

Care Plus Group (North East Lincolnshire) Limited

Cambridge Park

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

Cambridge Park is a residential care home. The service provides nursing, personal and therapy care for up to 52 people who need short term rehabilitation and reablement support to return home or prevent hospital admission. There were 26 people using the service when we inspected. Accommodation is provided on two floors with en-suite bedrooms and communal areas on each floor.

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

There were shortfalls in how individual risk to people was assessed, managed and kept under review. There were also some shortfalls in the management of medicines and the management and recording of people's changing care needs. The quality assurance system needed developing at service level so issues could be highlighted and addressed in a timely way.

People and staff gave mixed feedback about staffing levels. The service struggled to maintain a stable staff team. Overall, there were enough staff to meet people's needs, although the deployment of staff needed review. We have made a recommendation about this. Recruitment systems were safe.

Staff training and supervision had slipped during the pandemic. Some staff said they would benefit from additional courses to develop their knowledge and skills. Staff morale was low, and staff did not feel supported. We have made a recommendation about this.

Staff knew how to protect people from the risk of abuse and harm. The management team monitored accidents and incidents, but analysis was not completed which made it difficult to learn from identifying patterns and trends.

People told us they liked the meals provided; menus offered choices and alternatives to ensure nutritional needs were met. People had access to a range of health professionals, which included dietitians, when required.

The environment was well maintained and clean. Safe infection prevention and control procedures were followed.

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.

People and relatives praised the staff for their kindness and compassion. Staff treated people with respect and maintained their privacy and dignity. People were supported to keep in touch with family and friends through video and phone calls and indoor visits. People had access to healthcare services. People were happy with the choice and quality of the food.

People and relatives knew how to raise concerns and were happy with the action taken in response.

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

Rating at last inspection

This service was registered with CQC on 27 April 2020 and this was the first rated inspection.

The last rating for the service at the previous premises was Good, published on 26 July 2018.

We carried out targeted infection prevention and control inspections on 11 November 2020 and 14 January 2021 to assess the service as a designated care setting in response to the Winter Plan for people discharged from hospital with a positive COVID-19 status. The Local Authority withdrew their application. The service was not rated.

Why we inspected

This was a planned inspection based on the date of the provider's registration.

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.

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.

We have identified breaches in relation to medicines and the management of risk, person-centred care and governance 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Cambridge Park

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 Care Act 2014.

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

Two inspectors carried out the inspection.

Service and service type

Cambridge Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority commissioners and safeguarding team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with twenty-two members of staff including the chief nurse, nominated individual, head of nursing, registered manager, social worker, therapists, nurses, recovery workers, chef, housekeeping staff, maintenance person, an administrator and the patient liaison assistant. Discussions with relatives and staff were conducted either on site or via telephone calls.

We reviewed a range of records. This included six people's care records and 12 people's medicine records. We looked at two staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data, maintenance certificates, incident and accident data, staff rota analysis and the management action plan.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Using medicines safely

- Medicines were not always managed safely. There had been several medicines errors and people had not received their medicines as prescribed.
- Records did not always provide a clear and complete account of the support provided with people's medicines.
- Several controlled medicines recorded in the register were not present at the service. The provider could not account for this, records were not in place to show the medicines had been returned to the pharmacy.
- Waste and unwanted medicines were not managed safely in line with current guidance.

We found no evidence that people had been harmed. However, medicines management was not safe which placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to manage risks to people, but risk assessments did not always identify the level of risk or contain control measures for staff to follow to keep people safe.
- Assessments for the use of bed rails were completed on the online recording system. Care workers said they weren't given information about people's needs in this area which could impact on their safety. During the inspection, one person's bed rails were in use despite their risk assessment identifying bed rails were not be used due to the high risk of the person climbing over.
- Staff had not always been proactive in identifying changes in people's risk of sustaining skin damage. This meant some people's needs had not always been met effectively.
- An established system for analysing accidents and incidents to learn from themes and trends was not in place.

The failure to adequately assess, monitor and reduce risks to people's health and safety was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Effective systems were in place to ensure the equipment and premises were kept safe and well maintained.
- Falls, accidents and incidents were recorded. The management team reviewed all reports and made sure any follow up actions were completed.

