

Cambridge Care Homes Limited

Cambridge House

Inspection report

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08 September 2020
09 September 2020
11 September 2020
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24 September 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cambridge House provides accommodation and support for up to six people who have a learning disability. On the day of our visit, there were five people living in the service. Cambridge House is a detached bungalow in a residential cul-de-sac within the town of Haverhill, Suffolk.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

At our last inspection we had concerns that people did not always receive a service that provided them with safe, effective and high-quality care. At that inspection there were not enough staff deployed to meet people's needs consistently. At that inspection we were also concerned that the safety of the premises was not always a priority for the provider. 10 out of 11 fire doors were being propped or held open due to a failure of the fire door system and this had not been addressed in a timely manner. At that inspection we found the service was not always well led and there was a lack of quality assurance processes in place to identify concerns. These failings resulted in breaches of three of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found progress and some improvements had been made. The service was no longer in breach of any of the Regulations however challenges around the staffing levels remained.

People's relatives told us their family member was safe living at Cambridge House however there continued to be challenges associated with sufficient staff and recruitment of new staff. Improvements were needed to reduce the number of hours the registered manager was working 'on the floor' to enable them to undertake their registered manager duties and working hours.

People were supported by staff who had a good understanding of how to recognise and report potential harm or abuse and were confident in local safeguarding procedures.

The service had systems to identify when people had not received their medicines when required and addressing it.

Good hygiene standards were maintained within the service and the environment was clean. Infection control processes were in place and issues were addressed when required.

Management plans and adequate personal protective equipment (PPE) was in place to help reduce the risk and impact of the COVID-19 pandemic.

Relatives were happy with the care and support their family member received and spoke positively about staff and the difference the service made on their family members life. People's care and support needs

were met by staff who knew them well and enjoyed working at the service

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

Rating at last inspection

The last rating for this service was requires improvement (published 18 April 2019).

Why we inspected

This was a planned inspection based on the rating at the last inspection. In addition, we had received some information from stakeholders that there were staffing and recruitment challenges at the service. As a result, a decision was made to undertake a focused inspection to review the key questions of safe and well-led only.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has remained requires improvement and is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Cambridge 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. 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.

Inspection team

This inspection was carried out by two inspectors. Due to the COVID-19 pandemic the first day of the inspection was carried out by one inspector visiting the service and the other inspector working from an office location. The remaining days were carried out remotely. This means we contacted via email and made telephone calls to the registered manager, staff and relatives away from the site and asked for documents to be sent to us electronically.

Service and service type

Cambridge House 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 Care Quality Commission. 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

We called the service to announce our inspection visit 60 minutes before the inspector arrived. This was to ensure we could ask the service for specific information regarding if there were any people using the service who had a positive test for COVID-19. We also obtained the provider's procedures for infection control and COVID-19 to ensure we were working within these procedures.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection, we met all five people who lived at the service however due to their complex communication styles we were unable to obtain their feedback verbally. We received feedback from three people's relatives. We observed how people were being cared for and supported. We contacted eleven members of care staff to seek their feedback and heard back from five staff through email and one staff member via the telephone. We also had contact with the registered manager and the provider.

We reviewed a range of records. This included the care plan for one person and sections of other people's care records. We reviewed medicine records and risk assessments as well as a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who are familiar with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

At our last inspection the provider had failed to take appropriate action to address areas of concern relating to fire safety at the service. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

At our last inspection the provider had failed to make sure there were sufficient staff to meet people's needs. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient improvement had been made at this inspection and the provider was no longer in breach of Regulation 18, however we still had some residual concerns about staffing levels and arrangements.

