Royal Cambridge Home Trading Limited

Royal Cambridge 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

This unannounced inspection took place on 8 November 2016. At the last inspection on 30 July 2013 the service was meeting the regulations we checked.

The Royal Cambridge Home provides accommodation, personal care and support for up to 30 people both male and female who served in the armed forces and their dependants. There were 20 mainly older people living at the home on the day we visited, some people had dementia.

The home had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, 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.

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern. We saw that people were able to speak to the registered manager or deputy at any time.

Risks were managed so that people were protected and supported in a non-restrictive way. We saw that risk assessments and support plans were appropriate to meet people's needs. Where risks were identified, risk management plans were in place. We saw that regular checks of maintenance and service records were conducted. This helped to keep people and the environment safe.

We observed there were sufficient numbers of qualified staff to care for and support people and to meet their needs. We saw that the provider's staff recruitment process helped to ensure that staff were suitable to work with people using the service.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored securely and staff received annual medicines training to ensure that medicines administration was managed safely.

Staff were supported through regular supervision and appraisals. Staff had the skills, experiences and a good understanding of how to meet people's needs through the training they received.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. DoLS were in place to protect people where they did not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. We saw and heard staff encouraging people to make their own decisions and giving them the time and support to do so.

Detailed records of the care and support people received were kept. People were supported to eat and drink sufficient amounts to meet their needs. People had access to healthcare professionals when they needed them.

People were supported by caring staff and we observed people were relaxed with staff who knew and cared for them. Personal care was provided in the privacy of people's rooms.

People's needs were assessed and information from these assessments had been used to plan the care and support they received. People had the opportunity to do what they wanted to and to choose the activities or events they would like to attend.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People and relatives told us they knew who to make a complaint to.

From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The provider had policies and procedures in place and these were readily available for staff to refer to when necessary. There were systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home. The provider's quality assurance systems were effective in identifying areas where improvements were required so they could take the necessary action to address any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to ensure that people had their needs met in a timely way. The recruitment practices were safe and ensured staff were suitable for the roles they did.

We found the registered provider had systems in place to protect people against risks associated with the management of medicines.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their caring role and we saw this training put into practice.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good

The service was caring. We observed staff treated people with dignity, respect and kindness.

Staff were very knowledgeable about people's needs, likes, interests and preferences.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged and supported by staff to be as independent as possible.

Is the service responsive?

Good

The service was responsive. Assessments were undertaken to identify people's needs and these were used to develop care plans for people.

Changes in people's health and care needs were acted upon to help protect people's wellbeing.

People we spoke with told us they felt able to raise concerns and would complain if they needed to.

Is the service well-led?

Good

The service was well-led. A registered manager and deputy were in place who promoted good standards of care and support for people to ensure people's quality of life.

Staff told us they felt well supported by the registered manager and deputy who were approachable and listened to their views.

Staff understood the management structure in the home and were aware of their roles and responsibilities. We found there was a friendly welcoming atmosphere to the home and this was confirmed by people we spoke with.

Royal Cambridge 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 was planned to check 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 unannounced inspection took place on 8 November 2016. It was carried out by one inspector 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 the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

During the inspection we gathered information by speaking with six people living at the Royal Cambridge Home, one relative, the registered manager, the deputy manager, the care manager, the activities co-ordinator and four staff.

We observed care and support in communal areas in an informal manner. We looked at three care records and four staff records and reviewed records related to the management of the service.

Good

Is the service safe?

Our findings

Comments people gave us when we asked if they felt safe at the Royal Cambridge Home were "I am happy living here, very safe and comfortable at night" and "I am secure in the home and safe, I have staff attention if I needed it," "I am generally safe and definitely happy in this home" and "I am happy and safe here."

The provider helped to protect people from abuse. Staff we spoke with were aware of and could explain to us what constituted abuse and they knew the actions they should take to report it. They said they would speak to the manager or deputy in the event of an incident and staff understood the procedure to take if their concerns were not listened to. Records confirmed staff received training in safeguarding adults every year.

When we spoke with the registered manager they were aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read.

Risks to people were managed well and the registered manager and their staff demonstrated a good awareness of risks people faced and how to manage these. We saw that risk assessments and care plans were appropriate to meet a person's needs, including mobility, nutrition and personal health. Where risks were identified management plans were in place, which gave details of the risks and the preventative measures to take to help prevent an incident occurring. We saw that risk assessments were well written and updated regularly.

