

# Kidderminster Care Limited

## Cambrian House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Cambrian House is a residential care home, providing personal care and accommodation for up to 25 people. There were 20 people using the service at the time of the inspection.

People's experience of using this service:

- The service continues to be rated 'Requires Improvement' overall. Four of the five key questions were found to meet the characteristics of requires improvement.
- We found breaches in two regulations in relation to people's safety and good governance.
- Risks to people were not always identified or followed up following falls to ensure people were safe. Staff were not following the provider's own policies and procedures in relation to this.
- There were conflicting views on whether staffing numbers were sufficient.
- Improvement was needed in relation to medicine prescribed on an 'as needed' basis.
- Staff were not always fully trained to provide them with the necessary skills and knowledge to fulfil their roles.
- Although people said there were activities on offer, relatives and staff believed they could be improved.
- A new manager was in post who intended to apply for registration.
- Quality Assurance audits were not always completed and failed to identify shortfalls highlighted at the inspection.
- People felt safe and relatives believed their family member to be safe living at the home.
- Staff knew what to do to take to safeguard people if they suspected abuse.
- People found staff members to be kind and caring.
- People's consent was sought prior to care and support taking place.
- People's privacy and dignity was respected.
- People liked the food provided and had their healthcare needs met.

Rating at last inspection: At our last inspection the provider was rated as 'Requires Improvement' overall (report published 20 February 2018). We published a focused report on 02 August 2019. The rating for well led was changed to 'Good' although the overall rating remained 'Requires Improvement.'

Why we inspected: This inspection was part of our scheduled plan of visiting services and to follow up on the concerns identified as part of the previous comprehensive inspection.

Enforcement: Information relating to the action the provider needs to take can be found at the end of this report.

Follow up: We will ask the registered provider for a clear action plan to address the breaches of regulation. As this is the second consecutive time the registered provider has been rated requires improvement we will also request a plan from them on how they intend to achieve good at our next inspection. We will continue to monitor the service to ensure people receive safe, high quality care. Further inspections will be planned

for future dates. We will follow up on breaches of regulations we have made at our next inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Cambrian House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken to follow up on our previous comprehensive inspection in October and November 2017. At the previous comprehensive inspection, we rated the registered provider as 'Requires Improvement' in all five questions and overall. We found two breaches in regulation and served a warning notice.

In July 2018 we found the registered provider had complied with the warning notice and no longer in breach of one regulation. The overall rating remained 'Requires Improvement'.

#### Inspection team:

The inspection was carried out by one inspector plus an expert by experience on the first day of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Cambrian House is a care home. People in care homes receive accommodation and nursing or personal care. Cambrian House does not provide nursing care. CQC regulates both the premises and the care provided, both were looked at during this inspection.

The service had a manager in place however they were not yet registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced except the final day of our inspection which was announced to give

feedback.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents or incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority to gather their feedback about the service.

We spoke with seven people who lived at the home and seven relatives. As some people were unable to share their views with us, we completed the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care for people who may not be able to speak with us. We also spoke with the manager, the registered provider, five members of care staff (including senior staff), a domestic member of staff and the cook.

We looked at the care records for five people as well as medicine records, two staff recruitment records, records of accidents and incidents and systems to monitor the quality of the service. After the inspection additional evidence requested was sent to us from the registered provider and the manager.

# Is the service safe?

## Our findings

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

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.

During our last comprehensive inspection on 26 October, 02 and 03 November 2017 we identified concerns related to fire safety and securing areas containing potentially hazardous items. These were a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment. We rated this key question as, 'Requires Improvement'.

We carried out a focused inspection on 12 July 2018 and found the registered provider had made the necessary improvements to the environment and staff knowledge regarding fire safety.

Assessing risk, safety monitoring and management

- Risks to people were not reviewed following falls to identify how these could be reduced and mitigated effectively. Records following accidents were not coordinated. We found occasions where falls were recorded in accident records but not referenced in daily records and handover records. We also saw falls recorded in the daily records whereby no accident form was completed. Staff had not followed the provider's own policies such as completing body maps, commencing observation records, seeking medical advice in the event of a potential head injury and reviewing the risk assessment and the mobility and falls care plans.
- We saw a bedrail and a hot water bottle in use in one person's bedroom. Both could have presented elements of risk to the individual concerned including entrapment and scalding. No risk assessments or systems to ensure the person's safety were in place. The manager took immediate action once this was brought to their attention.

