Rockley Dene Homes Limited

Cambridge Manor 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

Cambridge Manor 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.

Cambridge Manor accommodates up to 88 people in one adapted building over three floors. The ground floor cared for people that require residential and some nursing needs. The first floor care for people who were living with dementia. The top floor is for people who require nursing care.

We inspected the home on 14 November 2017. The inspection was unannounced. There were 82 people living in the service on the day of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In November 2015 we conducted a first comprehensive inspection of the home. We rated the service as 'good'. At this inspection we found the service remained 'good'.

There were sufficient staff to keep people safe and meet their care and support needs. Staff worked well together in a mutually supportive way and communicated effectively. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively.

Good infection control procedures were in place. Staff understood their responsibility in ensuring the home was clean and were using the correct equipment.

There was a friendly, relaxed atmosphere and staff were kind and attentive in their approach. People were provided with food and drink of good quality that met their individual needs and preferences.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control.

Staff supported people to make everyday decisions in the least restrictive way possible. The policies and systems in the service supported this practice. Staff respected people's privacy and dignity and encouraged people to be as independent as they could be.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. There was evidence of

organisational learning from significant incidents and events. Any concerns or complaints were handled effectively.

People were supported to have maximum choice of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. We found that people who lived at the service and their visitors/relatives were encouraged to share their views and give feedback about the quality of the care and support provided.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Cambridge Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 14 November 2017 and was unannounced. The team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service. Before the inspection we received information from representatives of the local authority contracts monitoring team and safeguarding team, to aid us with planning this inspection.

The provider completed a provider information return (PIR) and sent this to us before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with 12 people who lived in the home, 11 visitors/relatives, the registered manager, deputy manager, service manager, two nurses, a housekeeper, three care workers, a visiting professional and the daily activity co-ordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

We looked at a range of documents and written records including six people's care files and three staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home and that staff treated them well. One person said, "Oh yes I feel very safe. They always respond when I press my bell. Although sometimes I have to wait a little while." Another person told us, "I definitely feel safe as there is always staff around." When we asked a relative about safety they said, "They [staff] have given me the most wonderful gift here, 'peace of mind' my [family member] has been here five years and l have never seen a member of staff irritated or lose their patience."

Staff continued to demonstrate a good awareness of safeguarding procedures and who to inform if they witnessed or had an allegation of poor care or harm reported to them. Information from the a representative of the local authority adult safeguarding team confirmed the registered manager had responded appropriately to safeguarding concerns which ensured the safety and welfare of the people involved.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed. Risk assessments were up to date and showed that risks to people were assessed and monitored. For example, everyone's nutritional status was reviewed monthly in the records that we looked at. Risk assessments were recorded on the electronic care record accessible to all staff which meant that information on risks was shared. Risk assessments also showed that people's freedom was promoted. One example seen for a person who chose to go out on their own stated, '(Name of person) is able to mobilise with a stick. (Name of person) understands the risk of falling and traffic and has full capacity to decide for themselves.'

There were enough staff on duty to meet the needs of people. Staff said staffing levels were consistent. The registered manager used an established and recognised dependency tool to assess and review people's individual needs and as a result regularly evaluated staffing levels. This ensured there were enough staff on duty at all times. However, on the nursing floor one person commented, "I need a lot of help and I do have to wait quite a long time sometimes." A relative said, "It's hard to tell if there are enough staff. Sometimes they seem a bit stressed." A member of staff said, "Today there is the nurse and four carers. That is normal." Another member of staff said, "There are normally enough staff. Sometimes people wait for a cup of tea but never for the toilet."

Throughout our inspection we saw call bells were responded to promptly and that staff had time to meet people's care and support needs without rushing. One staff member commented, "I always think it would be nice to have more staff. I know this is not possible although we don't rush people when we get them up. Some need more time than others." Another member of staff said, "Staffing here is better than where I worked previously. We were together as a team to get the job done."

Records showed and staff confirmed that thorough recruitment practices were followed before new staff were appointed. Pre-employment checks included references and criminal records check. A review of the personnel records showed all checks were completed before staff commenced working in the service. Two new staff described the recruitment process and confirmed that criminal record checks had been undertaken.

The provider had systems in place which ensured that people received their medication as prescribed. For example, checks on medicines showed that they were stored and accounted for in line with best practice. Spot checks for three people showed that the amount of medication in stock corresponded with the levels recorded which meant that systems were safe.

Some people were supported with medications given 'as required' and protocols were in place with clear instructions for staff to follow. A spot check on the stock of a boxed medication for a person was found to be correct.

One person chose to manage their own medication. A self-medication agreement form had been completed and a support plan and risk assessment were in place. Regular weekly stock checks on the person's medication undertaken by staff identified no concerns. The person showed us how the medication was stored safely in their room and their MAR confirmed that the medication was taken as prescribed.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. Staff had a good awareness of what actions to take should they have a sharps (needle that pierces the skin) injury and who to inform. They were aware of how to dispose of clinical waste and how and when to use personal protective equipment such as gloves, aprons and hand gel. We saw that staff used gloves and wore aprons appropriately. The home was visibly clean and concerns were not identified in relation to infection control. One person commented, "It's kept very clean. My goodness, they are always cleaning." A relative told us, "It's very spick and span."

