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Cambridge House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 14 February 2017 and was unannounced.

Cambridge House is a privately owned and managed care home registered to provide care and support without nursing for 16 elderly people, some of whom are living with dementia. At the time of our visit there were 14 people living at the service.

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.

At our last inspection on 2 November 2015 we made a recommendation that guidance should be implemented to ensure staff were aware of the support people required should they need to evacuate the building in an emergency. At this inspection we found that personal emergency evacuation plans had been implemented and staff were aware of the support people required. The provider had a contingency plan in place to ensure that people would continue to receive their care in the event the building could not be used.

Activities provided were not always person centred and did not always reflect people's hobbies and interests. There was little opportunity for people who were unable to go out without support to access the local community. Not all staff demonstrated skills in involving people living with dementia in activities. Other people said they enjoyed the activities on offer.

The provider conducted a number of audits to ensure that processes within the service were followed by staff and that care plans were regularly reviewed and updated. We have made a recommendation that the registered manager assesses all aspects of the service, including the quality of records regarding staff supervision and the activities taking place and how these are recorded in care plans.

Staff received supervision although records did not reflect the discussions which had taken place. We have made a recommendation regarding this. Staff told us they felt supported by the registered manager. Staff completed regular training to support them in their role and new staff were inducted into the service.

Robust recruitment processes were completed prior to new staff starting work at the service to ensure that only suitable staff were employed. Staffing levels were sufficient to meet people's needs, call bells were answered promptly and people did not have to wait for their care.

People were protected from potential harm as staff understood their responsibilities to safeguard people. Risks to people's safety were assessed and measures implemented to keep people safe. Accidents and incidents were monitored by the registered manager and where required changes to the support people received were made to minimise the risk of reoccurrence.

Medicines procedures were in place to ensure people received their medicines in line with prescribed guidelines. People were supported to maintain good health and had regular access to a range of healthcare professionals. People's weight was monitored and any significant changes were addressed to ensure any underlying health concerns were identified. People's dietary needs were known to staff and people had a choice of food and drinks. People told us they enjoyed the food provided.

People's legal rights were protected as staff were aware of their responsibilities in relation to the Mental Capacity Act 2005. Staff were observed to request people's consent prior to supporting them with their care needs.

People and their relatives told us that staff were caring and treated them with respect. We observed positive interactions between people and staff. There were no restrictions on the times relatives could visit the service and the relatives we spoke with told us they were made to feel welcome. People's dignity was maintained and where people chose to spend time in their rooms this was respected.

People's needs were assessed prior to them moving into to the service to ensure they could be met. People's care plans contained detailed guidance for staff on how people preferred their care to be provided. Regular reviews were held with people and their relatives to ensure that the information provided to staff was up to date.

There was a complaints procedure in place which was prominently displayed. People and their relatives told us they would feel comfortable in raising any concerns with staff or the registered manager. People, relatives and staff told us the registered manager was approachable and listened to their views and opinions. Feedback on the service provided was gained through satisfaction questionnaires. We reviewed the comments received from the last questionnaire and found they all rated the service as 'good' or 'excellent'.

During the inspection we found one breach 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?

Good

The service was safe.

Staff had a good understanding of how to recognise and report safeguarding concerns.

Staffing levels were sufficient to meet people's needs in a timely way.

Policies and procedures were in place to ensure people received their medicines safely.

Individual risks were identified and managed to help ensure people remained safe.

Safe recruitment processes were in place to ensure that only staff suitable to work in the service were employed.

Is the service effective?

Good

The service was effective.

The manager had systems in place to ensure that staff received ongoing supervision.

People were provided with food and drink which supported them to maintain a healthy diet and meet their cultural needs.

People were supported to maintain good health and had regular access to a range of healthcare professionals.

People were supported by staff who were appropriately trained to carry out their roles.

People's legal rights were protected because staff routinely gained their consent and where possible allowed people to make decisions for themselves.

Is the service caring?

Good

The service was caring.

Staff supported people in a caring way and respected their privacy.

People were supported to maintain their independence

People and their relatives told us that staff were friendly and kind and they felt welcome when visiting.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities provided were repetitive and did not reflect people's hobbies and interests.

People had plans about their care that were written in ways that focussed on
their individual preferences, except in the case of planning to meet their need for activity, occupation and going out.

The complaints procedure was in place and displayed in the home.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems were in place to monitor the service people received. However, these were not always effective in identifying areas requiring improvement.

The registered manager knew people well and staff said they felt supported by the management team.

