

Care Plus Group (North East Lincolnshire) Limited Cambridge Park - Community Inpatient Unit (CIU)

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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cambridge Park Inpatient Unit is a care home registered to provide accommodation, personal and nursing care for up to 52 people who need short term rehabilitation and reablement support to return home or prevent hospital admission across 2 adapted areas within the grounds. At the time of our inspection, 36 people were residing at the service.

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

Information about risks and safety was not always comprehensive or up to date and full information about risks to people's safety was not always communicated to the staff.

Care plans were not always person centred. People and their families were not always involved in decisions about their care and treatment.

A system was in place to monitor the quality and safety of the service, however, this was not always effective in identifying and addressing issues.

Medicines management was not always in line with best practice guidance; medicine administration records were not always fully completed and guidance for staff not always in place.

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 did not always support this practice.

People had support from safely recruited staff. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse. The service had enough staff to keep people safe. We observed staff respecting people's privacy and dignity when providing care and support.

Staff had positive links with healthcare professionals which promoted people's wellbeing. Records confirmed the registered manager worked in partnership with stakeholders. We found the registered manager to be open and responsive to feedback. Visiting healthcare professionals told us that the management team and staff worked well with them.

Staff spoke positively about working for the provider. They felt well supported and could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

The home was clean and tidy. Staff have access to and followed clear policies and procedures on infection, prevention and control that met current and relevant national guidance.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 July 2021). The service remains rated requires improvement.

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 the provider remained in breach of regulations.

At our last inspection we recommended that the provider reviewed their staffing levels and sought guidance to improve staff training and supervision systems. At this inspection we found the provider had made improvements in these areas.

Why we inspected

We carried out an unannounced inspection of this service on 29 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, medicine management, person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive and well-led.

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 remained requires improvement.

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

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.

Enforcement and Recommendations

We have identified breaches in relation to medicine management, risk management, person centred care and good governance at this inspection. We have also made a recommendation in relation care planning systems and the mental capacity records.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

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 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 Park - Community Inpatient Unit (CIU)

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 3 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 Park Inpatient Unit 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 Park Inpatient Unit is a care home with 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 4 relatives about their experience of the care provided. We spoke with 9 members of staff including the director of operations, registered manager, nurse, assistant practitioners, recovery workers, health care assistant, medication administrator, social worker and the maintenance team.

We reviewed a range of records. This included 6 people's care records and 9 medication administration records. We inspected 6 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.

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. The rating for this key question has remained requires improvement. This meant 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.

Using medicines safely

At our last inspection the provider failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- Where people had medicines prescribed 'as required', there were no protocols in place to give staff guidance to administer this type of medicine.
- Prescribed thickeners used to thicken fluids for people with identified swallowing concerns were not recorded on the medication administration record (MAR) when they had been used. There was no recording system for administration of prescribed thickeners.
- Temperature records to ensure the safe storage of medicines were not always completed in accordance with national guidance. This meant we could not be assured that medicines requiring refrigeration were safe for use.
- Stock levels were not always accurate. This meant we could not be assured that medicines had been given as signed for by staff on the medicine's administration record.
- Medication audits had not been used effectively to identify and address these concerns.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider failed to adequately assess, monitor and reduce risks to people's health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- Not all risks for people were identified and recorded in relation to their care and support needs to ensure

their safety and wellbeing. For example, risk relating to having a catheter in situ and having diabetes were not identified to mitigate the risk or potential harm for people using the service.

- Where people had been identified as high risks of falls, there was no clear guidance in place for staff to follow on how to keep people safe and reduce the risk of reoccurrence.
- Weight records were not always reviewed effectively, where weight loss had been recorded.
- There was no evidence to support staff completing time simulated evacuations as identified in their fire risk assessment. The provider gave assurances this would be addressed immediately.
- There was minimal evidence to support learning lessons from accidents, incidents or falls which had occurred at the service.

The provider had not taken adequate steps to assess risks or done all that is reasonably practicable to mitigate those risks. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection we recommended the provider review staffing levels and deployment in line with people's needs and best practice. The provider had made improvements.

- The provider recruited staff safely. This included carrying out relevant checks prior to staff starting employment. This was to ensure staff were suitable to work with people using the service.
- Staff had the skills to ensure they could meet people's needs. Staff told us they had received training to support them in their role. Staff said, "The training is so good, it really helps us."
- There were enough staff on duty each shift to safely support people. Staff rota's confirmed this and during our inspection we saw staff responding to people's needs and requests.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. Comments included "I am so safe here, I do not want to go home" and "It is a safe place, the staff make you feel safe."
- The manager worked with the local safeguarding team to address concerns when they were raised.
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home required refurbishment to enable more effective cleaning and cleaning schedules were not always consistently completed.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

People were supported to receive visits from friends and family. The provider was using timeslots to accommodate visits to allow for rehabilitation sessions. We discussed the current government guidance with the registered manager who was responsive to our feedback and assured us the visiting policy would be reviewed to reflect current guidance. We saw people enjoying visits from friends and family throughout the inspection.

