Cambridge Care Homes Limited

Cambridge House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 26 June 2015.

The service provides accommodation, care and support for up to six adults with a learning disability. At the time of our inspection the home had four people living there.

There is a registered manager at the home.

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 raise concerns if they suspected people using the service to be at risk from harm, and or abuse. A recent safeguarding concern had been appropriately reported to the Local Authority. The home had taken appropriate actions to deal with the

Summary of findings

concerns. Staff told us they had been reminded of their responsibility to people in their care and were confident of the management of the home and said they felt comfortable to challenge poor practice.

There were systems in place to ensure people received their medicines safety and audits were carried out to check medicines were in stock and prescribed as required. Staff were trained and assessed as competent before they could give medicines.

Staffing levels were deemed to be sufficient on the day of the inspection and the home kept people's needs under review to ensure staffing levels remained appropriate. Funding arrangements to enable more 1-1 activity was still being pursued.

Risks to people's safety were well documented. Risk assessments clearly showed what actions staff took to keep people safe and reduce risks to them.

Staff had a good understanding of how to communicate with people and give them choices. Their records told us how they were involved in decision making or how they were supported when more complex decisions needed to be made about their care and welfare.

Staff said they were well supported and confident in the management. Staff received the training they needed for their role and formal support to help them develop.

People were supported to eat and drink enough for their needs. Staff monitored people's health and supported people to access the health care they needed.

Staff were caring and supported people to have a fulfilled life. Staff promoted people's independence and worked closely with family and other health care professionals. This helped ensured people's needs were met as cohesively as possible.

People were consulted and there was a good quality assurance system with sough the views of people using the service, their families, health care professionals and others involved in their support.

The home was well managed. Staff were confident and there were systems in place to measure the effectiveness and quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff to meet people's needs on the day of our inspection and people's needs were kept under constant review.Staff worked flexibly to cover activities.

Risk assessments were detailed and outlined steps staff must take to keep people safe.

Regular auditing of medicines helped to identify if people were receiving their medicines safety. Staff administering medicines had been trained to do so.

Staff had a good understanding of adult protection and knew who to report concerns to.

Good

Is the service effective?
The service was effective.

Staff were well supported and received the training they required for their job roles.

Staff gave people choices and involved them as far as possible in decision making. Where people were unable to make more complex decisions about their health, welfare and finance the home had taken appropriate steps to support them lawfully.

People were supported to eat and drink enough for their needs.

Staff supported people to safe healthy and access the health care services they required.

Good

Is the service caring?
The service was caring.

Staff knew people well and gave them appropriate support which was centred around their needs. They did so in a caring manner.

Staff promoted people's independence and respected people's dignity.

People were consulted by staff and made day to day decisions about their care and welfare.

Good

Is the service responsive?
The service was responsive.

People had enough support to enable them to participate in a range of activities which helped keep them healthy and develop new and or maintain existing skills.

There was detailed documentation telling staff what people's needs were and how they should meet them. People's needs were kept under regular review to ensure staff were responding to changing needs.

The service had an adequate complaints procedure.

Good

Summary of findings

Is the service well-led?

Good

The service had a registered manager and deputy manager who provided strong, effective leadership and had brought some stability to the service.

They were committed to supporting their staff team and ensuring they had the necessary skills to meet people's needs.

They engaged with the community and health care professionals to ensure people had their health and welfare needs met.

There were quality assurance systems in place to help the manager measure the effectiveness of the service delivery.

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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 26 June 2015 and was announced. We gave less than 24 hours' notice to establish if people using the service would be home on the day of the inspection. This is because this was a service for younger adults who are often out during the day.

The inspection was carried out by one inspector. Before the inspection we looked at information we already hold about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send to us by law. We also reviewed the provider information return (PIR) which is a form we ask all providers to complete to tell us how they are managing their service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with six staff, we observed the care being provided to people, looked at two care plans and other records to do with their care and support. We spoke with one relative and other records relating to the running and management of the service.

Good

Is the service safe?