Regular staff meetings were held and staff felt able to contribute to the running of the service.

Records were organised and stored securely.

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 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 14 February 2017 and was unannounced. The inspection team consisted of three inspectors.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also reviewed the Provider Information Return (PIR). The PIR 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.

As part of our inspection we spoke with the seven people who lived at the home, four staff members and the registered manager. Following the inspection we spoke with two relatives. We also reviewed a variety of documents which included the care plans for four people, three staff files, medicines records and various other documentation relevant to the management of the home.

Good

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. One person told us, "I'm a 100% safe." Another person said, "I'm very at ease here." A relative told us, "It's a very safe environment which is very important to us all. As far as we're concerned she couldn't be anywhere better."

At our last inspection in November 2016 we found that people's care could be compromised in an emergency as staff did not have guidance regarding the support individuals would require to leave the building safely. At this inspection we found that action had been taken and each person had a personal emergency evacuation plan in place (PEEP). Fire checks and drills were completed regularly to ensure that all equipment was in working order and that staff were aware of the evacuation plan in place. The provider had developed a contingency plan which gave staff guidance on the steps to take to ensure people continued to receive safe care in the event of an emergency. Arrangements were in place with the local church to ensure people would be in a sheltered environment in the event the building could not be used.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. One person regularly exhibited behaviour that challenged staff and others. The risks to the person and others had been assessed and guidance put in place for staff about their approach to supporting this person. A number of people had been identified as being at risk of developing pressure ulcers and pressure relieving equipment had been obtained as a result. Risks associated with moving and handling and suffering falls had also been assessed and control measures identified to reduce these risks. Staff demonstrated an understanding of how to support people safely with moving and handling needs.

People involved in accidents and incidents were supported to stay safe and action was taken to prevent further injury or harm. Details of any contributing factors were identified and the action taken to minimise the chance of recurrence was recorded. Accident records also contained body maps and details of any advice received from healthcare professionals following the event. There was an accident/incident procedure for staff to follow, which included instructions to staff that they should notify CQC and the local authority if necessary. The registered manager told us they checked the records of accidents/incidents made by staff to ensure they were detailed and that action had been implemented where necessary to prevent further incidents. Records confirmed this process was followed.

Staff had the knowledge to identify safeguarding concerns and were aware of their responsibilities in reporting any concerns. Staff had received training in safeguarding and training records confirmed this. Staff we spoke to were able to tell us what may constitute abuse, signs which may alert them to concerns and reporting procedures. They were confident that any concerns reported would be dealt with appropriately to help ensure that people were safe. One staff member told us, "We have to make sure we protect everyone and ourselves. I would report anything to seniors; I wouldn't want anything bad to happen to anyone."

There were sufficient skilled staff deployed to meet people's needs and people told us they did not need to wait for care. One person told us, "They're always checking on me and they help me with what I need." We observed that staff had time to spend with people and did not appear rushed. One staff member told us, "I

think we have a good balance of staff. If we were struggling we would tell the manager and they would put on extra. It's very flexible." Rotas confirmed that staffing levels were consistently met and that staff absence was covered by regular staff members which meant the service did not need to use agency staff. One staff member told us, "It's better that they (people) have the staff they know."

Safe recruitment practices were followed to help ensure that only staff suitable to work were employed. Staff recruitment files contained evidence that the registered manager had carried out appropriate checks before staff started work at the service. These checks included obtaining proof of identity, two references and a DBS certificate. DBS checks identify if prospective staff have a criminal record or are barred from working with adults at risk. Where staff had been recruited from overseas, the registered manager had obtained a police check from their country of origin. There was also evidence that prospective staff were required to submit an application form with details of qualifications and employment history and attend a face-to-face interview with the registered manager.

There were safe medication administration systems in place and people received their medicines when required. Medicines Administration Records (MAR) were completed for each person and these contained a recent photograph, a list of allergies, and GP contact details this reduces the risk of medicine errors occurring. We observed staff administering medicines. They checked the medicines to be administered against the MAR chart and explained to people what the medicines they were taking were for. Staff did not sign to say the medicine had been taken until they had observed the person taking it. Where people's medicines were administered covertly (without their knowledge or permission) appropriate records were in place to describe the reason for this and agreement was in place from family members and the persons GP.