Staffing and recruitment

- At our last inspection we were concerned that there were not always sufficient numbers of staff on duty to meet all people's needs in a timely way. Four of the five people who lived at Cambridge House required one to one staff support. There were four staff on duty during the daytime which meant that the fifth person was reliant on one of those one to one staff providing them with support as well. This had been the situation since September 2018.
- At this inspection we found that whilst the registered manager had been working with the Local Authority to review people's support needs, improvements were still needed to the staffing at the service. The registered manager described challenges in the process of obtaining financial reviews for people in order that their funding be reflective of their needs.
- Since July 2020, all five people living at the service had one to one support, however despite the registered managers efforts, she had not been able to recruit to all vacant staff posts which often resulted in the registered manager undertaking care hours herself on top of her management hours. In addition, a number of agency staff were in use, however the registered manager considered people's safety in the light of the COVID-19 pandemic and only used agency staff who were not working at other care homes to reduce the risk of any cross infection.
- In addition, two people required and were funded for some two to one staff support to go out into the community. These hours were not consistently provided as funded and the lack of two to one staff available for this to happen, limited, at times, people's opportunities to go out.
- Issues with the staffing levels was the only negative feedback about the service we received from people's relatives and staff. One person's relative told us, "We feel that [family member] is often left alone for long periods due to staffing levels which in turn could compromise [family member's] safety and well-being, both mental and physical."

- Staff expressed concerns about staffing levels with one staff member telling us, "We just need more staff, it's been really difficult. When people go out, they need two to one support and we don't have that level of staff very often. [Registered manager] does an extremely good job but we need six staff on a shift." Another member of staff said, "We have five members of staff on shift which provides 1:1 for each individual. If [registered manager] is not on shift, she will often help out on a care shift for us to be able to fulfil people's needs if they wish to go out."
- The provider continued to undertake checks on the suitability of potential staff to care for people living at the service. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their family member was safe living at Cambridge House. One relative said, "Knowing [family member] is happy, safe and cared for gives me comfort. I can't praise the staff enough. They are truly an excellent bunch of people." Another relative told us, "[Family member] is a changed person since living at Cambridge House. It's an absolutely fantastic place. They have every strategy in place that works to keep [family member] safe."
- Staff had completed safeguarding training. Staff told us they knew how to report any concerns and were confident they would be properly dealt with by the registered manager and the providers safeguarding procedures. One member of staff said, "All of us [staff] are well trained and can recognise the signs of different abuse. We know the procedure and how to report."
- The registered manager had a safeguarding policy, procedure and systems in place to protect people from avoidable harm and abuse.

Assessing risk, safety monitoring and management

- At our last inspection we were concerned and shared with the Fire Service that 10 out of 11 fire doors at the service had either been wedged open or were faulty. This would have prevented them from closing in the event of a fire emergency.
- At this inspection we found that improvements had been made. Works had been completed to all the fire doors to ensure they were working as intended.
- Risks to people's health, well-being or safety were identified, assessed and reviewed regularly to take account of people's changing needs and circumstances. A variety of detailed and personalised risk assessments were in place for people in respect of their support required.

Using medicines safely

- There were safe systems for the receipt, storage, administration and disposal of medicines.
- Each person had a medicine administration record (MAR) chart. We found these were completed in full and showed people received their medicines as the prescriber intended.

The registered manager explained if any gaps in signature on MAR charts were found, this was addressed with the staff member concerned through the supervision process with appropriate follow up action taken where needed.

- People were supported with their medicines by staff who had been trained in the safe administration of medicines and had their competency to do so checked.
- Medicines were stored correctly and disposed of appropriately.

Preventing and controlling infection

- Due to the COVID-19 pandemic, staff had received training and guidance to remind them of their personal responsibility should they display symptoms of COVID-19 or test positive. The training and guidance

included what personal protective equipment (PPE) they should wear and how they should support people to reduce the risk and spread of infection.

- Staff wore disposable face masks whenever they were within two metres of people or when providing personal care and support and not for the duration of their shift. The registered manager explained that this was a deliberate and considered approach she had taken as when wearing the masks for prolonged periods of time, staff were observed touching them more frequently and therefore increasing the risk of any potential infection.
- The registered manager had introduced a COVID-19 staff declaration so that staff were clear on their responsibilities and role in helping to reduce risks and keep people safe.
- We were assured that the provider was accessing testing for people using the service and staff.
- The service was visibly clean. Staff told us they undertook the cleaning tasks across the service although the registered manager was in negotiations with the provider to introduce some housekeeping/cleaning staff hours into the service.

Learning lessons when things go wrong

- There were regular staff meetings including a management team meeting. Any incidents or events at the service were discussed and the registered manager and senior staff ensured lessons were learned and actions taken where needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

At our last inspection the provider had failed to establish or effectively operate systems or processes to ensure adequate oversight and management of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

The provider had also failed to take appropriate action to address areas of concern relating to fire safety at the service. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was also a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there were insufficient staff available to meet people's needs. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulations 12 and 18.

