Cambridgeshire Care Agency Limited

Cambridgeshire Care Agency Limited

Inspection report

5 Church Street,
Peterborough,
Cambridgeshire,
PE1 1XBA
Tel: 01733 319505

Date of inspection visit: 7, 11 and 12 January 2016.
Date of publication: 16/02/2016

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

Overall summary

This announced comprehensive inspection was undertaken on 7, 11 and 12 January 2016. We gave the service 48 hours' notice of our inspection.

Cambridgeshire Care Agency Limited is a small domiciliary care agency registered to provide personal care to people in their own homes. There were four people being supported with the regulated activity of personal care at the time of our inspection.

There was a registered manager in place during this inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

Summary of findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. No one being supported by the service lacked the mental capacity to make day-to-day decisions. Staff demonstrated to us that they respected people's choices about how they would like to be supported. However, not all staff were able to demonstrate a sufficiently robust understanding of MCA. The lack of understanding increased the risk that any decisions made on people's behalf by staff would not be in their best interest and as least restrictive as possible.

Plans were put in place to reduce people's identified risks, to enable people to live as safe and independent a life as possible. Arrangements were in place to ensure that people were prompted with their prescribed medication when needed. Accurate records of staff supporting people with their prescribed medication were kept.

People were supported by staff in a respectful and caring way. Individualised support and care plans were in place which recorded people's care and support needs. These plans prompted staff on any assistance a person may have required.

People, when needed, were assisted to access a range of external health care professionals and were assisted to maintain their health and well-being. Where required, staff supported people to maintain their links with the local community to promote social inclusion. People's health and nutritional needs were met.

People were able to raise any concerns or suggestions that they had with the registered manager and staff and they felt listened to. Communication between people and the office staff/ management was good.

There were pre-employment safety checks in place to ensure that all new staff were deemed suitable to work with the people they supported. There were enough staff available to meet people's care and support needs. Staff understood their responsibility to report any concerns about poor care practice.

Staff were trained to provide care which met people's individual care and support needs. Staff were assisted with their training needs by the registered manager to maintain and develop their skills. The standard of staff members' work performance was reviewed by the registered manager through supervisions, appraisals and spot checks. This was to ensure that staff were competent and confident to deliver the care and support required.

The registered manager sought feedback about the quality of the service provided from people who used the service. Staff were notified of any updates and changes to the service via e-mail communication. Quality monitoring processes to review and identify areas of improvement required within the service were in place. However, these audits did not always identify all areas of improvement needed regarding records held.

Summary of findings

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.

People who were assessed to need some assistance from staff were supported with their medication as prescribed.

Systems were in place to support people to be cared for safely. Staff were aware of their responsibility to report any concerns about poor care.

People's support and care needs were met by a sufficient number of staff. Safety checks were in place to ensure that new staff were recruited safely.

Good

Is the service effective?
The service was effective.

Staff were not always aware of the key requirements of the MCA.

Staff were trained to support people. Supervisions, appraisals and spot checks of staff were carried out to make sure that staff provided effective care and support to people.

People's health and nutritional needs were met.

Good

Is the service caring?
The service was caring.

Staff were caring and respectful in the way that they supported people.

Staff encouraged people to make their own choices about things that were important to them and supported people to maintain their independence.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People were able to continue to live independently with assistance from staff. Where needed, staff supported people to maintain their links with the local community to promote social inclusion.

People's care and support needs were assessed, planned and evaluated.

There was an effective system in place to receive and manage people's compliments, suggestions or complaints.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

Actions needed to improve records held were not always identified by audits undertaken.

There was a registered manager in place.

A process was in place to obtain feedback on the quality of the service provided from people through questionnaires.

Cambridgeshire Care Agency Limited

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 inspection took place on 7,11 and 12 January 2016, and was announced. We gave the service 48 hours' notice because we needed to be sure that the registered manager and staff would be available. The inspection was completed by one inspector.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. We looked at the number and type of notifications submitted to the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law. We found that there had been no notifications submitted.

We spoke with two people, one in person at their home and one of which was by telephone. We also spoke with the registered manager and two care workers. We also used observations as a way of observing care to help us understand the experience of people using the service.

