

The Cambridgeshire Care Home Limited

The Cambridgeshire Care Home

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 ●

Summary of findings

Overall summary

About the service

The Cambridgeshire Care Home is a residential care home providing personal and nursing care to up to 72 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 66 people using the service.

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

People felt safe living at the service. The provider had systems in place to manage risk and keep people safe from avoidable harm.

Staffing levels meant that people were safe, and they received their care in a timely manner. People received their medication as prescribed. There were systems in place to record, monitor and learn from accidents and incidents.

Staff had the knowledge, skills and support they required to meet people's needs effectively. People's physical, emotional and social needs were identified so staff could meet these. Staff enjoyed working at The Cambridgeshire Care Home and told us that they would be happy to have a member of their family living there.

People received support with eating and drinking when needed. People were supported to maintain good health and were supported by or referred to the relevant healthcare professionals.

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.

Staff were calm, kind and gentle in their interactions with people and supported them to remain independent whilst maintain their safety and welfare. People's privacy and dignity was maintained. Staff were caring and compassionate supporting people.

People were consulted about their care and had been given information in an accessible way. People were supported to pursue their hobbies and avoid the risk of social isolation. People were treated with compassion at the end of their lives, so they had a dignified death.

Systems were in place to monitor how well the service was running. Complaints and concerns were followed up to make sure action was taken to rectify the issue.

People were asked their views of the service and action was taken to change any areas they were not happy with. The registered manager and senior staff team managed the service well. They were passionate about giving people a high-quality service and ensuring that staff were supported and skilled to deliver the service

effectively.

Mental Capacity Act

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Last rating and update

The last rating for this service was good (report published March 2018). At this inspection we found the service had remained good.

Why we inspected

We were prompted to carry out this inspection due to concerns we received about the care people were receiving, the leadership and staffing. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led question sections of this full report.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Cambridgeshire Care Home

Detailed findings

Background to this inspection

Inspection team

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors. One of the inspectors worked remotely and contacted relatives.

Service and service type

The Cambridgeshire Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners of the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and seven other people's relatives. We spoke with eight members of staff including the registered manager, deputy manager, senior care staff, care staff and hospitality staff.

We reviewed a range of records, this included three people's care records and medicines' records. We also looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed, including incident records, complaints, compliments, quality assurance processes and policies.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- Staff had received training in safeguarding people and had a good understanding of the providers safeguarding systems and procedures. A member of staff told us, "I would always report to the head of care, senior or the nurse and I am confident any incident would be dealt with appropriately." A relative told us, "I have never seen anything remotely safeguarding wise."
- Staff knew how to recognise poor care and harm. People and their relatives told us they had no concerns around their, or their family members', safety.
- The management team was aware of their responsibilities for reporting allegations of concerns to the local safeguarding team and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- Staff understood how to monitor people's known risks and when people required support to reduce the risk of avoidable harm. For example, when people were using a wheelchair to get around the service.
- The management team completed risk assessments for people's individual known risks. Risk assessments were reviewed and updated by staff when necessary. For example, if someone had a fall their risk assessment was reviewed to see if any further action needed to be taken to prevent a reoccurrence.

Staffing and recruitment

- A process was in place to ensure the safe recruitment of staff. This included completion of identification checks and Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's care and support needs. People and their relatives confirmed that there were enough suitably trained staff to respond quickly and meet their, or their family member's, needs. A person said, "Staff are very good. They come when I call, although I don't call very often." Another person said, "There is always a member of staff around."