People had individual personal emergency evacuation plans (PEEP), relating to their mobility, communication skills and other relevant issues that could be needed in an emergency. Fire drills were scheduled to be conducted every three months and people and staff were aware of the actions they needed to take to remain safe. On arrival at the home we were also instructed on what to do should the fire alarm go off.

The provider had failed some element of a fire safety inspection by Surrey Fire & Rescue Service in November 2015 but a subsequent inspection in January 2016 found the home was now Fire Safety compliant. This action to address areas of concern meant the provider had acted promptly to help ensure the safety of people in the home against the risk of fire.

We saw that the service had contracts in place for the maintenance of equipment used in the home, including the fire extinguishers and emergency lighting. We found the kitchen and food storage areas to be very clean, with food stored correctly. A food standards agency inspection in October 2015 gave the kitchen a rating of five, where one is the poorest score and five the highest score.

Throughout the inspection we saw staff were available, visible and engaging with people. Staff and people we spoke with felt there were enough numbers of staff to meet the needs of people. We spoke with the

registered manager and the care manager about the changing needs of people and the current staffing levels especially at night. They spoke to us about their process to regularly reassess staffing levels in keeping with peoples changing needs. One relative told us their family member had recently moved to a ground floor room because of their changing health needs and this had been easily accommodated by the provider.

We looked at four staff's personal files and saw the necessary recruitment steps had been carried out before staff were employed. This included completed application forms, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines were administered safely. We asked people about staff assisting them with their medicines and three people told us "I do not take medicine," "Staff do my medicine for me and I'm happy with that" and "Staff do help me with medicine, that's ok." We observed that medicines were being administered correctly to people by staff trained in medicines administration. The majority of medicines were administered using a monitored dosage system or blister pack, supplied by a local pharmacy. Each person had an individualised medicine administration record (MAR) which contained their photograph and information about any allergies the person had. The MAR's we looked at were up to date and accurate.

Medicines were stored securely in a locked trolley in a locked temperature controlled room. The temperature of the room and refrigerator for storage of medicines was checked and recorded on a daily basis. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use.

The home had a medicines policy that was available for all staff to read. Records showed that staff received regular training and competency assessments for medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Good

Is the service effective?

Our findings

People were cared for by staff who received appropriate training and support. When speaking with people about the staff people commented "Some staff are well trained" and "they do a good job."

Staff had the skills, experiences and a good understanding of how to meet people's needs. Records showed staff had attended recent training including manual handling, infection control, health and safety, first aid and behaviours that challenge. Staff also completed refresher training courses, including moving and handling, food hygiene and fire safety awareness. Staff spoke positively about the training they had received and how it had helped them to understand the needs of people they cared for.

Staff received a comprehensive induction, including an induction pack of information on the fire evacuation procedures with a map of the different fire zones within the home, the whistleblowing policy, the five key principles of the Mental Capacity Act and a staff handbook. Staff received one to one supervision every six to eight weeks plus an appraisal. Records we looked at confirmed this. Staff meetings were held monthly and we looked at the minutes of the last two staff meetings held. The staff survey of 2016 showed the majority of staff felt their work was recognised by management and felt they worked well as a team and supported one another. Two staff members commented "Team work is good here" and "Management support me in my role."

The provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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. DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it 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.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. Where people were not able to make decisions best interests decisions were made for them with the involvement of their relatives and the relevant healthcare professionals, where necessary. The registered manager explained that they had also recognised some areas where restrictions of people's liberty could have amounted to a deprivation of liberty and had made appropriate applications to deprive people of their liberty under DoLS. As part of the application process, people's capacity was assessed. The outcomes of the assessments and the applications under DoLS were recorded on each person's file and were available to inform staff.

During our inspection we saw people moving freely around the home. Doors to the large garden and patio area were not locked and ramps were in place to aid people where necessary. The front door that led to a

busy main road was locked by a key pad system. There was no arrangement for people and visitors to have access to the number to use the key pad if they could not remember or did not know it, to exit the home such as it being displayed. We spoke with the manager about this and they told us most people and their relatives knew the code to the door and could access the community at any time. They said they would now display the key code number near to the door but in such a way as to protect people who would be put in danger if they had access to the main road unaccompanied.

