stakeholders had opportunity to feedback to the provider via their annual questionnaire. We were told that the next questionnaires were due in November 2017 however we couldn't see any actions or feedback as a result of the previous questionnaires undertaken. After our visit the acting manager told us that as a result of feedback from the previous annual questionnaire some of the carpets were replaced. They told us they received feedback at this time from two healthcare professionals and two people's relatives and action had been taken..

Staff told us that the acting manager was approachable and supportive and that they could speak to her at any time. One member of staff said, "[Acting manager] is amazing." Another staff told us, "I feel really comfortable working with [acting manager] as she knows people very well, she has always worked 'hands

on' and that makes a difference."

We asked staff about the culture and values of the service. Staff told us that they felt part of a close team. One staff member said, "The team here support one another." Another member of staff told us, "We have a good team, a good skill mix." The acting manager told us that she had plans to make a number of improvements at the service, they told us they felt confident they could perform well as the permanent manager. The acting manager had looked to support the staff team when first in the management role and had met with staff in small groups away from the service to talk about the service and changes that would be necessary and implemented, these focussed primarily on up skilling staff to take on more responsibilities.

The service was working in partnership with other agencies such as the local authority and healthcare professionals for the benefit of people who lived at the service. One healthcare professional told us, "I was impressed with the support [people] received, and the overall vibe and ethos practised by the team." Another healthcare professional told us, "My experience indicates that the quality of care is good." The acting manager told us how the service worked with other professionals in areas such as supporting people with their epilepsy.

The acting manager understood the provider's responsibilities. For example, they had submitted statutory notifications to inform us about important events and incidents and had displayed their latest CQC rating in the home.

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 Environmental risks were not adequately monitored.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider failed to ensure that the premises and equipment was clean, maintained and suitable for the purpose for which they are being used
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Suitable systems were not in place to monitor, assess and improve the quality and safety of the service.