The Cambridgeshire Care Home Limited

The Cambridgeshire Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The Cambridgeshire Care Home 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. The Cambridgeshire Care Home is registered to provide nursing and personal care and accommodation for up to 72 people. At the time of the inspection there 40 people living in the home.

The accommodation is a purpose built building split over three floors.

This unannounced inspection took place over two days, 10 and 11 January 2018. This was the first inspection of the home since it was registered with the commission on 19 December 2016.

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

Staff were aware of how to keep people safe from harm and what procedures they should follow to report any harm. However the staff had not always followed the procedure to report unexplained bruising so that it could be investigated. The registered manager took immediate action to identify and investigate any cases of unexplained bruising.

The management of medicines was regularly audited to highlight any areas for improvement. Staff received training and competency checks before administering medicines unsupervised. Medicines were stored securely.

Action had been taken to minimise the risks to people. Risk assessments identified risks and provided staff with the information they needed to reduce risks were possible.

Staff were only employed after they completed a thorough recruitment procedure. There were enough staff on shift to ensure that people had their needs met in a timely manner. Staff received the training they required to meet people's needs and were supported in their roles.

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

Staff were motivated to provide care that was kind and compassionate. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were respected.

People were supported to maintain good health as staff had the knowledge and skills to support them.

There was prompt access to external healthcare professionals when needed.

People were provided with a choice of food and drink that they enjoyed. Meal times were also a sociable event when people enjoyed each other's company.

There was a varied programme of activities including activities held in the service, one-to-one activities and entertainers that came into the home.

Care plans gave staff the information they required to meet people's care and support needs. People received support in the way that they preferred and met their individual needs.

There was a complaints procedure in place. People and their relatives felt confident to raise any concerns either with the staff or registered manager. Complaints had been dealt with appropriately.

There was an effective quality assurance process in place which included obtaining the views of people that lived in the home, their relatives and the staff. Where needed action had been taken to make improvements to the service being offered.

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 always safe

Staff were aware of the procedures to follow if they suspected someone may have been harmed. However they did not always follow the correct procedure for dealing with unexplained bruising.

There was no on-going process in place to analyse accidents and incidents to identify any patterns or trends.

Staff were only employed after a through recruitment procedure had been completed.

Staffing levels were sufficient to meet people's needs.

Is the service effective?

Good

The service was effective

People received support from staff who had the skills and knowledge to meet their needs.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Staff were acting in accordance with the Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring

People told us they liked the staff and thought they were caring.

People were treated with respect and staff were aware of people's likes and dislikes.

People's rights to privacy and dignity were valued.

Is the service responsive?

Good

The service was responsive

Care plans provided guidance for staff on how to meet people's needs.

People were encouraged to maintain hobbies and interests.

People were aware of how to make a complaint or raise any concerns.

People were supported to make decisions about their preferences for end of life care.

Is the service well-led?

Good

The service was well led

The home was consistently well-led with clear person-centred vision and values.

There was an effective quality assurance process in place to identify any areas that required improvement.

People were encouraged to provide their views through surveys and regular meetings.

The Cambridgeshire Care Home

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 is 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 10 and 11 January 2018 and was unannounced. The inspection was carried out by one inspector 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.

Before our inspection we reviewed the information we held about the service. We reviewed notifications the registered provider had sent us. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. The local safeguarding team and GP surgery provided information about their contact with the home.

We used information the provider sent us in the Provider Information Return. This in information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 18 people who lived at the service, ten relatives, the registered manager, 1 registered nurse, 1 senior carer, 2 care assistants, 1 daily activities coordinator and the chef. We looked at the care records for five people and records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how people were cared for in the communal areas.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us, "Most of the staff are very good and I always feel safe when they [the staff] are helping me." Another person told us, "It's lovely here, yes I feel safe."

Staff had received training on protecting people from harm and were able to tell us the procedure they would follow if they suspected anyone had suffered any harm, including the outside agencies they would contact if they had any concerns. However although there was a procedure in place for staff to follow if they identified a person had unexplained bruising this had not always been followed. This had meant that the registered manager had not always been made aware of some incidents of unexplained bruising and therefore had not investigated the matter or reported it to the local safeguarding team. Immediately after the inspection the registered manager reviewed all daily notes for any entries of identified bruising and where necessary took the appropriate action to ensure these were investigated. The registered manager stated that all staff would be reminded of the importance of following the correct procedures to ensure that any unexplained bruising was recorded, investigated and if necessary action taken to prevent a reoccurrence.