Medicines were stored securely and the medicines trolley was locked when not in use. Regular stock checks of the medicines used were completed and any medicines which were no longer required were recorded and returned to the pharmacy. Protocols were in place to guide staff in the administration of 'as required' (PRN) medicines which detailed why the medicines were prescribed, frequency and how staff should determine if the person required the medicines. Where people were prescribed topical medicines (medicines in a cream format) body charts were in place to show staff where creams and lotions should be applied.

Good

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. New staff were supported to complete an induction programme before working on their own. One staff member told us, "I worked with senior staff for a few weeks for my induction. It gave me confidence as this was my first job in care. I think they trained me well. I completed training on line, with DVD's and with a trainer for moving and handling." Training records were maintained by the manager and evidenced that staff had access to the training they required including dementia awareness, moving and handling, safeguarding, infection control and medication. One staff member told us, "We have the training we need. We use an outside company for some training and DVD's and discussion for others. It's all updated when we need it."

Staff received regular one-to-one supervision from the registered manager to support them in their role. Staff told us they felt supported by the registered manager who responded quickly to any concerns raised. One staff member told us, "He's a sounding board for staff. Any concerns we have, we can bring up and they are sorted out." However, the supervision records we viewed did not demonstrate any meaningful discussion of the member of staff's performance or any involvement of the supervisee. For example, the record of one member of staff's supervisions stated on five consecutive occasions, "Gave feedback on day-to-day duties in the home. Gave feedback on points raised by manager. [Member of staff] had no comment to make." Another member of staff's supervision notes recorded the same phrases on four consecutive occasions. Following the inspection the provider informed us that supervision forms had been reviewed to ensure the monitoring of staff performance is more focussed. We will check the effectiveness of this measure during our next inspection.

We recommend that comprehensive supervision records are maintained to ensure that staff performance is monitored.

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 make 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were protected because staff routinely gained their consent and where possible allowed people to make decisions for themselves. Staff told us they tried different ways to gain people's consent if they refused care. For example, they told us that one person may refuse personal care, they would explain why they wanted to help them, if they continued to refuse they would wait for a while before asking the person again. We observed one person who required support with their personal care tell staff that they did not want their help. The staff member reassured the person and said they would leave them for a while. After a few minutes another staff member approached the person and they accepted their support.

Where people were unable to leave the service DoLS applications had been submitted to the local authority. Best interest decisions were recorded in detail and family members had been involved where appropriate. People's care records contained information regarding how people made choices and how staff should approach people with information. Not all records contained mental capacity assessments specific to the decision being made. We discussed this with the registered manager who provided evidence that this had been completed following the inspection.

People told us they enjoyed the food provided and that they had a choice. One person told us, "The food is always good as far as I'm concerned." Another person said, "The lunch was excellent as usual. I have never had to complain. They dish it up well and hot." People's likes and preferences were recorded and people told us that staff took time to ensure they were happy with the food they were offered. One person told us, "I hate turkey and chicken. I don't eat birds. They don't give me it." Another person said, "I like fish. The cook sorts it." People were offered a choice of drinks with their meal and snacks including fruit, biscuits and cake were offered throughout the day.

People's nutritional needs were met. Care records showed that people's weight was monitored and where concerns were raised staff took action to ensure people received the support they required. One person had been assessed by the Speech and Language Therapy team (SALT) as requiring a pureed diet. Staff had observed that the person was losing weight and was unable to differentiate the different items the on their plate. They had discussed these concerns with the person's family and agreed they would puree the food together. The person was now able to continue to eat independently, was enjoying their food and had begun to gain weight. Another person required their food to be prepared in a certain way due to their cultural needs. We saw that this was done and the person confirmed that the food was to their liking. Where people required support from staff to eat, staff sat with individuals and supported them at a pace which suited them. Specialist crockery and cutlery was provided to people where required to enable them to eat independently.

People's care records showed relevant health and social care professionals were involved with their care. All contact with healthcare professionals was recorded in people's care records and people were supported to see healthcare professionals when they needed to. For example district nurses visited one person regularly to change their dressings. We saw that GP appointments had been made for people if they complained of feeling unwell. If people had needs relating to their mental health, we saw evidence that they had regular contact with the community mental health team. Where people had health conditions which required on-going monitoring guidance was available to staff on the signs to look for which would indicate people were becoming unwell.

A 'hospital transfer form' had been developed for each person in case they required admission to hospital. The transfer form contained important information for hospital staff, such as the person's medical history, information about any medicines they took, allergies and any needs relating to mobility, communication, continence and skin care.

Good

Is the service caring?