People were supported to eat and drink sufficient amounts to meet their needs and staff monitored people's weight, as a way of checking a person's nutritional health. People said "Definitely enough food and drink all the time," "there is enough food and drink" and "I have water in my bedroom every day." We saw that alternative meals were available for people at each meal. We asked people if food and drink is available after the last meal of the day until breakfast in the morning. Two people told us "I do not request snacks late as I keep a tin [biscuits] in my bedroom" and "my appetite has decreased so the amount of food is all right." Staff told us snacks were available if requested.

The dining room was welcoming and each table was set with cutlery, condiments and a table cloth. People could also choose to eat in their room or in one of the lounges. There were sufficient staff to help people with their meals if required. We saw people enjoyed their meals and the majority of meals were completely eaten with little waste. There was a 'resident's comment book' in the dining room where people could record what they thought of the meal. The majority of the negative comments were about the soup, comments included 'no taste,' 'too watery,' 'too thick' and 'horrible.' We spoke with the registered manager about these comments and they said soup was freshly made in the kitchens and the texture and consistency of the soup was monitored to try to suit everyone's tastes.

Care plans contained information on people's food preferences their likes, dislikes, the food consistency and type of drinks they preferred so staff had the necessary information to support them appropriately with their nutrition. This information was updated regularly.

People were supported to maintain good health and have appropriate access to healthcare services. Care files we inspected confirmed that all the people were registered with a local GP who visited the home every fortnight or more often if needed. People could also make a private appointment to see the GP at any time.

People's health care needs were well documented in their care plans. We could see that all appointments people had with health care professionals such as dentists or chiropodists were always recorded in their health care plan and evidence that staff supported them with these.

Good

Is the service caring?

Our findings

People were supported by caring staff. Four people commented "Most of the staff are good, in fact they are mostly terrific," "Staff have chats with me sometimes," "Mostly staff do talk to me whilst helping me but they are pressured [busy]" and "I have a joke with staff they do not really talk otherwise." One relative commented "My relative is very happy here, it's a really homely place." Staff commented "I think people get good care here, the home is nice with a good atmosphere and people are really nice," "It's an honour to work here, to be invited into people's lives, you can build relationships with residents" and " Just one smile [from a resident] and I'm rewarded."

People could choose where they spent their time and who they wanted to spend their time with. We saw people in their own rooms, in either of the two lounges and when not serving meals the dining room tables could also be used. The home also had a chapel, if people wanted to have some quiet time. We saw people wander into the main office and sat chatting to staff. Staff told us in the summer many people spend their time in the enclosed garden. Music was playing in different parts of the home and there was a television in the main lounge.

We observed people talking together, discussing articles in the newspaper and staff engaging with people throughout the day in the communal areas. We saw staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. We saw staff treating one person with kindness when they became anxious. Staff showed the person a photo of themselves with their family who had visited them that week. During the afternoon we saw staff did this several times, always remaining calm and caring. The registered manager said they often took photos of visiting relatives with their consent, to reassure people who did not remember when their family had last visited.

People were supported with their spiritual needs. There was a church almost next door to the home and representatives from the church visited the home and people were welcome to visit the church at any time.

Areas in the main hall way were used to display information, such as leaflets and phone numbers that may be of interest to people or their visitors. One wall was also used to display photos of the people at the Royal Cambridge engaged in activities or outings.

Throughout the inspection we saw that people had the privacy they needed when they needed support with personal care and they were treated with dignity and respect by staff. Two people said "Yes I am treated with dignity and respect by staff," "I think I am treated with dignity and respect, but I am able to do things myself." Staff knocked on people's bedroom doors before they went in and addressed people appropriately. This helped staff to respect the person's dignity.

Records showed that most people had a 'Do Not Attempt Cardiopulmonary Resuscitation' [DNACPR] plan in the care records. We found a couple of these had been issued when the person was in hospital and had not been signed by the person themselves where they had capacity or their GP. The registered manager said

they would chase this with the GP, the person and their family where necessary. Staff supported people to make a decision about their end of life care, if they wanted to. When asked, people appeared happy not to have made any specific advance life plans and two people said "My family sorts out any plans for me, including my care" and "I do not know about end of life plan with the home but I have discussed it with my children." The registered manager told us this was a subject they needed to get better at discussing with people because they understood how important a person's final wishes were. They did say that staff and management were very good at supporting people when a person died at the home and this helped with the grieving process.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home and care was planned and delivered in response to their needs. Assessments detailed the care requirements of a person for daily living, including general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. The assessment was also displayed as a RAG rating chart, [RAG means red, amber, and green. Red being a high level of need, green much less need]. This gave an easy to see rating of the care the person would require. People's records included information on the person's background which enabled staff to understand them as an individual and to support them appropriately. People were welcome to visit and spend time at the home before they moved in to see if the home would suit their needs.