The lack of robust assessing and recording of falls and other risks meant people were at risk of injury and harm as these risks were not fully identified and risks mitigated. This was a continued breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment.

- During this inspection we found fire escapes to be clear. Fire doors closed into their frame and regular checks had taken place.
- Equipment such as hoists and baths were serviced to ensure they were safe to use. The provider was aware of additional work required to water tanks and valves. Assurance was given by the registered provider that the work required presented no risks to people living at the home.

Learning lessons when things go wrong

- The registered provider had acted regarding fire safety issues following our inspection in 2017.

### Using medicines safely

- During our last comprehensive inspection, we identified concerns regarding the signing of people's medicine records. This was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment. During this inspection we found:
- Some people were prescribed medicines on an 'as and when needed' basis (PRN). No written protocols were in place to guide staff as to when these medicines were required and the dose to be given if the doctor had prescribed a variable dose.
- Medicines were held within their original container. However, staff had not recorded the date of opening on those we looked at.
- People told us they received their medicines on time.
- People's medicines were signed as administered by members of staff.
- A new dedicated room for storing medicines was in place and a new pharmacy was supplying people's medicines.
- Medicines were held securely including those requiring additional storage.

### Staffing and recruitment

- People and their relatives felt the staffing levels to be usually sufficient to meet people's needs. However, one relative told us they believed there were not so many staff at tea time as other times of the day.
- Staff felt there were not enough staff on duty. The registered provider assured us they felt there were. During our inspection we saw no issues with staffing levels other than the number of duties one staff member had to carry out.
- The provider's own dependency tool showed four staff were needed during the day time. However, this was not always the case, and was not from 6pm onwards. In addition, we checked the dependency level recorded for one person and found it to be incorrect as they required a higher staff input than recorded.
- The provider had followed procedures for safe staff recruitment. Checks were undertaken including a DBS. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home and relatives believed their family member to be safe from harm. A relative told us, "I feel (person) is being looked after." Another relative told us they felt they could get back to their own life as their family member was safe.
- The manager was aware of their responsibility to report actual or allegations of abuse to the local authority and the Care Quality Commission.
- Staff members told us they would report any potential abuse to the manager and were aware of the Care Quality Commission. Staff were confident no abuse was taking place at the home.
- Information on different types of abuse, raising concerns with the Care Quality Commission and the provider's whistleblowing policy was on display for staff to view.

### Preventing and controlling infection

- The provider had domestic staff in place to ensure the home was kept clean. We found the home was clean, tidy and odourless. Cleaning schedules were signed as completed in communal bathrooms and toilets.
- Hand gel dispensers were located around the home to promote good cross infection protection.
- Staff had access to personal protective clothing such as gloves and aprons and were seen using these such as while serving meals. Staff were seen using paper napkins when handing biscuits to people.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

During our last comprehensive inspection on 26 October, 02 and 03 November 2017 we rated this key question as, 'Requires Improvement'.

Staff support: induction, training, skills and experience

- Not all staff, including cooks, working in the kitchen preparing food held basic food hygiene certificates. This was despite assurance given in July 2018 regarding plans for staff to undertake this training.
- Training records were not readily available and a training matrix was not up to date to demonstrate the training staff had undertaken. A further training matrix was sent following the inspection which contained gaps in training undertaken by staff.
- Staff had not received the necessary training to undertake their roles. Staff told us some training was in progress however, they believed they needed further training to enable them to do their jobs better and increase their skills and knowledge.
- Some staff had completed the Care Certificate, however this had not continued as the provider of the training ceased. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.

The lack of suitable training meant people were at risk of receiving care which placed them at risk. This was a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

- A newly appointed member of staff told us they undertook 'shadowing shifts' (working alongside) experienced staff when they commenced work for the provider. They had also undertaken induction training.
- We saw staff worked as a team. The manager told us they had made improvements in the handover so that information between shift could be shared more effectively.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People needs were assessed prior to them moving into the home. This provided information for a written care plan to be developed to ensure people received care and support the way they preferred.

Supporting people to eat and drink enough to maintain a balanced diet

- We found care staff did not always fully know about who had fortified food, although the cook did know. These are meals with additional calories in the event of people's weight loss. One member of staff although clear about low sugar for people with diabetics believed people also required a low-fat diet. This showed a

lack of training regarding people's dietary needs.