Staffing and recruitment

- Overall, there were enough staff to meet people's needs, although the deployment of staff needed review. Some staff expressed dissatisfaction with the management of rotas and shift patterns.
- People's views of staffing levels varied, with some observing there were enough staff and others felt there were some delays in staff responding to their call bell.
- Staff told us the routines were always busy and they felt the management team were not always aware of the complexity of some people's needs and the time taken to support their care needs. The management team were not using a dependency tool to calculate safe staffing levels.
- The provider struggled to retain staff and staff sickness levels were high, which impacted on the stability of the staff team and staff morale.
- The provider had a safe recruitment system. Full checks were carried out before new staff started to work in the service.
- Nursing staff had been recruited to support the introduction of a new staffing model.

We recommend the provider review staffing levels and deployment in line with people's needs and best practice.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff completed safeguarding training, understood safeguarding principles and were knowledgeable about reporting and referral systems.
- People said they felt safe in the service and relatives shared this view. Comments included, "I'm safe, the staff check on us regularly" and "He's very safe there and making very good progress."

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One relative said, "The arrangements for visiting are very well organised."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had access to training, supervision and support systems. However, training and supervision for staff had slipped during the pandemic. The appraisal programme had been suspended during the pandemic and recently re-introduced.
- Gaps in the completion of essential training had been identified and staff were in the process of completing the outstanding refresher courses. Staff said they would benefit from training in other areas such as dementia, mental health awareness and conditions that affected people such as diabetes.
- Induction included new staff shadowing more experienced care staff.
- There were mixed comments from staff regarding supervision and support systems; all mentioned staff morale was low and needed to improve.

We recommend the provider continues to seek guidance and support to improve staff training and supervision systems in the service in order to improve skills, and morale.

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

- People's nutritional needs were assessed and referrals made for any concerns.
- Although people's weight was monitored regularly, we found some inconsistencies in the accuracy of the recording. Records of people's food and fluid intake were not completed consistently or closely monitored.
- Menus provided choices and people were offered snacks in between meals. Specialised diets were catered for.
- People made positive comments about the meals provided. Comments included, "The food is very nice, and choices are always available" and "The meals are always good, and we are offered regular drinks and snacks."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before they were admitted to the service. Further assessments were completed to identify people's care support and individual rehabilitation programmes. The quality of recording on some assessments was inconsistent.
- A range of health and social care professionals were employed at the service to meet people's individual care, rehabilitation and reablement needs and to support an effective discharge home.
- Staff felt communication in handovers and between teams could be improved to support more effective

information sharing, joint working and shift planning.

- Staff supported people to access the healthcare support they needed. Instructions given by community health care professionals were not always followed consistently, because staff were not aware of some instructions recorded in people's electronic care records.
- People were very satisfied with the progress they made and praised the service. Comments included, "The service is good. I've been given exercise programmes to follow and want to get up and walking." Relatives told us, "The progress they have made is just outstanding, beyond all our expectations" and "My [name of family member] is pleased with all their care and exercise programmes. The whole admission and discharge worked well the last time they were admitted. It's well-coordinated."

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider applied for deprivation of liberty authorisations when required.
- Capacity assessments and best interest decisions were recorded where people lacked capacity to make specific decisions.
- Staff asked people for consent before providing any care and support. Consent to care and treatment was clearly documented in people's care records, but this did not include restrictions such as bed rails. The management team confirmed they would address this.

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

- The service was purpose-built and provided spacious accommodation for people. A comprehensive renewal programme was completed prior to opening.
- All bedrooms were single and most had en-suite shower facilities. Communal areas were comfortably furnished.
- Some areas of the home were currently closed due to the current works programme to provide bariatric facilities. Appropriate measures had been put in place to protect people's safety and reduce the noise impact on people using the service.
- A therapy gym and wide range of up to date equipment ensured people's independence and safety was maximised.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a caring, friendly and positive approach when supporting people. They engaged warmly with people.
- People spoke highly of the staff and were happy with the care provided. Comments included, "Staff are nice, I get on well with them" and "They [staff] are kind, courteous and find time to have a chat with me when they can."
- Relatives also praised the staff and spoke of the compassion extended to them as relatives. One relative said, "The staff have been wonderful and are so kind to us. We feel welcomed, cared for and couldn't ask for more."
- Staff had completed training in equality and diversity. People's diversity had been respected and promoted.

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

- People told us staff involved them in decisions about their care, for example when planning discharge to their home or what gender of carer they preferred.
- Care, nursing and therapy staff attended weekly multi-disciplinary meetings to discuss people's progress. Relatives confirmed they were involved in decision making and asked for their input when assessments were arranged and completed.