Staff confirmed that they had completed training in the administration of medicines and that their competency in this area was also regularly checked. The medicines were stored securely. Daily checks of the temperature in the storage area were carried out to ensure that is was within the required safe limits. We checked that the medication administration records tallied with the amount of medication in stock for eight different medicines. Two records did not reflect the amount of tablets in stock (both different by one tablet each). The registered manager stated that they had recently checked the stock levels so did not know how this discrepancy had occurred but would investigate and if needed would retrain the appropriate staff. Regular audits of the management of medicines had been carried out to ensure that people were receiving their medicines as prescribed. One person told us, "They're [the staff] always good in giving me my pills."

There was an accident procedure which was being followed by staff. The registered manager told us that staff completed information about accident's on the electronic care system and they were then reviewed by the registered manager and the provider during their visits. Where necessary the accident was investigated and any appropriate action was taken to prevent a recurrence. Staff confirmed that any learning from accident investigations was also shared during staff meetings. This meant that staff were aware of the action they needed take to minimise the risk to people. However there was no analysis to identify any themes of accidents to aid learning from them.

We found that there was enough staff to keep people safe. Staff told us they had adequate time to assist people with activities such as personal care, administration of medication and assistance with eating and drinking. The registered manager stated that the staffing levels were based on a tool which considered the level of support each person required. The layout of the building was also taken into consideration when determining how many staff should be on shift and how they should be deployed. However four people told us that they sometimes had to wait what they thought was too long for their call bell to answered at busy

times. One person told us, "Sometimes I have to wait about half an hour for someone to come when I press the bell, especially in the morning; it's better after lunch." Following our draft report the registered provider informed us that there was no evidence to show that calls bells were not answered promptly. The registered manager assessed the call bell response times daily and investigated if there were any delays and if necessary took appropriate action to avoid it happening again. One care assistant told us, "The staffing level is fine. Having the hospitality [to serve food and drinks] staff allows us to spend more time with people if they need extra help." During the inspection staff looked busy but not rushed and call bells were answered quickly.

Risks to people had been assessed and where possible reduced. We found the risk assessments to be detailed and that they contained the information the staff required so that they were aware of what action they should take. For example, one person who was assessed as being at high risk of falls had a pressure mat near their bed so staff were aware when the person was up and walking so they could support them.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, building maintenance and equipment checks. The fire alarms and emergency lighting had been checked regularly to ensure they were working. Contingency plans were in place in case the service needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to staff and the emergency services in the event of an evacuation. Staff confirmed that they had been involved in fire drills.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

There were effective recruitment practices in place. Prospective new staff had to complete an application form and attend a face to face interview. Staff confirmed that they were only employed after they completed pre-employment checks including references and checks for criminal convictions with the Disclosure and Barring Service. Monthly checks of the nurse's registration numbers were also carried out to ensure that they were suitable to work in the home.

There was a prevention and control of infection policy and statement in place. Infection control audits were regularly carried out. The most recent audit was carried out in January 2018 and identified areas for improvement. All staff had completed training in prevention and control of infections. Staff confirmed that personal protective equipment such as gloves and aprons was readily available and used when assisting people with personal care. One relative told us, "Hygiene [in the home] is excellent." Another relative told us, "[Family member] has a bit of a continence problem, but they [the staff] are on top of it and always clean everything thoroughly." We found the home to be clean and free from any offensive odours during our inspection.

Good

Is the service effective?

Our findings

People's needs had been assessed before they moved into the home to ensure that staff had the right skills to support them. People's assessments included information about how they would like to express their sexuality. For example, one person's assessment showed that they liked to wear matching clothes, accessories and make-up. Staff training included courses about working in a person centred way and understanding and promoting equality and diversity.