- People were complimentary about the food provided. One person told us, "I get plenty of food here. I am happy with it; the staff know what I like." Another person told us, "The food is great, fantastic always a choice with plenty to eat and drink."
- People who required assistance with eating received support from staff members in the lounge. We saw staff to be calm and unhurried while providing support.
- We found drinks were available for people throughout our inspection to keep people hydrated. Staff were seen sitting alongside people when assisting them with meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies such as healthcare professionals to ensure people's health needs were met.

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

- Accommodation and communal facilities were located on the ground and first floor of the building.
- The home was found to be warm throughout. Some areas of the home had new pictures on display since our previous inspection. The manager told us they planned to carry out an audit of the premises to ensure any maintenance issues were identified and carried out.
- People's bedroom doors showed a picture of the individual living there.
- People had been supported to personalise their own bedrooms with items which were familiar to them.
- We saw signage, both pictorial and written, around the home such as for bathrooms to assist people find their way around.

Supporting people to live healthier lives, access healthcare services and support

- People confirmed they could access health care practitioners such as a doctor or community nurse if they felt unwell.
- One relative described the staff as, 'Marvellous' when their family member was unwell. They told us a member of staff sat with their family member due to the concern for their well-being.
- A healthcare professional told us they had no concerns about the care provided and confirmed they were contacted as needed to see people.
- Other healthcare professionals such as chiropodists and opticians were involved in people's care.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff we spoke with understood the principles of the MCA although they had not all received training. Staff

were seen to obtain consent prior to providing care and support.

- Where people lacked capacity to make specific decisions the former registered manager had followed the correct process in applying for DoLS. However, staff we spoke with did not always know who within the home had an DoLS authorisation in place and therefore how they needed to support these people in line with these.
- Information regarding who held an authorised DoLS was not initially clear. The manager addressed this shortfall and contacted the local authority for further clarifications. We will follow this up as part of a future inspection.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

During our last comprehensive inspection on 26 October, 02 and 03 November 2017 we rated this key question as, 'Requires Improvement'. Following this inspection we have now rated the question as, 'Good.'

Ensuring people are well treated and supported; equality and diversity

- We saw people were treated with respected by a caring and compassionate staff team. One person told us, "I like it here. I can't imagine being anywhere else. All the staff are lovely, such good people, everyone is friendly with each other. Another person commented, "They (staff) look after us very well."
- We saw staff engage in conversations with people throughout the inspection and saw people share friendly banter. Staff told us they believed the standard of care provided to be good.
- Relatives were also complimentary of the care their family member had received. One relative told us, "Staff are very good here, just marvellous". Another relative member told us their family member was, "Happy, comfortable and well cared for." A further relative told us they wanted somewhere which felt, "Like home" for their family member and confirmed they had found this.
- Relatives and friends could visit. One relative told us, "The staff are always friendly to us, which makes our visits better."

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

- People could choose what they wanted to do during the day. People were offered a choice of where they sat, drinks and meals.
- People could spend time in their own bedrooms if they preferred.
- People who wished to smoke could do so either independently or accompanied by a member of staff.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity up held. Bedroom doors were kept closed while personal care was taking place.
- Staff could describe how they maintained people's privacy and dignity such as anyone who had a preference regarding the gender of the staff member who provided personal care for them.
- Staff were aware of the need to maintain people's confidentiality such as not sharing information with unauthorised persons.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met.

During our last comprehensive inspection on 26 October, 02 and 03 November 2017 we rated this key question as, 'Requires Improvement'.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans and hygiene records did not always evidence when personal care needs such as oral hygiene was needed and carried out.
- Handover records were written however these were not always an accurate reflection on how people were during the night. We saw occasions whereby people had fallen but this was not reflected on the handover to inform the next shift about the incident where staff had recorded 'slept well'. The handover form included reference to a medicine a person was no longer receiving. The care plan regarding this medicine remained within the person's current care records.
- Care records were not always completed when people had seen a doctor or an advanced nurse practitioner.