Our findings

During our inspection we spoke with staff about a recent safeguarding concern. All staff knew how to escalate concerns and said they were comfortable doing so. They were aware of the role of external agencies and when it would be appropriate to escalate concerns. Staff told us they worked well as a team and would speak with other staff if they observed poor practice. There were systems in place to monitor staff and address poor performance. Staff received training on protecting people from abuse and all said they had access to policies and procedures which told them to escalate concerns. People's individual records documented any injury, bruising or any change noted about the person. This was kept under review.

One member of staff told us, "I am very well supported by the staff, they are easy to approach and I would not hesitate to raise concerns. There is an open door policy."

People were not able to tell us about their experiences. We observed the care that was provided and saw that staff meet people's needs in a timely way and made sure people were safe and their welfare was maintained. For example one person was on bed-rest, they had bed guards in place for their safety. Staff regularly checked them and supported them appropriately with their manual handling needs.

Peoples care plans were very detailed with records relating to people's daily needs, health care needs and any risks to people's safety. For example three people at the service had epilepsy. There was an epilepsy management plan as well as a seizure history which documented how long the seizure was, what happened and how it was monitored and controlled. Staff were able to describe the different types of epilepsy and we saw staff received training. Recently concerns had been expressed by staff about the length of time seizures were lasting for one person and the home had sought advice. They were in the process of reviewing this with the view of staff using different medication to help manage seizures. Staff would have training to enable them to administer this medicine which is administered inside the person's cheek.

We saw for another person with diabetes that there were protocols in place to reduce risk of unsafe sugar levels and promote their health. This risk management plan showed clearly what actions staff should take to monitor and act if blood sugars were not correct. Staff were aware of these protocols and had received training in diabetes. The home worked closely with family and the diabetic nurse.

We looked at staffing rotas, spoke with staff and observed care being provided. We concluded there were enough staff to meet people's needs and the number of staff on duty matched the number of staff on the staffing rotas. Vacancies in the home had been recruited to and we met with one new member of staff who was being well supported by more senior members of staff who were very knowledgeable about the home.

Staff told us there were enough staff, but also said that due to the needs of the people using the service they were always really busy and taking people out could sometimes be problematic because people all needed assistance with wheelchairs. One person required 2-1 support with new 'activities' which were all carefully risk assessed and being introduced gradually. However the frequency of activity was dictated by staffing levels. There were always three staff on duty with the exception of nights. In addition there was the deputy manager or the manager who were not always included in the care hours so when they were on duty it was possible to support this person to go out.

One relative had expressed concern about staffing levels in the past and the turn- around of staff which was unsettling for people living at the service. The relative said at times the service did not have enough staff who were familiar with their family members needs because of staff leaving. However they were confident at the moment that the service was well managed and well led.

Recruitment processes for new staff were thorough and these ensured only suitable candidates were employed. Pre- employment checks included a police check, reference check, identification check and previous work history. If people were shortlisted for interview they were interviewed by two senior staff and interview questions were based around scenarios relevant to health and social care.

We spoke with the deputy manager who was very knowledgeable about medicines and told us they had recently transferred everyone to the same GP who was in the process of reviewing everyone's medicines. They said this GP was very understanding and meant people had consistency because the GP was familiar with their needs.

Good

Is the service safe?

Staff at the home had given the GP a detailed history of each person to help them. We asked the deputy manager who else was competent in dealing with the ordering and stock take of medicines and they told us they were training another member of staff to do this in their absence.

Peoples medication records gave a good amount of detail, including what medicines people were taking, their preferred route of administration, what it was for, any potential side effects staff should look out for and any relevant medical history for the person such as allergies.

People kept medicines in their rooms and these were safely locked away. Keys were colour coded to correspond to people individual medicine storage cupboard. We saw monthly audits and some daily checking of medicines to ensure there was sufficient stock and medicines were kept safely and administered when prescribed.

We saw the procedures for returning medicines, reordering medicines and checking medicines out so it could go with the person when they went to their family members.

All staff administering medicines had the right skills and competency. They completed some training and then were assessed by competent staff to ensure they had understood the theory and could safely administer medicines. This was repeated as often as required before staff were signed off.