Lessons learned were shared at staff meetings, supervisions and handovers or when needed. We noted that any issues were discussed and remedial actions put into place. For example, where there had been an incident for a person whose behaviour can challenge themselves or others. Staff talked through the behaviours and looked at different ways to support the person. There had been no further incidents documented. One staff member told us, "We always talk about incidents and if we can learn from them." Although we did note that this was an area for improvement in the providers compliance visit. It stated the system needs to be improved to ensure that actions are followed through.

Good

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to meet their needs effectively. One person told us, "They [staff] really know me well. They know that I like a lie in and then have my breakfast in bed." A relative said, "The staff are so kind and know what everyone needs."
Observations showed that staff had the required skills and knowledge to meet people's needs. Staff confirmed that they had an induction when they joined the organisation and that they felt supported. Staff told us they had received training appropriate to their roles and gave a range of examples. One member of staff described how they had used their moving and handling training.

The registered manager maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs. A staff member told us, "I have undertaken NVQ2 (National Vocational Certificate) in care. [Name of registered manager] is very supportive of our learning. They try to encourage to better yourself and do additional training for example; for me to go onto an NVQ3." Another said, "I have the opportunity to develop my skills. I have become a moving and handling trainer and done medication training."

Staff received regular supervision from a member of the management team. Staff told us that they found this a helpful opportunity to reflect on their practice and to discuss opportunities for further training or development in their roles. For example, one member of staff said, "Supervision gives you the opportunity to discuss your training and any worries or concerns you have."

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Care records showed us that people who lacked mental capacity had a best interest assessment carried out so that any decisions made regarding their health and welfare where made in their best interests.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. One staff member told when supporting people, "It's their choice to do what they want to do with their day. If we have to make a decision for them. We need to make sure that it is discussed and is in their best interest."

People were supported to maintain a balanced diet and staff said they were keen to promote a positive mealtime experience. One member of staff told us that this was an area of focus for the home and commented, "People pre-order their food in the morning but we cook enough so that they can change their mind;"

Our observation at lunchtime demonstrated that the food looked hot and appetising. Both puree and soft food were well presented. A choice of drinks was offered to people and special requests were accommodated. People said they liked the food and were seen to enjoy it. Staff checked that people had had enough to eat.

Some people used special beakers and assistive crockery such as plate guards in order to promote their independence. Although, the dining table was at the wrong height for one person in a wheel chair to be able to access their food staff made adjustments; this person had their meal on an overlap table next to the table at the correct height so they could access their food and enjoy the social aspect of dining. Staff supported people in their rooms to eat and encouraged them in an unhurried manner.

People had an assessment in place with regards to their nutritional and dietary needs. Where people who were assessed as being at risk of choking they had an up to date assessment in place. This ensured that the diet provided was suitable and also provided guidance for staff on how to keep people safe when assisting them to eat. For example the use of a thickener to add to fluids. We also saw that people who had been assessed as being at risk of malnutrition were provided with a fortified diet to increase their caloric intake and to encourage weight gain.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, speech and language team (SALT) and a chiropodist. One person told us, "I can ask the staff if I need to see the doctor and they will arrange it for me." Another person said, The GP comes to the home and they are very good."

Staff worked well together to ensure the delivery of effective care and support. One member of staff described the staff team, "We work well as a team. Everyone is happy to help each other out." Another member of staff said, It's a great place to work you all rely on each other to get the job done." A third member of staff told us, "Team working is one hundred per cent."

The environment at Cambridge Manor was very pleasant and thought had been given to the facilities that people may like and need. For example, there was a cinema room, hair dresser and spa in the basement. Near to the reception there was a café area which people used during the day. The outdoor space was well maintained and again, people were seen to access this. All the service had undergone a redecoration programme.

Good

Is the service caring?

Our findings

People told us that they were happy living in the home and that staff were caring and kind. For example one person said, ""I'm happy here; they [staff] try their best to make you feel happy and comfortable." Another person told us, "They're lovely nurses; they come and see you whenever they can. The carers are lovely too; they'll look in just before they start work just to say hello."
A relative said, "I couldn't be happier; it's so good that they are in here. They are being very well looked after." Other comments from relatives included, "They have been well cared for and are looking better since coming here." And "I'm happy with the way they are being looked after."

There was a calm and relaxed atmosphere in the home. People were treated with kindness, respect and compassion. For example, at breakfast staff spoke kindly to a person and checked they could reach their food. They responded to the person's request to put their glasses on the table. Staff spoke with people as they went about their work and spent time with people who were cared for in their rooms.

People's communication needs were detailed well in care plans and support was provided in accordance with people's needs. For example, one person confirmed: "I can normally put my hearing aids in. They are both in today. I can ask staff if I want help." The person added, "My glasses are fine. I get my eyes checked". This information was seen in the person's care plan and staff were familiar with the content.