The failure to maintain accurate, complete records of each person potentially placed people at risk of not receiving safe, responsive and effective care. This was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- Advice given by healthcare professionals such as a recommendation to seek a referral for a different mobility aid was not followed up.
- People's care needs were assessed prior to them moving into the home. Some relatives told us they were involved with this and the initial care plan.
- People told us they could choose when they got up and went to bed.
- Staff told us they were aware of people's care needs by speaking with people and their family member's as well as reading care plans.
- During our inspection we saw people actively involved with an entertainer who came into the home and ran a keep fit session to music. They engaged people in an activity around completing popular sayings. We were told entertainment took place once a month. We also saw people engaged in art work alongside members of staff.
- Relatives told us they would like to see more activities and fun things for people to do.
- Staff believed more access to fun and interesting things to do would be beneficial for people living at the home.
- Some people had direct access from their bedroom to the garden. People told us they like this and enjoyed the opportunity to watch birds and squirrels. One person told us they liked the garden and were looking forward to the warmer months.

#### Improving care quality in response to complaints or concerns

- Relatives told us they felt able to raise any concerns about the care provided. One person told us if they mentioned any slight concerns these were addressed without delay.
- The provider had received one written complaint since our last inspection. This was investigated by the former registered manager and a response sent to the complainant.
- The Care Quality Commission had received comments about the care provided at the home since our previous inspection. The registered provider investigated these and gave reassurances regarding the quality of care provided.
- The provider's complaints policy was available for people to view in a folder close to the front door.

#### End of life care and support

- Care plans contained limited information on end of life. These however, did not indicated people's preferences and wishes. The manager gave an assurance to make improvement in this area. We will follow this up as part of a future inspection.

## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

During our last comprehensive inspection on 26 October, 02 and 03 November 2017 we identified concerns related to the management of the service. This was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. We rated this question as, 'Requires Improvement.'

Due to the level of concern we issued a Warning Notice giving the registered provider a timeframe to make improvement.

We carried out a focused inspection on 12 July 2018 and found the registered provider had made the necessary improvements at that time or reassured us regarding their proposed actions. As a result we increased the rating to, 'Good.'

Following this inspection we have rated the question as, 'Requires Improvement.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although reassurances were given in relation to staff training in food hygiene at our previous focused inspection we found staff continued to be preparing food without having this training in place or without an up to date refresher.
- The previous registered manager had undertaken quality audits although these were not always fully completed and actions from these were not always identified. The registered provider had carried out visits. No concerns were identified as part of these visits.
- Although care plans were reviewed these were not audited to ensure they contained relevant information. Shortfalls such as the lack of action regarding a recommendation to reassess a mobility aid was not identified.
- The provider had policies and procedures in place. It was evident staff were not however always following these and taking the actions identified as necessary.
- The new manager was unable to find some records requested by us during the inspection. Evidence of training undertaken was not readily available. Information regarding people with an authorised deprivation of liberty was conflicting depending on the record seen.
- Staff were clear about their roles and enjoyed their jobs however many raised concerns about the number of staff on duty in the afternoon and the need to also undertake other duties at times such as laundry and preparing people's tea.

The lack of robust quality assurance meant people were at risk of receiving care which placed them at risk. The provider's systems were not effective in identifying issues. This was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- A new manager had started working for the registered provider just over a month prior to our inspection. A handover from the previous manager, now deregistered, had taken place. They were aware of the need to apply to be registered with the Care Quality Commission and submitted this shortly after our inspection.
- The manager understood their role and responsibilities and had started to make improvements in the filing of paperwork and setting up new files for people who lived at the home.
- The manager took on board areas of concern raised during the inspection and took immediate action in relation to completing missing risk assessments.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and most staff members were complimentary about the new manager and the actions taken to date since their appointment.
- The previous registered manager had attempted to hold relative meetings. One relative told us they believed the previous registered manager and the new manager had implemented changes and steered improvements.
- A relative told us the manager had kept in regular contact with them regarding their family member's health condition.
- Staff meetings were previously held. The newly appointed manager had held a meeting with their senior team during which they thanked staff for their support.

Continuous learning and improving care

- The manager was new in post and gave undertakings to make improvements within the home.
- No new satisfaction surveys had taken place since our previous focused inspection. An undertaking was given regarding seeking people's views during March 2019.

Working in partnership with others

- The registered provider and manager continued to work closely with others professionals such as healthcare professionals and the local authority.



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 lack of robust assessing and recording of falls and other risks meant people were at risk of injury and harm as these risks were not fully identified and risks mitigated.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The lack of robust quality assurance meant people were at risk of receiving care which placed them at risk.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The lack of staff training meant people were at risk of not having their needs met and potentially placed people at risk.