People also had medical conditions which required specific actions from staff such as diabetes and epilepsy. Staff had the desired training, support from health care professionals and clear protocols to follow.

Good

Is the service effective?

Our findings

Staff could tell us how they supported people and felt that each person had capacity to make day to day decisions. People had limited or no speech but staff told us they quickly got to know what people wanted and understood people's gestures. We saw examples of how people were supported to make decisions about their care. Everyone using the service had some level of input from family.

Staff told us they had completed Mental Capacity training to help them support people lawfully. People's mental capacity had been assessed and kept under review in relation to their health, welfare and finance. Where people were unable to make certain decisions the home had acted lawfully to support people and had applied to the Local Authority for a deprivation of liberty and best interest decisions to keep the person safe. In some instances the Local Authority were appointees for people's finances and the decision and rationale for this was recorded.

The home has decision tracker forms which was used when identifying best interests and who should be involved. Correspondence from health care professionals acted as supporting evidence that decisions were taken involving the relevant professionals and in consultation with family. Where people required medicines, staff used the least restrictive practice to ensure it was taken as prescribed, for example they offered medicines and if it was refused they offered it a bit later or with food. They had also tried liquid medicines and were clearly acting in people's best interest but this was not recorded as such.

Staff were knowledgeable and had the right competencies for their job. They told us about the training they had completed which was a mixture of e-learning and practical training. There was additional training around people's individual health care needs. One staff member said they had completed a course on understanding disability, epilepsy and diabetic. They had completed all the recognised training for care sector staff such as safeguarding people, manual handling and infection control. Newer staff were not administering medicines until they had completed their probationary period and had completed medicines training.

Newer staff told us they were well supported. They said they were allocated a mentor and then were supervised by more experienced staff for at least a week. Staff told us they had received feedback on their performance so they knew what they were doing well and if there were any concerns.

One member of staff said, "This is a nice place to work, all the staff get on." They said, "The manager is very supportive, always here and happy to help."

Another member of staff said about training, "Additional training is available, I have already requested some." When we asked what is good about the home they said. "Really good support, cohesive staff team and good communication."

We looked at staff records. These included evidence of a basic induction covering the initial few days of employment. However staff then went on to complete a twelve week induction working through a detailed workbook and being supported throughout. New staff were going on to do the new care certificate which had been introduced for all care staff, nationally. There was evidence of staff supervisions and staff said support was always available and they got together as a team regularly to discuss people and agree their plan of care.

We spoke with one relative who told us in the past they had to show staff how to deliver certain aspects of care to their family member but felt current staff had the right competencies.

People were supported to eat and drink appropriate to their needs. People's needs were documented which included any support they needed. We saw a menu planner was in place and people had some element of choice. However there was only one choice of a main meal. Staff told us that everyone liked this. We saw people ate their meal, were given appropriate support and were not rushed.

People were offered drinks and snacks throughout the day. Staff recorded what people had to eat and drink. They also kept an eye on people's weights and regular weight recordings showed people's weight was static.

Staff had a good understanding of diabetic care and minimising the amount of sugar in people's diet.

People were supported to stay healthy. We saw people received a balanced diet and the opportunity for exercise. People's records included detailed health care records which showed how staff monitored people and noted any

Good

Is the service effective?

changes to their health. They did so in consultation with other health care professionals seeking advice as required. There were very detailed health care plans, hospital admission packs and protocols around specific health care conditions. These had been signed, reviewed and showed who had put them in place for example the epilepsy specialist nurse. They had not been signed by other relevant health care professionals such as the GP or family member but the manager informed us, the nurses regularly consulted with the GP and family members were invited to health care appointments. People had very complex health issues. We spoke with staff who had a good understanding of people's needs and how their condition impacted on them. They were confident when caring for people.

Increased mobility and communication were also areas in which staff said people had developed. Staff said both physiotherapists and the speech and language team had been involved with people and they had introduced communication boards.

Good

Is the service caring?