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of promoting core values such as privacy and dignity and described how they supported people to be independent.
- People looked clean and comfortable and had been supported by staff to maintain their appearance. A relative said, "When I see [Name of family member], they are dressed nicely and always look well cared for."
- There were positive comments from people about the staff approach. Comments included, "When staff help me to get washed and dressed, they close the blinds and the door" and "The staff are always very patient and mindful about my privacy when I'm having a wash."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The care recording system was disjointed. People's assessments, care plans and treatment programmes were recorded in part on electronic and paper systems and on a white board in the office. The quality of the care records was not consistent and recovery workers were not able access information on the electronic system.
- Care plans were not always in place or sufficiently detailed to guide staff on aspects of care delivery to meet people's needs.
- People's changing needs were not met consistently. Shortfalls were identified in relation to wound care, bowel care, pressure relieving care and continence support.
- There was a lack of guidance for staff on how to support people who displayed anxious and distressed behaviour.
- At the time of the inspection one person was being supported with end of life care. There was no end of life plan for staff to follow and no records of any discussions taking place for their end of life wishes other than to remain at Cambridge Park.

The evidence indicates a failure to ensure the delivery of person-centred care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives had confidence in the staff team and their abilities to provide the care required. Comments included, "Staff have been marvellous, I give them 20 out of 10 for their care of [family member] and "The care is very good, [Name of family member] has a lot of medical problems which they have been managing well."
- The provider responded after the inspection to confirm all care records would be moved on to the electronic recording system.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified on assessment.
- Staff were aware of the different ways of communicating with people and recognised the importance of

giving people time to respond.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to keep in touch with family and friends. This included pre-arranged internal visits where government guidance was followed to keep people and their visitors safe. A relative said, "They [staff] sorted out [family member's] mobile phone and now we can talk every day, it has made such a difference" and "[Family member] had only been in a day when the staff phoned me to arrange a visit. I've been visiting twice a week. It's all very organised."
- People told us they watched television, listened to the radio, read and completed word searches to occupy themselves.
- The provider had continued to encourage people to stay in their rooms following the period of isolation after their admission. Staff considered some people would benefit from communal activities such as meals in the dining room and group therapy programmes.

Improving care quality in response to complaints or concerns

- The provider had a system for managing complaints, so lessons could be learned, and practice improved.
- People and relatives knew how to raise a complaint and felt confident these would be addressed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The governance systems in the service were limited and had failed to pick up the issues we identified during our inspection. These included medicines management, risk management, and people's care records. As a result, the provider was unable to effectively identify and address quality shortfalls in a timely manner.
- In May 2021, the provider's quality team completed an internal review of the service mapped to the Care Quality Commission's key questions. The findings were mixed, and a key area of improvement was governance and quality monitoring.
- There was limited evidence of learning from incidents and mitigating risks of further recurrence.
- Not all staff were clear about their roles and understood their responsibilities.
- Staff felt the registered manager and other members of the senior management team were not visible and some staff were unsure who to go to when their line manager was not available.

The failure to operate effective systems to improve the quality and safety of the service was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service included and empowered people. For example, people were involved in their assessments, care and therapy arrangements. They could when assessed as able, take control of managing their medicines administration.
- Teamwork was not always effective, and staff did not consistently work in a coordinated and well-led way to meet people's needs.
- There were basic communication shortfalls, which impacted on care delivery.
- Staff did not always feel listened to and valued, and this impacted on morale. Comments included, "We raise things, but nothing happens" and "The service could be so good; it's very frustrating, we need to make some changes in how we do things."
- The senior management team were very open and transparent throughout the inspection. They were keen to make improvements and following the inspection they provided a comprehensive management plan.

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 provider understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys had been carried out to gain people's feedback. The results were positive, although the response rate was only 20%. The service had received lots cards and letters thanking staff.
- The frequency of staff meetings had been affected by the pandemic. Team meetings were now being arranged and held.

Working in partnership with others

- The service worked closely with other agencies.
- The management team and staff understood the importance and benefits of working alongside other professionals.

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
Treatment of disease, disorder or injury	<p>The registered provider had not ensured all service user's needs were met in a responsive and person-centred way.</p> <p>Regulation 9 (1) (a) (b) (c)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The registered provider had failed to effectively manage risks to people's safety and wellbeing and had failed to ensure the safe management of medicines.</p> <p>Regulation 12 (1) (2) (a) (b) (g)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The registered provider had failed to operate effective systems to improve the quality and safety of the service.</p> <p>Regulation 17 (1) (2) (a) (f)</p>