

Cambridge Care Company Limited

Cambridge Care Company

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

Cambridge Care Company is a domiciliary care service providing personal care to people living in their own homes. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, the service was providing personal care to 48 people.

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

People and relatives were satisfied with the care provided by Cambridge Care Company which they described as good, reliable and met their individual needs. They described being involved in making decisions about their care and told us they felt comfortable in the company of the staff who knew them well and were kind, compassionate and friendly. Most people said they would recommend the service, and several had done so.

Where people required support with their dietary needs, health and with their medicines, this was done safely. Infection control processes protected people from the risks of cross infection.

There were enough staff safely recruited, well trained and supported appropriately to cover the planned visits to people. Staff understood how to protect and safeguard people. Risks to people were assessed and mitigated, which reduced the risk of harm.

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.

Systems to monitor the quality and safety of service were in place. People were asked for their views and their feedback valued and used to improve the service and make any necessary changes.

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

Rating at last inspection

This was the first inspection for the service.

Why we inspected

This was a planned inspection following registration on 21 February 2019.

Follow up

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

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

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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Cambridge Care Company

Detailed findings

Background to this 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

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

Cambridge Care Company is a domiciliary care agency providing personal care to 48 people living in their own homes.

The service had a manager registered with the Care Quality Commission. They were also the provider's nominated individual. This meant they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or a member of their management team would be in the office to support the inspection.

Inspection activity started on 5 February 2020 and ended on 18 February 2020 when we gave feedback. It included a visit to the office location on 5 February 2020 to meet with the registered manager. We also spoke with a care coordinator, dementia trainer, member of staff from human resources and three care staff.

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 worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about their service, what the service does well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We reviewed a range of records. This included six people's care records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

We carried out telephone interviews with people who used the service, relatives and staff on 6, 7 and 10 February 2020. We spoke with nine people who used the service and one relative about their experience of the care provided and received electronic feedback from one professional.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People's care records were person-centred and included risk assessments which informed staff on how to reduce the risks in people's lives. This included risks associated with medicines and mobility. However, some gaps in documentation were discussed with the registered manager at the end of the office visit. Further guidance for staff to follow in respect of someone's specific needs was identified. The registered manager provided information following the office visit which assured us that this was being addressed.
- All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within people's homes. There was also information for staff about lone working to keep them safe.
- Staff understood their roles and responsibilities in keeping people safe from harm. They raised safeguarding concerns appropriately when they were worried about people's safety.

Staffing and recruitment

- The registered manager had systems and pre-employment checks in place, that the staff were of good character and were suitable to care for the people who used the service. These processes were confirmed by staff and records we looked at confirmed this. However, we identified some gaps in documentation which were discussed with management team. The registered manager advised an audit of all staff files was being undertaken to ensure they were accurate and detailed. We were assured this would address the gaps we had found.
- The majority of feedback said that that their calls were mostly on time, the service was reliable, and they were notified of any changes. People were sent a weekly rota, so they knew who to expect and at what time. One person commented, "Sometimes they [staff] are a little late, but they always ring and let me know if they're going to be late and I have the office number I can ring if I need to. But they [staff] always let me know what's going on. I don't get missed calls. They always come. I have a roster given to me every week to tell me who's coming and when." Another person commented, "Things happen, I understand that but as long as someone calls me its fine otherwise, I worry I have been forgotten." A new tracking system had recently been implemented which showed there had been no missed or late visits in the last four months.

Using medicines safely

- People received their medicines safely and as prescribed including people who had time specific medicines. One person commented, "The main thing they [staff] do is my medication. I have to have it at the same time every day four times a day."
- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan.

- Staff completed electronic records when they had administered people's medicines. If a delay occurred or the task was not completed during the scheduled visit an alert was sent to the office, so they could follow up.
- Staff received training in medicines management and had their competencies regularly assessed.
- The registered manager undertook regular checks and audits of the medicines system to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- Staff were trained in food hygiene and infection, prevention and control procedures. They had access to personal protective equipment [PPE] such as disposable gloves and aprons to reduce the risks of cross contamination. People confirmed this was worn when needed. One person said, "They always wash their hands and wear their gear [PPE] when needed."