Using medicines safely

- Medicines were managed safely; people received their medicines as prescribed.
- Staff had completed the medicines administration record (MAR) accurately to confirm medicines had been given. One person told us, "I always get my medicines on time and I know what is being given." We observed people being administered their medication and the staff member asked the person "would you like your medication now" and then went on and explained what they were being given.
- Staff received training and had their competences checked to administer medicines safely.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative told us, "The (registered) manager had a very good approach to COVID 19 with opening up or not opening up. They have been amazing, no big outbreaks."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes Process were in place to welcome visitors to the care home. People told us their friends and loved ones were able to visit the service and they welcomed these visits. A relative told us "We are always made to feel welcome with coffee and pastries available." Another relative said "We're able to visit any time, they're very accommodating." To maintain good infection control and reduce the risk of Covid 19 in the service, visitors were asked to wear face coverings, and these were provided. There was plenty of hand sanitiser and visitors were encouraged to use this. During times of a Covid19 outbreak in the service the provider implemented safe visiting processes in line with government guidelines.

Learning lessons when things go wrong

- The registered manager ensured that any accidents or incidents were used as a learning opportunity and shared lessons learnt with the staff team.
- Staff followed the providers procedures when any accidents or incidents occurred. After each incident/accident there was a thorough analysis to assess if any action was needed.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to admission in line with legislation and up to date guidance. This enabled them to make sure they had enough staff with the right skills.
- Care plans contained information about people's needs and it was clear that staff knew people well.

Staff support, training, skills and experience

- Staff had received training when they first started working at the service and this was updated as necessary. New staff shadowed experienced staff until they were confident to work alone and had been deemed competent.
- Staff we spoke with told us the training and supervisions provided them with the skills required to undertake their role safely. One member of staff told us, "I get lots of supervisions and any training I want."
- The provider also had experienced "specialist" staff that supported the staff team and guided them in what action to take. For example, they had helped staff to assess why one person was obtaining skin tears and action was taken to prevent this happening again.
- People and relatives told us that staff knew how to care for people and knew how to use equipment.

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

- People had choice and access to enough food and drink throughout the day. People told us they enjoyed their food. One relative said, "The lunches are amazing. [name] talks to the chef and they feel they take on board what they say, e.g. more green vegetables."
- Where required, people received support with eating and drinking at a pace that suited them. Staff were aware of people's dietary needs. They monitored people's intake to make sure it was sufficient to maintain a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend appointments with health professionals such as GPs, dentists, chiropodist, opticians and hospital consultants. A person told us, "The staff will arrange for us to see the GP and they (GP) visit regularly."
- Staff told us they ensured people had the support they needed if healthcare was required. Referrals were made as necessary.
- The registered manager worked closely with other professionals to ensure people received effective care and made sure any advice received was used to improve their care.

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

- The premises were decorated to a good standard and people's personal bedroom had many personal belongings to support them to feel it was their home.
- The premises had enough amenities, such as bathrooms and communal areas, to ensure people were supported easily.
- Regular maintenance of systems and equipment was carried out to ensure it was in good working order.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met

- Where needed, DoLS had been applied for to ensure that people were kept safe.
- Staff ensured that people and/or their relatives were involved in decisions about their care. One relative told us, "We have done things like ensuring my [family member] knows what their advanced directives are. They are also under [DoLS], we've been through that process. So, feel the staff are on top of that."
- Where people were assessed as lacking capacity to make a certain decision, staff worked in their best interest.
- Staff were able to tell us all about the MCA and the principles that had to be considered when assessing a person's capacity to make a decision. Staff also told us how they always tried to offer people choices.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and we saw that interactions with staff were warm. For example, we saw that staff noticed when people were falling asleep and they checked the person was comfortable. One person said, "The staff are fantastic, they look after us all very well." One relative told us, "The care is amazing, [family member] can be tricky to look after because they have (health conditions). The staff are so patient they are brilliant."
- Staff knew how to support people when they seemed distressed or needing reassurance. One member of staff was observed singing with a person who responded by joining in with the song.
- One relative told us, "I feel that the staff have had training and they have the right attitude and approach with dementia. The staff know my [family member] and what upsets her and they take on board what she wants, and they seem to have the skills to help her."