Equipment was in place that allowed people to be as independent as possible but alerted staff to any concerns. For example, door alarms where in place where needed. The door alarm would monitor when someone got out of bed and went into their ensuite. After an agreed set time if the person did not return to their bedroom an alert would be sent to the staff in case they needed their support. All rooms had other equipment such as ensuite lights that came on when someone entered so that people did not have to try and find light switches in the dark. The duration that the light stayed on could be set to each person's preference.

Staff told us that the provider's training programme equipped them for their roles. The registered manager told us that new staff completed an induction including training in health and safety and courses specific to meeting people's needs. They also said if staff did not already have a care qualification they were expected to complete the Care Certificate. The Care Certificate is a nationally recognised qualification. The registered manager stated that the induction training was booked to take place more regularly to avoid a delay in new staff completing the training they required to meet people needs. Staff told us that their induction included working shadow shifts alongside experienced members of staff. This meant that new staff got to know people and how they liked their support to be provided before working on their own with them.

The registered manager told us that they had identified staff to become "Champions" in areas such as nutrition and living with dementia. These staff were going to receive extra training so that they could promote good practice amongst the staff.

Staff told us that they received regular supervision with their line manager so that they could discuss any training needs, performance matters or other issues. One member of staff told us, "I have supervisions every couple of months. If I have any concerns though I can email or ask to see the [registered] manager."

The PIR stated that all people received a nutritional screening on admission to the home to see if they required a special diet such as high calorie or soft consistency. We saw that these assessments had been reviewed and updated monthly (or sooner if needed) and an alert was sent to the staff via the electronic care planning system if any information had changed. We observed the mealtimes in two areas. Each area had a servery with hospitality staff serving up the meals that people had requested. People could choose if they wanted to eat their meals in the dining areas on each unit, their bedroom or the bistro. There was a choice of main courses and desserts. A cold dessert trolley was also taken to people's tables so they could look at the desserts and make a choice. Staff checked with people if they had enjoyed their food and if they would like second helpings. People told us they enjoyed the food. One person told us, "It's exceptional cooking."

Another person stated, "The food is very good; you can have whatever you want." A third person stated, "The food is very, very good." Snacks and drinks were available throughout the day on the units and in the bistro. We saw people enjoying meeting with their family and friends in the bistro area.

The registered manager and staff told us that they worked well together as a team. We also saw evidence that important information was passed to external professionals and teams so that they could help to support people when needed. One member of staff told us, "I feel supported by the other staff, we work well together."

Discussion with people and records showed that people had been supported to access health care professionals as needed. The home had arranged a private contract with the local GP to provide a weekly clinic within the home. People were also supported to access the GP for emergency appointments. The local GP told us, "Residents are absolutely supported to access health care appropriately. My views are constantly sought, and opinions respected, leading to safe and timely medical care for the residents." When needed staff supported people to arrange appointments with any other healthcare professionals such as a chiropodist or physiotherapist.

The home was purpose built in 2016. All areas were accessible to people who lived in the home. There were communal areas in the home where people could entertain their families and friends or spend time sitting in quite areas. People told us they enjoyed watching films in the cinema room and visiting the hair and beauty salon within the home. There was also a well-kept garden with comfortable seating for people to enjoy.

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 legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. When best interest decisions had been made these had been recorded. When needed, DoLS applications had been submitted to the local authority. Staff were aware of the requirements of the MCA and the relevant codes of practice.

Good

Is the service caring?

Our findings

People told us that they thought the staff were caring. One person told us, "[I'm] very well looked after." Another person told us, "The carers are so lovely."

We saw staff treat people with kindness and respect. Staff took time to ask people how they were and took an interest in people's response. Staff told us "I treat people with dignity and empathy. Everyone is an individual and I treat them in a unique way." Another member of staff told us, "I like to treat people how I would like to be treated, with dignity, respect and as an individual." We saw staff interacting with people each time they were nearby. One staff member told us, ""If someone is having a bad day it's not personal. We listen to them, offer them support and assistance and reassure them that it's ok to feel like that."

One staff member told us that when one person had difficulty communicating the staff had taken the time to use pictures so that the person understood what they were saying. Staff demonstrated to us that they knew people well, their life history, people that were important to them and their preferences. One person told us, "The staff are caring; they know you personally." Another person told us, "The carers are extremely helpful." A third person told us, "On the whole it's very good and I'm very happy here."