Our findings

We observed kind, caring practice throughout our observations. Staff were at hand to support people and support them with their manual handling practices, personal care and activities of daily living. Staff had varying degrees of experience and length of service. Staff said they worked together to ensure people had a positive experience and increased opportunities. One member of staff showed us photographs of supporting a person with activities which were downloaded on an I-pad and helped staff to use this with the person to discuss what they had done. Staff tried to facilitate people's communication through a communication board with photographs and letters to help spell out names. The home had pictures up and information to help people and relatives to know who was on duty and what was happening in the service.

Staff spoke about people really positively and appeared to really enjoy working at the home. They were keen to talk about the successes of the young people and some of the obstacles they had to overcome to access the community.

Staff told us there was a key worker system which meant they had a lead role in coordinating the persons support and care, liaising with family and health care professionals. Reviews were held every six to eight weeks and annually. The annual review was open to others supporting that person such as family and day centres. People were involved to a certain extend and were supported to make decisions but would need help to complain and could not verbalise their views. Staff told us there were no advocates but they had recently got a number of volunteers who spent time with the young people. The home had a quality assurance system which included and asked for professionals, staff and others for the views of the service. For example where people went to a day centre staff there were asked for their views. This helped to give a more comprehensive review of the service particularly where people using it could not fully contribute. The manager worked with care staff and observed care provided and the deputy manager said staff were well supported and, managed so poor practice would be quickly identified and addressed.

Families were involved and people were supported to go to their family member's home. There was good communication between them and we could see staff recorded communications between themselves and family members. This was particularly around any changes of their needs or any concerns. Families told us they did not always know what was happening at the service in between visits and they would like the opportunity to know more about what was going on in the service.

We observed people being supported with lunch. People were supported at their pace. Staff ensured people were appropriately dressed and were quick to wipe people's chin or help people to change their clothes should they need to. We saw staff assisting a person with their manual handling needs and did so with gentle consideration. People were assisted to the toilet, or their room and this was done appropriately. One person kept choosing to come to the office and staff assisted them to find things they wanted and offered people a range of activities to occupy them.

People had limited ability due to the complexity of their disability. However staff told us they encouraged people to do things for themselves. For example one person had a tendency to throw their cup when they had finished. The person was encouraged to put the cup on the table. Another example was a person was encouraged to lift their arms to assist staff when getting dressed. They achieved this with staff prompting. People had simple, realistic goals around their needs and abilities. When they had been achieved others were identified.

Another person was in their wheelchair all the time when they first used the service. They were now mobile and were gradually participating in new activities which were being introduced slowly and staff reported huge success in terms of their increased participation and interaction with the community.

Preferred priorities for end of life care were not in place for most people and this is a consideration for the service.

Good

Is the service responsive?

Our findings

We saw that people had their health care needs met. There were also things to keep people occupied. A range of toys, games and sensory objects were in the home. These were everyday objects. Rather than specific sensory toys, and products specifically for people with complex learning and physical disability.

People had activity planners with different things each day. However this was limited because of transport difficulties. People did not have their own transport and general buses were unsuitable because of the restriction of only one wheelchair passenger at any one time. Staff said people got taxis but this was a big expense but they were planning to use a local community bus scheme which was covered by volunteers. We discussed this with the deputy manager and they told us they were going to get a car which would help with transportation.

The range of activities included entertainers who came in to the home, a lady who offered massage and other alternative therapies and a volunteer who was helping to come up with things people wanted to do and help staff sort this out. Trips out required meticulous planning and adequate staffing. In addition one person went to a day centre, everyone went to hydrotherapy, some people went to an evening club and one person had just started using the main swimming pool.

Some activities took place in the home such as gardening with vegetables being grown, cooking and people doing some personal shopping.

Care plans contained a lot of detail about people's every day needs. There was evidence of frequent review and clear actions of how staff should meet people's needs. Staff told us they worked consistently with people and had a lot of input with people's behaviour so it could be managed in a positive way. Staff said there had been a reduction in unwanted self- injurious behaviour due to positive interventions and close liaison with health care professionals, psychologists and psychiatrists.

For one person they were in the process of getting a clear diagnosis so they could support the person in the correct way. For another person they were continuing to support them as their skills decreased due to a degenerative condition.