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

- Staff clearly knew people very well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people and offer them choices, and we observed them chatting, which increased people's sense of well-being.
- Staff told us how they supported people to make everyday decisions. For example, they showed them several choices of clothes to wear. They also plated the food options up to show people so they could choose what they wanted to eat.
- People could choose where they wanted to spend their time and their decision was respected. One relative told us, "The staff are very good in giving my [family member] a choice even though they know they refuse things. But they always offer a choice."
- Relatives confirmed that they were involved in decision making for their family members were appropriate.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have a choice and control to meet their needs and preferences

- People received personalised care responsive to their needs by staff who knew them well.
- People's care plans contained information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs, how these were being monitored and appointments with healthcare professionals.
- People and/or their legal representative had signed their care plans to say they agreed with what had been written. People and/or their families were also invited to review the care plans on a regular basis. One relative told us "Yes, I'm always kept informed with what's happening with my [family member]. We recently reviewed their care plan. It was all very clear. Staff are happy to discuss things with me when I see them or on the phone."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager confirmed that they were able to tailor information in accordance with people's individual needs and in different formats if needed.
- The registered manager stated in the PIR, 'We use plain English and should consider a minimum font size of 14 when printing minutes of resident's meetings, and bulletins/ newsletters as this may make information more accessible straight away to more people..... We also have 'show' plates for meal service if residents are unable to use the menus.....'

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

- People had access to a range of group activities such as games and craft sessions. We observed people taking part in board games and being warmly encouraged by the staff. One person we spoke with said, "There is lots to get involved with if you want to." One relative told us, "Their activities are amazing." Although one relative commented that activities for the men are limited. We spoke with the wellbeing staff who told us that they have been looking at introducing some male orientated activities. They have already had discussions with men in the service.
- People had been encouraged to take part in events. One relative said, "Fantastic constant activities, on weekends as well, they celebrate everything days, they had an Indonesian day. There is something every

afternoon and morning."

- The staff and management team supported people to maintain contact with their friends and family and facilitated visiting where possible in line with government guidelines. A relative commented, "The activities team are amazing, they are so thoughtful and kind, they are very creative. They have a very active Facebook page. Their communication is very good. During (the COVID-19 pandemic), they used to call us regularly. I see them now. They are very respectful about sharing information."

Improving care quality in response to complaints or concerns

- Feedback obtained from people and their relatives indicated that they knew how to raise complaints and most people were confident any concerns would be dealt with promptly. One person said, "If I am not happy, I am sure to let the staff know. I will certainly tell them."
- The records showed that complaints had been investigated in line with the complaint's procedure.
- The management team took complaints seriously, investigated and provided a timely response.

End of life care and support

- At the time of our inspection no person was in receipt of end of life care. Although, the management team and staff told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life. One relative said, "My [family member] has said what they want, and it's all written down."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes 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 provider, registered manager and staff had worked hard since the previous inspection to make the required improvements so that people received a better-quality service. A relative told us, "The staff really look after us as a family. My [family member] and has been here [The Cambridgeshire Care Home] for years. It is so important. We need that support as well."
- The provider was aware of the duty of candour responsibilities and ensured where needed information was shared with the relevant people.
- Staff felt positive about the culture of the organisation and valued by the management team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service was well-run. Staff understood their roles and responsibilities and told us that they worked well as a team and they thought the training and support they received equipped them for their roles.
- The regional manager and registered manager had carried out detailed quality assurance visits and audits with clear action plans for improvements.
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements.
- Information from analysis of incidents and accident accidents, feedback from people and their relatives and complaints were used to continually improve the service being offered.
- A survey had been undertaken a few months prior to our inspection and during the inspection the registered manager created a 'you said, we did board' to highlight to everyone what had been done as a result of the survey. One suggestion was a change in the menu, which had been acted on.

Working in partnership with others

- The service worked with organisations including local authorities that commissioned the service and other health and social care professionals to ensure people received the care, treatment and support they needed.
- The management team welcomed our inspection and feedback. They showed their commitment to continually making improvements and keeping people at the heart of these.