Relatives of people also spoke positively of the staff. One relative told, "They [the staff] really seem to put themselves out for [family member]." Another relative told us, "You can tell that most of the staff really like doing the job." Another relative told us, "The staff actually know [family member]; they give the impression that they know him as an individual. The care here is more individual than where he was before."

Staff promoted people's dignity and privacy. We saw that staff knocked on people's bedroom doors and waited for an answer before entering. One staff member told us, "Promoting people's privacy is very important. When I assist them with a bed bath I keep the areas covered up that I'm not washing. I always knock on people's doors to ask if I can enter their bedrooms." People confirmed that staff closed doors and curtains before assisting them with personal care.

Staff told us that they promoted people making choices. We saw that people were choosing how they would like to spend their day. Two people told us that they enjoyed spending time watching television and chatting together and had become good friends since living in the home. One person told us that they looked forward to their relatives visiting and that staff always made them feel welcome. One relative told us, "My [family member] brought his children to see [relative] on Sunday and they [staff] made them really welcome." The registered manager told us that they had emailed one person's family daily with an update when they were away on holiday. [They usually visit daily]. This gave them the reassurance that they knew how their family member was whilst they couldn't visit.

People's clothes and belongings were treated respectfully. For example, staff placed small tags on people clothes so that they could be identified are returned to the right people after washing.

Information regarding advocacy services was available to people if they required it. Advocates are people

who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

The pre admission assessments, risk assessments, care planning and monitoring were all entered on to an electronic system. The care plans were detailed and included all of the information that staff required to meet people's individual needs. For example, one person's care plan included detailed information about how staff could try and distract them when they were displaying behaviour that challenged others. It included information about how they should try playing them music and giving them their favourite food. Care plans also contained good information about signs and symptoms that staff should monitor. For example, for one person who had recurrent urinary tract infections it included what staff should observe for so. This meant that infections could be identified at an early stage and treated accordingly.

Each member of staff was given a phone when they started their shift which they could access all of the information on each person. They could also record all the interactions that took place with people throughout the day. The system also generated automatic alerts to staff and the registered manager if any tasks had been omitted. For example, if staff were required to assist a person with their exercises each morning and it had not been recorded as completed then staff would see an alert on their phone. This meant that staff had instant access to information about people and what support they required. One staff member told us, "The care plans are so easy to use. You don't have to go and look for information; it's all there on the phone."

The care plan system also triggered reminders for staff about tasks that should be completed. For example, if someone was at risk of malnutrition the reminder could be set for staff to weigh the person weekly so that they could monitor their weight. Although this generally worked well we identified one recorded where the correct reminders had not been set so the person had not been weighed weekly. The registered manager stated they took action immediately to ensure that the care plans correctly showed when people should be weighed.

The care plans had been reviewed regularly to ensure that the information was up to date and reflected people's current preferences and needs. People told us that they were involved in their assessments, care planning and reviews and that staff supported them in the way they preferred.

Staff told us that if needed information could be provided in big print or pictures. For example, the menu was provided in a large print for one person so that it was easier for them to read.

People spoke positively about the activities provided for people to take part in. One person told us, "The activities here are excellent." Another person told us "The activities are great, my favourite thing is the skittles." There was a weekly activities schedule displayed around the home. During the inspection we saw people enjoying a visit from children from a local nursery in the morning and a PAT dog in the afternoon. People were also encouraged to make friends in the home and socialise. One group of friends told us they regularly met for pre-dinner drinks and conversation. We also saw people having their nails manicured by a visiting beautician organised by the home. The beautician engaged in conversation with people and they

looked happy and told us they were enjoying the experience. One person told us, "I've just had my nails done so I'm happy. I've met some really good friends here and some really interesting people." One relative told us, "The relatives have bonded well into different groups." We saw throughout the day that there was a friendly atmosphere with lots of chat and laughter between people.