Learning lessons when things go wrong

- Staff understood how to report accidents, incidents and near misses. These were investigated and followed up by the registered manager to ensure where actions had been identified these were completed. For example, a member of staff received additional training and support following a medicines error.
- There was a system to review accidents and incidents to monitor for trends and patterns to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated 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 were assessed before being supported by the service, with family members and significant others involved in the process where required. This was to ensure people's needs could be safely met.
- Assessments had been completed in line with current legislation and best practice guidance. The information was used to create a person-centred care plan to help people achieve good outcomes.
- Systems were in place to ensure staff practice was non-discriminatory. People were supported by staff to receive a good standard of care regardless of age, gender, beliefs or cultural identity.

Staff support: induction, training, skills and experience

- People told us they felt the staff had the skills and knowledge to meet their needs. For those that needed assistance with their mobility they said the staff were competent using the equipment required. One person talking about a hoist said, "My carers know exactly what to do and how to use it. They check I'm okay when they do it and they do it the same way every day."
- New staff received an induction which included training, assessed shadowing of more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff were supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care available.
- Staff were complimentary about the support they received from each other and the registered manager.

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

- Where people required support with their dietary and hydration needs staff worked in accordance with their care plan. Information was documented in people's care records which provided guidance for staff on how to meet individual needs and preferences such as favourite foods and beverages.

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

- People received appropriate support to meet their healthcare needs. One person told us how staff had contacted the GP when they became unwell and had arranged a home visit for them.
- People's records showed that where other professionals were involved their input was acted on by staff and incorporated into their care plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People told us the staff consistently sought their consent before providing any care or support. One person said, "The carers always ask my permission before they help me. They don't need to as they know exactly what I want and what I need and what my routine is. They always stick to my routine."
- People's ability to consent to care was recorded in their care plan.
- Where people had an identified power of attorney (POA) authorised this was recorded within their care plan including what the authorisation related to.
- Where people has been identified as lacking capacity, assessments were in place including any best interest decisions and who had been involved.
- The registered manager and staff understood the requirements of the MCA, and implemented their training into practice.

Is the service caring?

Our findings

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

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

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

- People were complimentary about the care and support provided to them by the staff. One person said about the staff approach, "They are all lovely. They always come in cheerful, they're nice and jolly. Everyone is so helpful, I'm very lucky really." Another person commented about the staff, "They are wonderful darling! Such wonderful people. I don't know what I'd do without them. They are very kind, and very, very caring." They added, "They are always there if I need them."
- A relative shared with us a thoughtful gesture by a member of staff that had impacted positively on their family member's wellbeing. "On the carer's day off they popped round with a bunch of flowers to say happy birthday to [family member]. That meant a lot as it was in their own time and showed true friendship. [Family member] so looks forward to [staff member] coming as they get on so well."
- Staff assisted people in accordance with the person's wishes and their individual care plans and risk assessments. One person said, "I would prefer older carers and they [management] try to accommodate that. I told them I did not want male carers and they listened." A relative commented, "The carers do everything [family member] wants, we are satisfied with the care."
- All the staff spoken with, including the management team, care staff and staff based in the office, spoke about people in a caring and compassionate manner and knew the people they cared for well.
- Staff received equality and diversity training to ensure the individual needs of people were met. Where required staff received information and guidance about people's specific religious beliefs and customs to aid greater understanding and awareness of any sensitivity surrounding each person.

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

- People were supported to express their views and included in making decisions about their care and support. One person commented, "I have a [care review] about once a year. I'm happy with once a year. If I have a problem in the meantime, I'll just ring up and tell them." A second person told us, "I am always asked for my input, if I want to change anything. I am included in decisions that affect me." A relative told us, "We have a folder [care plan] and someone from the office comes every so often to check everything is how it should be, and we go through it."
- People's views were reflected in their care plans and where possible they had signed these in agreement to their plan of care and support. The care plans contained information about people's life histories from childhood through to employment and significant life events. This helped the staff to build a relationship with people, talking to them about things that were important or interested them.
- People held copies of their care plans in their own homes, so they could access them and check for accurate information. There was also information on who to contact outside of their normal visits and office hours in case of an emergency.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff treated them with dignity and spoke to them in a polite and respectful manner. One person told us, "The carers all speak clearly and slowly so that I can understand them, they are considerate and treat me with kindness and respect."
- People's care records included guidance for staff on respecting people's dignity and privacy and promoting their independence. The records included the areas of their care people could attend to independently and where they required support. One person said, "I'm still quite independent, I try to be as independent as possible and they [staff] help me to do that. They never rush me they know I want to be able to do things myself."
- Staff were observed in their usual work duties as part of the provider's quality monitoring processes. During these spot checks members of the management team checked people's independence, dignity and privacy was promoted and respected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care needs were met, staff did what people asked them to do which was reflected in the care plans. One person commented, "I am happy with the care and support I get. It suits me, it does what I need it to. I have good days and bad days and when I need some extra help, I call the office and they add in another visit. They are very flexible."
- People had care plans in place, which contained personalised information about them. This guided staff on how to meet people's needs effectively and safely and according to their preferences.
- We discussed with the registered manager that people's daily records were task focused and did not consistently reflect people's mood and social well-being. The registered manager advised they had identified this as area for further development and planned to address this support and training for staff.
- Staff were familiar with people's needs and their preferences and what was important to them. This supported them to deliver people's care in a person-centred way.