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

- At this inspection we found that whilst sufficient improvements had been made to demonstrate the provider was no longer in breach of any of the Regulations, these improvements were ongoing and the registered manager, despite her efforts to resolve this, was still facing staffing challenges.
- The staffing and safe running of the service was heavily dependent on the additional hours the registered manager worked and her commitment to ensuring the service was never short of suitably trained and sufficient staff. We were concerned that this placed the service in precarious position should the registered manager have been unable to work for any reason for a period of time.
- There was insufficient provider level oversight and action taken to ensure sufficient staffing was in place to enable the registered manager to complete her day to day work and not work excessive hours.
- The provider had not undertaken any formal auditing or monitoring of the service since March 2020 however the registered manager told us she felt supported by the provider and that communication between the two of them was effective with frequent email and telephone contact with the provider involved in discussions about the management of the service.
- Relatives and staff offered positive feedback about the registered manager and told us the service was well led. One relative told us, "[Cambridge House] is definitely well-led by [registered manager] who is truly brilliant at what she does each day. What she has achieved since she became manager, the changes in the whole setting are amazing to see, it's decorated with homely touches, calm colours, and [people] fully involved in choosing. If ever there is a problem, it's always dealt with in a timely manner and with respect. I've not had any problems with anything." Another relative said, "I would give the home a massive glowing report. When [family member] goes home, I can see [family member] also loves going back to Cambridge

House which says a lot. [Registered manager] is fantastic. Any issues and she is there."

- Staff told us they liked working at the service and felt that they were well supported by the registered manager. One staff member said, "I feel the [registered] manager works above and beyond for the home and has made some great improvements such as decor etc. She also supports her team extremely well and cares for people." Another staff member told us, "[Registered manager], is a good leader and I feel I can always go to her with any concerns I might have with regards to [people's support] or even personal matters. She is very approachable and happy to help where she can, I also feel she goes above and beyond for [people] always putting their needs and wellbeing first."

- The registered manager ensured that staff were well trained and were aware of their roles and responsibilities.

- Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). The registered manager understood their duty to report any issues that affected the service, for example safeguarding concerns or serious accidents and incidents.

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

- There was a calm and fun atmosphere at the service. Staff and people were visibly relaxed in each other's company.

- Staff were positive about working at the service and spoke positively about the culture and the care people received. One member of staff said, "I love my job at Cambridge house because I know I'm making a difference and improving the quality of life for people. I always leave Cambridge house feeling satisfied that I have done my job. I can think of no improvements needed." Another member of staff told us, "I absolutely love my job, supporting people who live here to become more independent. All the staff bring something different to the team resulting in the best for people."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

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

- People's relatives told us they felt they were kept updated about their family member's wellbeing. One person's relative said, "Staff have always gone above and beyond to keep in touch, supporting not just [family member] but me as well. We regularly chat online, which [family member] seems to really enjoy. Staff have also sent me videos and pictures, during this pandemic it's been proven very successful... It's been a long haul though this and Cambridge House have dealt with it fully, with compassion, respect and understanding in such an uncertain time. I am a very happy [relative], I feel that Cambridge House needs some recognition for all the changes, hard work, care, and that they continue each day to provide a happy home for all."

- Staff team meetings were held frequently including separate management meetings. Minutes showed a wide variety of topics were discussed such as changes in people's needs or care, best practice and other important information related to the running of the service.

Staff were very positive about working at the service and the role of the registered manager.

- One staff member said, "[Registered manager] has a very strong bond with all [people] and always has their best interests at heart. She encourages staff with training and has recently given us all the opportunity to complete [further qualifications] in all different areas to encourage staff with career goals. All staff are kept up to date with new policies and procedures and also updated if old policies and procedures change.

Overall, I feel the organisation is well led and an enjoyable place to work."

Continuous learning and improving care

- The registered manager and staff team had worked hard over the year since we last inspected making the necessary improvements to the fire safety systems, the environment and management oversight.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This included referrals made to GPs, occupational therapists and dieticians, where required.