Two people told us that they enjoyed planting and growing vegetables and flowers in the homes greenhouse. There had been a trip out to the local garden centre before Christmas. However people told us they would like the opportunity to go out of the home more often. One person told us, we did get to Scotsdales before Christmas, but I would like to be able to go out more." The registered manager confirmed that there had not been many trips out but they were in the process of finding out where people would like to go so that they could arrange it.

Staff were aware of what action to take if any complaints were raised with them. One care assistant told us, "If someone complained about something I would report it to my senior [care assistant]." A nurse told us, "If someone complained to me I would apologise, reassure them that it would be dealt with, record it and raise the issue with the appropriate people." The registered manager stated that eight complaints had been received and investigated since the home had openedThe records showed that apologies had been given where appropriate and action had been taken to prevent issues reoccurring, in line with the providers policy.

People's preferences and choices for their end of life care was discussed and respected. A nurse told us, "We talk to people about whatever they want to talk about; dignity, pain management, religion, communication with family." A carer told us, "Sometimes we will be the last person that somebody hears. We support them to be clean and comfortable. We do the little things they want us to do." The registered manager told us that the home was working towards achieving the Gold Standards Framework. The Gold Standards Framework in Care Homes is a programme to improve end-of-life care in nursing homes by offering staff training and a framework to help identify, assess and deliver care.

Good

Is the service well-led?

Our findings

All of the staff, people living in the home and their relatives spoken with told us that they found the registered manager approachable and easy to talk to. One member of staff told us," [Name of registered manage] is very good. She is approachable". Another staff member told us, "[Name of registered manager] is very positive, direct and approachable." One staff member told us, "[Name of registered manager] gives me confidence with a new task." The local GP told us, "I do feel the team is well led, and have lots of confidence in the [registrered] manager, who appears to be a very responsible and astute leader."

There were clear lines of accountability with heads of care, hospitality manager, team leaders and senior carers in place. The registered manager stated in the PIR, "The promotion and recognition of Human Rights form part of the induction process and the close monitoring of staff practice assesses that staff are promoting human rights and diversity."

Staff were dedicated to the jobs and told us that they enjoyed working at the home. One member of staff told us, "I enjoy all of my job. It's great to see when someone goes from being poorly to better because of our support." Staff also told us that there was an open culture in the home and that they would discuss any issues with their line managers or the registered manager.

The registered manager told us that a staff awards event had recently been held in the home to celebrate their hard work. Awards had been given for different categories including one voted by the people who lived in the home. One nurse told us, "I feel appreciated, we have meals out to say thank you for our hard work and it boosts morale." A care assistant told us, "I'm proud to represent the home, It's like a hotel with nurses and carers. If someone wants a cup of tea at 2 in the morning they can have one." Another care assistant told us "I love working here. It's like a family, we feel supported. We all work well together."

Providers of health and social care are required to inform the CQC of certain events that happen in or affect the service. The provider had informed CQC of significant events. This meant we could check that appropriate action had been taken.

Staff meetings were held regularly. Staff told us that they could add to the agenda and any suggestions they made were discussed and acted upon. One staff member told us, "We can raise anything we want at a staff meeting. If you can't go you can ask someone else to raise it for you. We get to see a copy of the minutes if we couldn't attend."

Meetings for people who lived at the home and their relatives were held regularly. At a recent meeting people had asked to have sky sports and for the cakes to be smaller. Both of these requests had been completed. This meant that people were involved in the running of the home and could make decisions that affected them. The registered manager stated in the PIR, "The home sends out regular questionnaires to residents and their wishes are taken into consideration as much as possible in all aspects of decision making which may affect their everyday lives."

There was an effective quality assurance system in place to ensure that, where needed, improvements were made in the home. The registered manager and other staff carried out daily, weekly and monthly audits on the quality of the service provided. Audits covered a number of areas including medication, health and safety, environment, care plans, personnel files and infection control. Although areas for improvement were identified it was not always clear whose responsibility it was to complete the required actions. The registered manager told us that this was because she saw them all as her responsibility but in future would include this information on the action plan. We saw that the actions identified had been signed off as completed. The registered manager stated that the provider visited at least weekly to look at audits and the quality of the service being provided.

The registered manager monitored the training matrix to ensure all staff have completed what the provider considered to be mandatory training.