Meeting people's communication needs

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

- The registered manager was aware of the AIS and had met this requirement. They advised that where required, information was provided to people in alternative formats such as pictorial, large print and easy read to enable them to access the information in a way they could understand.

Improving care quality in response to complaints or concerns

- A complaints process was in place. Records showed that any complaints received were dealt with in line with the provider's complaints policy.
- The majority of people and relatives told us that they knew how to make a complaint and said they would contact the office if they had any concerns and were confident these would be resolved. One person shared with us how they had requested the office to send a different member of staff due to a personality clash and they were impressed with how this had been sensitively handled they said, "I felt bad as the carer hadn't done anything wrong as such, but we didn't click. The office staff were marvellous reassured me it wasn't an issue and dealt with it there and then and the carer never came back, I haven't had a single problem since."

End of life care and support

- At the time of our inspection no one was receiving end of life care.

- The registered manager was working on ensuring people had a comprehensive end of life care plan, to ensure that staff had the guidance they needed to support people if they entered the final stage of their life.
- They advised this would include people's preferences relating to protected characteristic, culture and spiritual needs. This information is important as a sudden death may occur. Where people had declined to share their end of life wishes this was noted in their care plans and respected.

Is the service well-led?

Our findings

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

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

- Overall feedback from people who used the service and relatives was complimentary about Cambridge Care Company. They told us they were satisfied with the care they received, and most would recommend the service, and several had done so.
- Staff knew people and their backgrounds well, which enabled positive relationships to develop and contributed towards good outcomes for people.
- Consideration was given by the office staff to match care staff with people using the service to ensure compatibility, taking into account people's preferences and personalities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 also the nominated individual of the company and oversaw two other locations. To assist them in their role they had recently recruited an office manager to oversee the day to day running of the service. The office manager was due to start in a few weeks.
- Systems to monitor and assess the quality and safety of the service provided to people was in place. The registered manager had identified areas for further development to support positive changes to service delivery and practice. This included auditing of staff files, end of life care planning, daily records and implementing a new reporting tool for missed and late visits. Following our feedback, they updated their action plan to show risk assessments were being reviewed to include further guidance for staff where required on people's specific needs.
- Feedback from staff was positive, they liked working at the service, had confidence in the registered manager and felt supported.
- Staff had their training competencies assessed by a member of the management team, to ensure they were working to the standards expected. There was a positive and open culture where staff felt able to speak to the registered manager if they needed guidance and support.
- The registered manager was aware of when and how to make notifications to CQC. Notifications are events that the registered person is required by law to inform us of.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, that apologies are provided and that 'relevant persons' are informed of all the facts in the matter. The registered manager understood their roles and responsibilities relating to the duty of candour and there was a process/ policy in place.

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

- Ongoing care reviews included people who used the service and where appropriate their relatives to identify how they wanted their care delivered.
- People were regularly asked for their views about their experience of using the service through telephone welfare checks and questionnaires. We saw the results from the last questionnaire which showed that people were positive about the approach of the staff and standards of care.
- The registered manager involved staff in decisions about the service. They did this through meetings, supervisions and ongoing discussions.

Continuous learning and improving care; Working in partnership with others

- Systems were in place to monitor and evaluate care provided to people. Any incidents or accidents and notifications were reviewed by the registered manager. This was to analyse and identify trends and risks, to prevent re-occurrence and improve quality.
- The registered manager shared examples with us of how they worked collaboratively with other professionals. This included professionals who commissioned care from the service and others involved in people's care.