People's care plans were organised, securely stored and accessible to staff. The care plans included information and guidance to staff about how people's care and support needs should be met. The information was comprehensive including how a person would like to be addressed, their likes and dislikes, details about their health history, their interests and past life. People's care plans were developed using the information gathered at the person's initial assessment and through discussions with the person and their relatives.

Reviews of a person's care were conducted monthly and any changes noted and discussed with staff at the change of shifts. A six monthly and yearly review was also conducted with the person, their family, and other healthcare professionals where appropriate.

We asked people if they were involved in their review of care and if they had seen their care plan. One person commented that they had been fully involved in their care plans and reviews but three other people could not remember. One relative said they attended the reviews and staff kept them fully informed about their relatives care. We observed during our inspection that people were able to speak freely to staff and could direct staff in the way they wanted their support. So although some people could not remember being involved in their care plans, there was evidence that people were involved in their care able to request the type of care they required and wanted.

The activities co-ordinator had worked at the home for over 25 years and had developed an extensive programme of activities. They had a large designated activity room where people could come to at any time. Activities within the home included board games, bingo which we were told were very popular, music and singing, craft and painting, plus cheese and wine tasting events. People who chose to stay in their rooms were also visited to discuss the news, read the papers with them or watch a DVD or television programme. Outside activities included boat trips, weekly visits to the shops, gardens, pub lunches. Outside entertainers also came to the home such as a jazz band. There were also pets for therapy visits with a dog and a miniature pony. We were told the pony goes into the lift to go upstairs to visit people in their rooms. The local Rainbows also visited. On the day of our visit the home was having a 'pyjama day,' all the staff and most of the residents were dressed in their pyjamas and dressing gowns. The staff put on a fashion parade and hot chocolate and marshmallows were served in the morning. This was followed by a staff member playing the piano and leading people in a singing session. Photos of the activities and outings were display

around the home. We could see the activity brought lots of fun and laughter into the home.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People and relatives told us they knew who to make a complaint to and said they felt happy to speak up when necessary. People commented "If I had a complaint I would tell the office staff," "I am able to make a complaint and staffs do listen" and "I know how to complain." Records showed the registered manager had dealt with complaints promptly and had followed the provider's guidelines. They said they would continue to deal with complaints promptly and sensitively and hopefully to the satisfaction of the complainants.

Good

Is the service well-led?

Our findings

People who lived at the Royal Cambridge Home knew who the registered manager, deputy and staff were by name and could freely chat with them at any time. Three people commented "I do know the manager and see him regularly," "Yes I know the manager and see him most days" and "I know the manager, he is very lovely."

The service was led by a registered manager, who was supported by a deputy manager, a care manager and an administration team. From our discussions with them it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

Four staff commented on working at the Royal Cambridge Home "There is a good attitude to work here, we work hard for the benefit of everyone and that makes a difference," "The atmosphere here is very good, very calming", "There is good communication with the manager and deputy" and "The manager is very good, very approachable."

Systems were in place to monitor and improve the quality of the service. Regular residents meetings were held and the minutes were available for people and their relatives to read. The provider also carried out surveys to gain feedback from people and relatives about the quality of the service that was being delivered and to identify areas for improvement.

Replies from the 2016 survey of people using the service showed that overall people were happy living at the Royal Cambridge Home and they felt safe and were treated with kindness and compassion. People felt the home was clean and they were able to maintain contact with family and friends. The survey also showed that people were not always satisfied with the way complaints were handled and that people would like to be more involved in the way the home was run. The registered manager had addressed this by ensuring complaints were dealt with in a timely manner and having regular residents meetings to get everyone's thoughts and views on their home.

Systems were in place to monitor and improve the quality of the service. A full time maintenance person was employed who showed us their system for prioritising work to ensure the premises and people were kept safe. A monthly falls analysis audit was carried out to monitor and manage falls. It was comprehensive, looking at why, when and where a fall had taken place and if anything could have been changed to avoid the fall happening now or in the future. All accident reports were followed up with actions and learning for staff where necessary, to prevent reoccurrence. Monthly audits of medicines and fortnightly audits of controlled drugs were undertaken to monitor the management of medicines, with actions to address any errors. These audits helped to ensure the safety of the people who lived there.