

Cambridge Care Homes Limited

Cambridge House

Inspection report

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Date of inspection visit:
28 June 2023
31 July 2023

Date of publication:
05 September 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cambridge House is a residential care home providing personal care and support to 5 people who have a learning disability and/or who are autistic. The service can support up to 6 people.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were kept safe by staff who had been appropriately trained and who were familiar with people's care plans.

There were sufficient staff deployed to meet people's needs.

At this inspection we found there were greater opportunities for people to pursue leisure and social interests outside of the home.

Improvements had been made to the safety of the building with new fire doors fitted throughout.

People were supported to access specialist health care support and were in the process of attending dental appointments.

Individual risk assessments around the locked kitchen were more person centred and in place to keep people safe.

Staff supported people to take their medicines safely. The registered manager continued to understand the importance of people not being over medicated, particularly when managing people's increased anxiety.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

Staff understood and responded to people's individual needs.

Care plans were person-centred and provided clear information for staff about how to support people.

Staff had completed training in a range of areas that were specific to the people they supported and responded to situations such as managing complex seizures or gastrostomy tubes according to people's care plans and risk assessments.

Staff understood and responded to people's individual needs.

Right Culture

The registered manager worked very closely with the staff and people who lived at Cambridge House. We received positive feedback about the leadership of the service. Most of the relatives we had contact with were complimentary and positive about the service and the care and support their loved ones received. The stable management and staff team supported people to receive consistent care from staff who knew them well. We received a few negative comments regarding communication which the registered manager was made aware of to address.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 June 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cambridge House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Cambridge House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cambridge House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because some of the people living there could get distressed with unexpected visitors.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met all the people living at the service and observed staff interactions with people. We spoke with 3 care staff, the administrator and the registered manager. We reviewed 2 people's care records, medicines records and associated risk assessments. We reviewed 2 staff files in relation to recruitment. We spoke with 4 people's relatives about the care and support their family member received.

Following our inspection visit, we had email correspondence with a further 6 staff. We also received feedback from 3 healthcare professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found the provider had failed to ensure risks to people were mitigated because there were faulty fire doors. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection work was needed to be carried out to ensure that fire doors met current regulations for fire safety. The registered manager had obtained quotes for this work, but no date had been set for the completion. At this inspection we found the works had all been completed and new safety compliant fire doors had been fitted.
- Most risks to people had been assessed and were reflected within their plans of care to provide staff with guidance on how to support people safely. The registered manager was working on further developing the care plans and risk assessments to cover all support areas such as pressure relief and risk of people developing a pressure ulcer.
- We noted an external area of the service needed fixing following some work by a neighbouring property. The registered manager was arranging for these works to be completed.
- The management team analysed and reflected on accidents and incidents to reduce the potential for reoccurrence.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes, including safeguarding policies, were in place to help keep people safe from abuse and avoidable harm.
- Staff understood how to report any concerns to relevant professionals and worked in line with the local authority safeguarding policy and procedures. One staff member said, "If I feel there is a safeguarding concern I would speak to my manager. I could also raise a concern myself by contacting [local authority safeguarding] team."

Staffing and recruitment

- The provider operated safe recruitment systems to ensure suitable staff were employed.
- The service had enough staff to support people safely and according to their needs and preferences. People who required one to one support received this in line with their care and support needs.
- We saw staff were able to support people in a calm, professional manner, including when they responded to unexpected events such as distress or anxiety.

Using medicines safely

- People's medicines were managed in a safe manner.
- People received their medicines as prescribed. People needed support with medicines and staff administered them according to their medicines administration records (MAR) and care plans.
- The service took steps to ensure people's anxiety or distress was not controlled by excessive or inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care and support plans that recorded their health and social care needs and included guidance for staff on how to best support them. Care plans were kept under review and were amended as people's needs changed.
- We found some minor recording issues within people's care and support plan. We discussed these with the registered manager who said they were aware and that the service had been experiencing challenges with the care planning system. They were working to address these.
- During the inspection we observed staff supporting people following the process laid out in their care and support plan. A healthcare professional told us, "I observed the staff be caring towards [people], with knowledge of what they like and dislike, daily routines, and they understand [any distress] and what distraction to use."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were given information in a way they could understand. For example, some people used sign language or pictures. We saw that staff used these methods with people when making daily decisions such as choosing a drink or an activity.
- Staff had the knowledge and skills to support people's communication effectively. We observed staff following the guidance around communication in line with people's care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access the local community and participate in a range of activities such as going to the cinema, hydrotherapy and to a local splash pad. One person's relative told us, "Things have got better. [Family member] is going out more. I am very happy."
- Relatives were able to have regular contact with their family member either at the service or out in the community.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedures in place provided guidance on actions they would

take if a complaint was received. This included timescales for responding.

There were no active complaints at the time of our inspection, however the registered manager gave examples of a previous complaint and the action they had taken in response.

End of life care and support

- Staff were not supporting anyone who required active end of life care during this inspection.
- People had active family support and plans which reflected where families would take the lead in end-of life decisions.

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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found improvements were needed to fully implement the right support, right care, right culture. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at that inspection.

At this inspection we found that all breaches of the regulations had been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection improvements had been made. People had greater opportunities to engage with their local community. Extensive works to replace all the fire doors to make them safety compliant had been completed. There was more consistency with the Right Support, Right Care, Right Culture principles.
- The provider had worked closely with the local authority to identify and make improvements to the service and captured this in an action plan. The local authority had reviewed the improvements made to the service as part of their contract monitoring processes.
- The registered manager had the experience, skills and knowledge to perform their role. They had a clear and thorough understanding of people's needs and knew them very well. The registered manager successfully combined close working with people with direct oversight of the service
- The registered manager and provider understood and demonstrated compliance with regulatory and other legislative requirements. There were internal audit systems to keep oversight and identify any areas for development.
- Statutory notifications had been submitted to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as an allegation of abuse or a serious injury

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff knew each other well. Many of the team had worked with people at the service for 5 years, or more, and understood people's non-verbal communication needs and complex healthcare requirements. Staff enabled people to express their feelings and make choices.
- Some relatives shared their positive experiences of the leadership of the service. One relative said, "The manager is fantastic I had some issues around my [family member's] health, and [registered manager] sorted it out. They involve me in meetings, and I am happy with everything."

- We also received feedback from a relative who was not as complimentary about the culture at the service telling us, "Communication is poor. I try ringing and they do not get back." We made the registered manager aware so they could review communication methods where needed.
- Staff were positive about the management team and felt they were supported within their roles. One staff member said, "I had an incident where I raised my concerns to management. I was extremely upset by the whole situation until I spoke to [registered manager]. The matter was dealt with immediately and professionally and I was very happy with the outcome. "Another staff member commented, "Whenever I have concerns, I do speak with [registered manager] and always I have her knowledge and support."
- The registered manager understood their responsibility regarding the duty of candour and the need to be open and transparent when things went wrong, including offering an apology.
Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- The majority of relatives told us communication was good. One relative said, "If I was concerned about anything I would speak to staff." Although another relative told us, "Communication could be better...[staff] don't always answer the phone or respond to emails." We made the registered manager aware of this concern.
- People had nominated key workers who reviewed their care and support regularly, taking account of their communication and other needs

Working in partnership with others

- The registered manager and staff team worked in partnership with health care professionals who were involved in people's care. This included referrals made to GPs, nutrition and epilepsy specialists and district nurses where required.