Staff described how they promoted people's privacy, dignity and independence. They were seen to knock on people's doors before entering their rooms; and staff were seen to close doors and draw curtains in rooms before providing personal care. At lunch time a person was seen to request to go to the toilet urgently and this was dealt with promptly.

Information about local advocacy services were available to support people if they required assistance. However, staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

Prior to admission the registered manager or another senior member of staff continued, where possible, to visit the person to carry out a pre-admission assessment to make sure the service could meet the person's needs. The registered manager explained that this assessment was very important to make sure the person's needs could be met. Prior to admission people and their relatives were also encouraged to visit and look round the home. When a person was admitted, senior staff/nurse used the pre-admission assessment to provide an initial care plan looking at the person's key preferences and requirements. The development of a full individual care plan takes place over a period of time. This is then kept under review.

People's care plans were well-organised and provided staff with detailed information on how to respond to each person's individual needs and preferences. People received personalised care that was responsive to their needs because the service had good systems in place to manage this.

Care records were up to date and relevant to peoples care needs. For example, one person had a pressure sore on their foot. Appropriate referrals had been made and a wound care management plan had been put in place. The person's care plan provided instructions for staff to encourage the person to use their pressure relieving equipment together with details on how to treat the sore. The person confirmed, "My foot is not bad. They [staff] are on it (know what they are doing). They changed the bandage two days ago."

There was comprehensive life history information in care plans and this included information about people's previous interests and hobbies. Staff were seen to encourage a person to do some painting. The person's relatives who were visiting confirmed that this was something the person enjoyed doing.

A variety of activities were offered and information about these was provided on noticeboards thorough the home. Typically, between three and five activities were offered each day. The registered manager said that there was scope to work more closely with the local community and this had been identified as an area for development. Activities that took part included, music, skittles, colour therapy and crafts. A daily chat was held every evening in the reception café for people to get together and discuss current affairs. One person has chosen not to take part in the activities in the home but visits a local centre

People had their end of life care wishes recorded when this was appropriate and some people had a 'do not resuscitate order' in place. One person's care plan for end of life care noted, '(Person) has had a discussion with the Doctor and wishes not to be resuscitated if they stop breathing. (Person) wishes to be made comfortable in Cambridge Manor and be comfortable all the time and pain free.' The registered manager told us, "It is the persons wish if they would like to remain in the home with their family. If we can accommodate this we will. We liaise with the district nurses and the Marie Curie and Macmillan nurses. Staff would volunteer to sit with them at the end so they are not alone."This showed how the service planned to support people at the end of their life.

People we spoke with knew how to raise any concerns or complaints and were confident they would be addressed promptly by the provider. On person said, "If I am not happy I will speak to [name of the

registered manager] they will sort it out. Everything is good at the moment." A second person said, "The [registered] manager comes around every morning to ask us if we are okay. But I am able to speak to any of the staff if I was unhappy. One of them would sort it out."

The registered manager kept a record of any formal complaints that were received and ensured these were managed correctly in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

People we spoke with were very positive and complimentary about the care at the service. One member of staff said, "It's a well organised service." One relative told us, "What's provided here is much better. The [registered] manager is very approachable. It's very clean, the staff are so helpful. We couldn't ask for better."

The registered manager was well known to, and liked by, everyone we spoke with connected with the home. The registered manager told us they worked hard to be available and visible to people, staff and relatives. We saw them circulating in the communal areas of the home, talking to people and their visitors. Staff told us they regularly saw the registered manager out on the floor. One told us, "They (registered manager) listen to what your concerns are and we can discuss how to make things better." Another staff member said, "They (registered manager) are very approachable and we sort things out as a team."

Staff told us they worked together well and were very supportive of each other. Team meetings, communication books and shift handover sessions were used by all staff to facilitate communication. This provided the opportunity for people to know what was happening in the service. One member of staff said, "We meet at the start of each shift. We all know what we are doing and if there are any appointments happening."

There were activities planners around the home which detailed what took place on a daily and weekly basis, and a copy was in each person's room. This enabled them to refer to at any time to remind themselves what was happening each day. There was also a newsletter in place. People's satisfaction with the service provided was also reflected in the compliments received. For example, "The staff are wonderful, so patient and kind. [Family member] is very comfortable and settled. The staff are lead from the front by the wonderful manager who us a delight and makes everyone feel welcome." And "[Family member is starting to see Cambridge Manor as their home. The staff are always pleasant and friendly. The care [family member] receives is of a high standard."

There was an effective quality assurance system in place to ensure that where needed improvements were made. The registered manager carried out monthly audits on the quality of the service provided. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider's representative continued to visit the service and was fully aware of what was happening in the service. Areas for improvement had been noted by the registered manager and actions were underway to address these. For example, to make sure that relative's involvement had been evidenced in the care planning documentation.

Notifications are for events that happen at the service that the registered manager is required to inform the CQC about. Our findings showed that the registered manager informed the CQC of these events in a timely manner. We also saw that previous inspection report rating was conspicuously displayed. This, and the way they supported staff, demonstrated that the registered manager was aware of their responsibilities.

Staff were aware of the whistleblowing procedure and told us they felt confident to use it if they had any concerns that they needed to raise.