HC-One No.1 Limited

The Cambridge Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
The Cambridge Care Home provides accommodation, nursing and personal care to up to 90 older people, some of whom are living with dementia. The service is set over two floors and has various communal rooms and a secure garden available for people to use. At the time of our inspection there were 36 people living at the service.

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

At the previous inspection we found that care was task led rather than focussing on the person. During this inspection we found that not enough improvement had been made. We saw that there was very little staff interaction with people other than when care and support tasks needed completing. People told us that staff did not have time to chat with them and they sometimes had to wait considerable times for assistance. Staff did not always treat people with respect and dignity.

Action had not always been taken to mitigate risks to people. However, a lack of action meant that there was an increased risk to people living at the home. We found no evidence that people had been harmed but further action was needed to ensure people were safe. Procedures were in place to assess if people were at risk of dehydration and/or malnutrition. However, these procedures were not always followed by staff to encourage people to eat/drink more when they had not met their food and drink intake targets.

Not enough improvements had been made since the previous inspection to ensure that people received a good service. The issues we found during this inspection had not been identified by the homes quality monitoring systems. The regional director, registered manager and deputy manager at The Cambridge Care Home had all changed since the previous inspection. The current management team acknowledged the feedback given during the inspection and put plans in place to make the necessary improvements. However, it was too soon for these actions to be embedded.
There was a high use of agency staff in the home however permanent staff were being recruited

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

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

Rating at last inspection and update.
The last rating for this service was requires improvement (report published 02 March 2022). 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.

Why we inspected
We received concerns in relation to staffing, safety and the quality of care provided to people. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only. We have found evidence that the provider needs to make improvements. Please see the safe, caring and well-led sections of this report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to reducing risks to people's safety, treating people with dignity and respect and identifying areas for improvement and making the necessary improvements at this inspection.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Cambridge Care Home

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
Three inspectors carried out this inspection.

Service and service type
The Cambridge Care Home 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. The Cambridge care home 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 since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with five people who used the service about their experience of the care provided. We also spoke with the registered manager, deputy manager, regional director, two senior carers and two health care assistants and the daily activities coordinator.
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has 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.

Assessing risk, safety monitoring and management

- Although procedures were in place to reduce risks to people they had not always been followed by staff to ensure people's health was not at risk.
- During the registered managers daily "flash meeting" with staff from all departments of the home it was discussed that one person required pureed food. However, their eating and drinking care plan and choking risk assessment had not been updated to show this important change. This increased the risk of staff not knowing that person needed pureed food.
- Food and fluid charts were in place when needed. However, they did not always show that appropriate action had been taken by staff when people had not met their target levels of fluid or food. One person who needed to gain weight had requested two glasses of full fat milk each day. We checked the record for the previous week but there was no record of the milk being offered. The person confirmed that the milk had not been offered by staff and they were aware that they needed to gain weight so would drink it.

We found no evidence that people had been harmed however action had not always been taken to ensure people's health and safety was not at risk. This was a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

Systems and processes to safeguard people from the risk of abuse

- Staff and the registered manager understood their responsibilities to keep people safe from abuse and discrimination. Staff were aware of how to recognise signs of abuse and how to report these. They were confident the registered manager would take the required action.

●The registered manager had reported concerns to the local safeguarding authority when required. They had worked with them to take appropriate action and reduce the risk of them happening again.

Staffing and recruitment

●Although Staffing levels seemed sufficient to keep people safe people told us they sometimes had to wait for assistance with personal care. They also commented that the high use of agency staff meant that they did not know the staff well and there was a lack of consistency. The registered manager stated that a number of new staff were in the final stages of the recruitment process so agency usage should decline.

● Procedures were being followed to ensure that agency staff had a good introduction to the home. The registered manager stated that when possible they used the same agency staffv that had worked in the home before.

●Staff had been recruited safely. Checks had been made prior to staff being employed. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

●Medicines were managed safely; people received their medicines as prescribed. Staff had completed the medicines administration record (MAR) accurately to confirm medicines had been given. One person told us, "I always get my medicines on time and I know what is being given."