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 we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant 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 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 MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Clear and complete records were not always available to show how people's capacity was assessed.
- Where people may have regained capacity, decisions made in their best interests were not always reviewed in a timely way.

We recommend the provider reviews their systems and processes to ensure up to date records are available in line with the mental capacity act.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Systems were not always in place to ensure people's assessed needs were care planned. This meant people were at risk of receiving inappropriate care and support.

We recommend the provider reviews their systems in line with people's assessed needs.

- People were provided with a varied, nutritious and balanced diet based on their preferences. However, food and fluid monitoring records were not always completed in line with people's assessed needs. The

provider confirmed they are currently in the process of reviewing their recording systems and will be transitioning to an electronic system.

- People praised the quality of the meals and food provided. One person said, "The food is very good, especially the chocolate cake."

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider continues to seek guidance and support to improve staff training and supervision systems. The provider had made improvements.

- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us, "[Registered Manager] has been fantastic, we are very much supported, and our supervisions are really useful."
- Staff received an induction, ongoing training and regular opportunities to discuss their work, training, and development needs.
- Relatives we spoke with were complimentary about the staff and felt they had the skills and training to support people safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A range of health and social care professionals were employed at the service to meet people's individual care, rehabilitation and reablement needs and to support an effective discharge home.
- Information was shared with other agencies if people needed to access other services such as hospitals or specialist involvement.

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

- The premises were adapted to meet people's needs.
- The layout of the service enabled people to move around the service freely. People had access to communal rooms where they could socialise.

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. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider failed to ensure the delivery of person-centred care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 9.

- Systems did not ensure that care plans clearly identified all the needs people had and did not outline actions staff needed to take to meet them.
- Care plans were not always in place or sufficiently detailed to guide staff on aspects of care delivery to meet people's needs.
- Care plans did not consistently contain detailed information about people's likes, dislikes, interests and personal histories. This meant people were not always supported in line with their assessed needs.
- People and relatives told us they were not involved in decisions about their care, treatment and support. Comments included, "I don't know about a care plan and I've had no input or included in discussions about [relative's] care or future plans" and "No communication made with us as a family to explain the role of Cambridge Park."

The evidence indicates a failure to ensure the delivery of person-centred care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was not supporting anyone with end of life care at the time of the inspection.
- The provider had an end of life care policy in place, which staff were familiar with.
- Access to necessary medicines and additional health care support was available through the services' established relationship with the GP.

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's communication needs were considered as part of their care plans.
- Information was provided to people in a format most accessible to them, such as large print and pictorial versions.

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 offered opportunities to engage in social activities.
- People were encouraged to engage in activities that interested them.
- Staff supported people to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- The service had systems and processes in place for people to raise concerns and complaints.
- The management team kept a record of complaints and concerns they had received. These were responded to in line with the providers policies and procedure.
- Relatives knew how to make a complaint and told us the provider was approachable.

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider failed to operate effective systems to improve the quality and safety of the service was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Audits and monitoring arrangements were in place for a range of areas including, care plans, medicines and infection control. However, these were not always effective in monitoring the quality and safety of the service. For example, medicine audits did not always identify the concerns we identified during inspection.
- Actions taken were not always sufficient to mitigate the risk of reoccurrence and could not be evaluated to improve practice. Where some actions had been identified, there was nowhere to record if these actions had been completed and who was accountable for them.
- The provider did not have a system in place to support staff to analyse risk information in relation to people's care. This was particularly in relation to people's assessed and changing needs. The provider did not have a clear overview of risks. This meant opportunities to improve the quality of care for people were missed.
- Records regarding people's care needs were not always detailed. For example, we identified gaps in some records including pressure relief records.
- Themes and trends were not identified through systems currently in place. For example, during 2022 there have been 267 accidents, incidents or falls recorded. During the same period of time, minimal lessons learnt were identified and shared with the staff team. This demonstrated a lack of effective monitoring systems.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics; Working in partnership with others

- People were generally happy with the support they received. One person told us, "The best thing in here is the care and the staff that deliver it."
- Cambridge Park Inpatient Unit was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner. A professional told us, "The home is very unique and responsive to any recommendations."
- There were systems in place to evidence feedback from people, relatives and staff.
- Morale within the service was good and the culture was open and relaxed. We observed interactions between people and staff that were positive.
- The registered manager and staff had effective working relationships with other organisations and professionals to ensure people received the right support.

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

- The registered manager was committed to providing good quality care to people.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- Staff told us they felt listened to and that the manager was approachable. A staff member said, "[Registered Manager] is extremely approachable and supportive."

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	<p>The provider failed to ensure the delivery of person-centred care.</p> <p>9 (1) (a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had failed to ensure the proper and safe management of medicines.</p> <p>The provider had failed to take adequate steps to assess risks or done all that is reasonably practicable to mitigate those risks.</p> <p>12 (1) (2) (a)(b)(f)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust.</p> <p>17 (1) (2) (a)(b)(c)(f)</p>