The staff were reviewing people's epilepsy which sometimes required the intervention of paramedics. There were clear guidelines as to when they should be called. Other medication options were being suggested and this required additional staff training. Regular review were quick to identify changes to people's needs and staff had a handover at each shift and were knowledgeable about people's care. In addition daily notes were kept for each shift and these showed how care and support was delivered according to the plan of care and if there were any concerns or events out of the ordinary. In addition to care plans, risk assessments helped to identify measures to keep people safe.

The home had a complaints procedure and complaints were logged with timescales for actions. These were appropriately recorded and any investigation notes were kept to show how the complaint had been investigated and how conclusions had been reached.

Good

Is the service well-led?

Our findings

Speaking with staff we were confident the service was well led. The manager was on leave but popped in to introduce themselves. In her absence there was a deputy manager who was a qualified nurse and had been at the service for about two years. There were systems in place to support staff and help them carry out their job roles effectively. One staff said "This is the best place to work, lovely team, very supportive."

All staff told us they felt well supported and able to approach the manager or deputy manager who they said was always available. The homes owners also regularly met with the manager to offer support and to discuss what the priorities for the service were. For example staff recruitment, retention, training and refurbishment. These meetings were minuted. The business plan included staff training: autism awareness, end of life care, and person centred planning and national vocational awards for all staff by 2015. The only concern we identified it the autonomy of the manager to control their own budget. Staff told us the manager had to ask for what they needed and this sometimes resulted in a delay. For example the home was adequately furnished but was a bit dated and the flooring in some areas of the home required replacement. This had been raised by the manager and relatives had made complaints which had been responded to by the manager. However they still had not been replaced after some considerable delay. Staff were concerned this reflected badly on the home.

Staff who had been at the home for a long time told us there had been lots of improvements since the manager came into post about two years ago. They said the home had previously had quite a high turnover of staff and managers and this had been unsettling and there had been concerns about the care. They said the manager was supportive and organised and had recruited to staffing vacancies to reduce the number of agency staff. These were only now used if staff were sick and existing staff could not cover. The manager told us they were supported by the owners and also went to provider forums run by CQC to help them keep up to date with changes in regulation and inspection.

One relative echoed what staff had said saying the home had improved and staff were competent.

The manager said staff were doing the new care certificate and they would be mentoring and assessing staff. They and the deputy manager also held train the trainer certificates so could deliver some training in house. Between them they inducted, supervised and appraised staff. They also shared the on-call.

A recent safeguarding concern had been managed appropriately and reported to relevant agencies. This event resulted in staff dismissal and new guidelines drawn up for staff about how to support people effectively. Door alarms enabled staff to know when people had left or entered their room so staff could check they were safe.

We looked at audits in relation to medicines and these were robust. We looked at systems to manage people's finances and these were robust with records showing how money was accounted for. The providers had employed external auditor to support the manager and ensure there was robust procedures and processes in place to measure the quality and effectiveness of the service. Six monthly audits would include a report to show how the home was performing and how any identified improvements would be addressed.

People's needs were reviewed through regular reviews and record audits. Other audits including monthly health and safety audits and daily, weekly signing off of records relating to care and health and safety. Accident, incidents and near misses were all clearly recorded and showed what action was taken. There were annual infection control audits, scheduling for equipment and maintenance agreements, one we viewed was for the management of legionnaires. They had been awarded an outstanding rating and five stars for the kitchen.

The manager carried out a number of unscheduled visits to the service including at night and recorded their findings. This was used to appraise staffs performance and so they could be assured people's needs were being met appropriately.

The homes had six weekly and annual review of people's needs and in addition an annual survey which incorporated professional, family, staff and other providers views, like day centre staff. This meant that they had a comprehensive review process which ascertained a cross section of views.

Relationships with other health and social care professionals were good in relation to meeting people's

Good

Is the service well-led?

health care needs. Staff were identifying appropriate venues for people to access around both their specific needs and more general access such as sports centres and cinemas. They had recruited a number of volunteers which would help in terms of the range of support staff could provide.

This section is primarily information for the provider

Enforcement actions

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