●Staff received training and had their competences checked to administer medicines safely.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

●We observed, and relatives confirmed they were able to visit their loved ones in the service. One person told us, "My family and friends visit me."

Learning lessons when things go wrong

●The service managed incidents and accidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the management team investigated incidents and shared lessons learned.

●The registered manager analysed any themes or trends of accidents and took appropriate action. Records showed that when needed, people were referred to healthcare professionals for further support and guidance.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection the provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 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 10.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff did not always treat people well or treated with dignity and respect.
- All of the people we talked with told us that they didn't feel that staff had the time to stop and talk to them. A person told us, "In the past staff were friendly." Another person said, "There is no staff interaction. They don't have time for a chat."
- People were not always supported to be independent or treated in a dignified manner. One person told us they had requested a commode in their room. They stated, "I was told just to go to the toilet in my bed." Another person said, "Sometimes I have to wait so long for help to the toilet I worry I'm going to wet myself."
- We observed people in a lounge area and people having lunch. The only communication from staff to people was task driven rather than person centred such as, "Would you like some pudding". Staff walked in and out of the communal areas several times and did not communicate or engage with people present at all.
- One person told us that they had been requesting to have their nails painted. We saw their nails had been painted previously but had mostly grown out with the varnish just remaining on the ends of the nails. The activities lead confirmed that they were the only person currently employed to carry out activities. They said this limited the time they could spend with people and how often they got to see people on a one to one basis. They also confirmed that they had planned to give the person a manicure later that day.

Systems were either not in place or robust enough to demonstrate respect and valuing people was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to express their views and be involved in making decisions about their care

- People's needs had been re-assessed since the last inspection and care plans better reflected their individual preferences. People were involved in reviewing the care plan when it was their turn to be "Resident of the day."

● Resident's meetings were held every three months so that they could express their views of the running of the home and quality of the care delivered. The registered manager also carried out daily walk around the home and talked to people to ask for any feedback.

Requires Improvement

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection we found people were not always treated with dignity and respect and care was not always person centred. At this inspection, we found not enough action had been taken to address the issues highlighted in the report from the last inspection. For example, although staff had completed dignity in care training, we observed that the care remained very task led and that there was little interaction with people. All of the people we spoke with told us that staff did not have enough time to stop and chat with them.
- In addition, we found further risks to people's health and safety at this inspection which had not been identified or addressed through the providers quality checks and audits. For example, although systems were in place to monitor people's food and fluid intake these had not been checked to ensure that action was being taken when targets were not met.
- Where areas for improvement were identified through audits, action had not always been taken to address them in a timely manner. For example, a care plan audit had identified that a risk assessment and care plan needed updating, but this had not been done in the expected time. This is the second consecutive inspection where the service has been rated requires improvement.

The provider had failed to identify areas for improvement and take the necessary action in a timely manner. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and regional director responded immediately to our feedback and put action plans in place to make the necessary improvements. We will see if this action has been effective and sustained at the next inspection.

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 understood their responsibilities under the duty of candour and the requirement to submit information about incidents they are required to notify us about.
- Staff shared honest information with people and their families when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● There were regular meetings for people, their relatives and staff to share feedback about the service.

● The provider sought feedback from people and those important to them and used the feedback to develop the service. An annual quality survey had recently been sent out and we were told a report of the findings and planned action would be shared with people.

● Staff told us they received good support from the management team. They said advice and support was available to them when they needed it. Staff told us they worked well together as a team to provide the care people needed. There was a flash meeting each day when heads of departments would attend and discuss any issues or changes so that everyone was aware.

● Staff had developed effective working relationships with other professionals involved in people's care, such as GPs, district nurses and speech and language therapists. Referrals had been made to healthcare professionals when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had failed to do all that is reasonably practicable to mitigate risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had failed to assess, monitor and mitigate risks to people's health, safety and welfare. The provider had failed to assess, monitor and improve the quality and safety of the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not treated with dignity and respect. People were not valued as individuals. Staff carried out tasks without communicating with people.

The enforcement action we took:

A warning notice was served on the provider stating that they must become compliant by 3rd of January 2023.