Our findings

People told us that staff were caring and took time to listen to them. One person said, "There's a good crowd here. The staff care for people. You can't ask for better. They cater for us so well. I'm very happy here. I'm very lucky. I couldn't be happier." Another person told us, "The staff are super. They are very good. They chat to me." Another person said, "I get on very well with them. We have lovely times." One relative told us, "The staff are incredibly patient with (family member) and very consistent. Staff seem to stay there a long time so they've got to know (family member) well."

We observed staff interacting positively with people and the atmosphere in the service was calm and relaxed. Staff spent time sitting with people and chatting. When one person appeared anxious staff took time to support them to look out at the garden. They chatted about the cat they could see which prompted conversation about pets the person had previously owned. Another staff member observed that a person was rubbing their arms. They checked if the person was cold and supported them to use a blanket.

People's dignity and privacy were respected by staff. We observed that staff knocked on people's bedroom doors and waited for a response before entering. When supporting people with their personal care staff ensured doors were closed to give people privacy. One staff member told us, "When helping them to wash I check that the door and curtains are closed and I use a towel to cover private parts." Where people chose to spend time in their room this was respected by staff. One person told us they preferred to eat their meals in their room and we observed that this choice was respected.

People's religious and cultural beliefs were respected. One person told us that staff asked them if they would like to watch religious services on the television and sang hymns with them on a Sunday which they enjoyed. The service had purchased a specific TV channel to enable one person to access particular religious services. We observed the person had items which were important to their religious beliefs in their room which they told us were of comfort to them. One staff member told us they knew it was important for one person to pray several times during in the day. They told us, "If I approach them and see they are at prayer then I don't disturb them. I leave them and come back later."

People were supported to maintain their independence. One person told us, "My room is excellent. I have a key to it. I come and go as I want." Another person told us, "I love to go walking. Yesterday I had a nice walk. I know where I'm going. I can go out when I want." People's care plans contained details of what they were able to do themselves and the areas they required support and staff told us they were aware of the importance of people maintaining their independence. One staff member said, "If they can do things I encourage them so they're as independent as they can be but if they need help with things I help them." One person's relative told us their family member was able to walk independently on a good day but required support from staff on occasions. They told us, "The lounge is spacious and there are always staff around. When (family member) gets up staff are there and can judge what help she needs."

Relatives told us they were made to feel welcome at the service and there were no restrictions on the times they were able to visit. One relative said, "Senior staff always make time for us when we arrive to discuss how

things are going. They make us feel welcome." There was good communication between the home and people's relatives. One relative told us, "Communication is the key. They keep us informed of even the little things. We always know what's going on."

Requires Improvement

Is the service responsive?

Our findings

People and their relative's views on the activities provided at the service varied. One person told us, "We have a load of games in the drawer. There is something for everyone. We are never idle. I get out when I like. Time goes so quick." Another person said, "I sit and watch the cat in the garden. It's not interesting here. They play games. How old do they think I am?" A relative told us, "There's not much going on in the way of social activities but this doesn't really effect (family member)."

Activities provided were not always person centred. We observed staff supporting people to take part in a variety of games and drawing. Whilst some people appeared to enjoy these and take an active part, other people were unable to participate. We observed two people sitting at a separate table appeared withdrawn and staff did not attempt to engage them in the activities on offer. Three other people who sat in the lounge spent the majority of the morning sleeping and were not interested in the activities provided. Staff did not always show skill in supporting people to participate in activities. One staff member was using a pack of cards with pictures of animals printed on them. They held the cards up for one person to identify the animal. The person was clearly not interested in the game but the staff member continued clapping loudly when the person identified the animal. On another occasion the staff member was supporting two people to throw a bean bag onto a floor game. People were initially enjoying the game but appeared to lose interest when the staff member was insistent that they throw the bean bag in a certain way.

Records of the activities people participated in were repetitive and did not reflect people's hobbies and interests. The activities recorded mainly involved playing games, exercises, watching television and painting nails. Staff were unable to provide examples of activities which were specific to people's interests and records did not always give guidance for staff on people's hobbies. There were few opportunities for people to access the community for those who were unable to go out independently. The registered manager told us, "We have an entertainer come in once a month and Pets as Therapy every two weeks. Staff organise activities like dominoes for twenty minutes or half an hour. Occasionally I will take people to the town. They potter round in their rooms normally." This did not demonstrate a good understanding of the need for an activity programme which was person centred. Following our inspection the provider informed us that a review of the activities offered was in the process of being completed.

Failing to provide activities which suited people's individual needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed prior to them moving into the home to ensure their needs could be met. People who were able were involved in their assessment as much as possible and were supported by a relative if appropriate. Assessments were detailed and included areas such as people's communication needs, personal background, likes and dislikes, physical health needs, cognitive ability, mobility, dietary needs and information about family and friends.

Care plans contained detailed information regarding people's needs, except as reported above regarding their need for occupation and activity and how these needs would be met. Guidance for staff included

information relating to personal care, medicines, mobility, nutrition, continence and skin care. The plans also recorded the person's preferences about how they received their care. Two people were resistant to receiving personal care. Guidance was in place for staff about how to approach these people about their personal care and staff we spoke to were knowledgeable about how to support them. Records regarding the delivery of personal care showed that people were receiving the care they required. Staff told us they were expected to read people's care plans regularly to keep up to date with their needs and how to support them. One staff member said, "Staff are told if they are not clear about something to ask a senior member of staff."

People and their relatives were involved in the development of care plans and regular reviews were completed. One person told us, "I'm always involved. They always discuss things." One relative told us, "Initially there was lots of communication so we were able to tell them about (family members) personality and different things. I'd say now staff probably know her better than we do. We're always invited to reviews and they send us information about the care plan." Records showed that care plans were reviewed regularly by staff and checked by the registered manager to ensure that guidance to staff was up to date.

There were appropriate procedures for managing complaints. People and their relatives told us they would feel comfortable raising concerns if they were dissatisfied. One person said, "If I am not happy I would tell the people here and they would listen to me." A relative told us, "We would just speak to the manager if we were concerned but I don't think it would ever come to that. The communication is very good so things are always discussed." There was a written complaints policy in place, which set out how any complaints would be dealt with. This policy was prominently displayed and the registered manager told us it was issued to people when they moved into the service. The registered manager maintained a complaints log detailing how complaints had been investigated and responded to although there had been no recorded complaints since 2015.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well-led. One person said, "The manager has done a lot to make sure I'm comfortable here." One relative told us, "It's absolutely first class. (Manager) is very compassionate and has an excellent team of staff. You know as soon as you walk in." Another relative said, "(Manager) is very good. You can talk to him easily and get good feedback."

Systems to monitor the quality of the service provided were not always effective in identifying areas which required improvement. Quality monitoring systems had not identified that activities were not always person centred or that the records regarding staff supervisions lacked enough detail to accurately record the discussion to enable effective monitoring of staff performance. The registered manager carried out a monthly audit, which included recording infections and hospital admissions. However, these audits were of limited value as they recorded the number of times these events had occurred but did not assess the information leading to these events or what action to take to minimise the risk of them happening again. Following the inspection the provider informed us that monitoring forms had been reviewed to include an analysis of trends.

We recommend that systems to monitor the quality of the service are reviewed to ensure they are effective in identifying areas of improvement required.

The registered manager completed a number of other audits and checks to monitor the service provided. These included checks on cleanliness, medicines, call bells and maintenance of the home. Where concerns were identified these were addressed immediately. There was an action plan in place which detailed areas of the home which required refurbishment, equipment to be purchased and training refresher timescales for staff. A schedule was in place for care plan audits which ensured that people's records were regularly reviewed and updated. Records were securely stored in an organised manner and the registered manager was able to access information requested promptly.

Staff told us the registered manager was approachable and they were able to make suggestions regarding how the service was run. One staff member told us, "(Registered manager) is willing to listen to staff views and adopt ideas. He's a sounding board for staff. Any concerns we have, we can bring up." Regular staff meetings were held at the service which minutes showed were well attended. The meetings were used for updating staff on policy reviews, systems within the service and good practice information. Staff were given the opportunity to raise any issues and discuss concerns.

Satisfaction surveys were used to gain feedback on the quality of the service from people and their relatives. Areas covered within the survey included the friendliness of staff, the care provided and the cleanliness of the service. There had been nine responses to the most recent survey all of which rated the service as 'excellent' or 'good' in all areas. There was no negative feedback or suggested areas of improvement. The service had also received a number of compliments regarding the service provided. Comments included, 'Thank you for the excellent care given to Dad' and, 'A big thank you to a wonderful bunch of people who are so caring of all their residents and visitors'.

The registered manager was aware of their responsibility to inform CQC of any notifiable incidents effecting individuals or the running of the service. Notifications had been submitted in line with requirements to enable the CQC to monitor the safety and effectiveness of the service.

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 The provider had failed to ensure that activities provided suited people's individual needs