We looked at three people's care and medication administration records, the systems for monitoring staff training and two staff recruitment files. We looked at other documentation such as quality monitoring records and action plans, records of weekly contracted work hours, complaints records.

Good

Is the service safe?

Our findings

People told us that they felt safe using the agency. A person when asked if the support they received made them feel safe told us, "Very." Another person said, "Service is very good….feels safe." Staff said that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify and report any poor practice or suspicions of harm. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. The majority of staff spoken with were aware that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. Information on how to raise a concern was also found on the communal notice board in the agencies office. This was so that any staff or visitors could note the information should they need to do so. This showed us that there were processes in place to reduce the risk of poor care practices.

We saw that people's care and support needs had been assessed. We also saw that risks had been identified and assessed to reduce the risk of harm. Risks included but were not limited to; risk of falls, medication, moving and positioning, internal environment and staff lone working risk assessments. These care and support plans and risk assessments gave individual guidance to staff to help people maintain an independent and safe a life as possible.

Care records we looked documented whether the person, their family or staff were responsible for administering, prompting or assisting, and collecting people's prescribed medication. At the time of this inspection people were either independent with their medication or required staff support to prompt/assist them only. People who were assisted by staff with their prescribed medication or topical creams told us that they had no concerns. A person said that, "All [was] ok," when staff assisted them with their topical creams and eye drops. Staff who administered medication told us, and records confirmed that they received training as well as having their competency assessed in this subject. Staff also told us that observations on how they prompted people with their medication formed part of the provider's spot checks. However, we noted that spot checks on staff medication competency were carried out but this was not always formally documented.

Staff said that they had time to read people's care and support plans. They said that they contained enough detailed information for them to know the person they were supporting to deliver safe care. However, one out of the three people's care and support plans we looked at was not up-to-date with correct information about how a person was supported with their medication. Records not being up-to-date meant that there was a risk that people would not receive current and safe, care and assistance from staff.

Staff we spoke with said that the provider carried out pre-employment safety checks prior to them providing care to ensure that they were suitable to work with people who used the service. Checks included references from previous employment, a Disclosure and Barring Service check [this is for evidence of acceptable criminal offences if there were any], photo identification, gaps in employment history explained and proof of address. These checks were to make sure that staff were of good character. This showed us that there were measures in place to help ensure that only suitable staff were employed at the service.

People said that staff were punctual and that staff stayed the allocated amount of time. A person said that if staff were running late this was always communicated to them so they would not worry. People told us that they had a core of regular staff and as such they had a positive relationship with staff members who supported them. A person told us that they had three main carers who were, "All good." They then said that if one of their care workers was off sick, they would get a different staff member, but only then. They told us that the, "Agency will communicate this (to them), exceptional comms [communication]."

We found that the overall contracted hours of care work the provider had to provide staff for had been met by a sufficient number of staff for that time period. The care records we looked at had assessed each person needs and this helped determine how many staff a person required to assist them. This documented evidence showed us that there were enough staff available to work, to meet people's support needs and, to meet the number of care hours contracted. We found no evidence of missed care calls and people we spoke with confirmed this. This showed that the provider had enough staff available to deliver safe care and support for people who used the service.

We found that people had risk assessments in place which detailed the internal and external environment of people's

Good

Is the service safe?

homes as guidance for staff. After the inspection the registered manager sent us documented evidence that they had updated the service user guide to include a business contingency plan in case of any foreseeable emergencies. This showed that there was information for staff in place to assist people to be evacuated safely in the event of an emergency.

Good

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The registered manager told us that no one being supported by the service lacked the mental capacity to make day-to-day decisions. This meant that there had been no requirements to make applications to the Court of Protection.

Staff demonstrated to us that they respected people's choice about how they wished to be supported. Staff and records showed that staff had training on the MCA. However, on speaking to staff we noted that their knowledge about the MCA was not always embedded. The lack of understanding increased the risk that any decisions made on people's behalf by staff would not be in their best interest and as least restrictive as possible.

People said that staff respected their choices. A person said that staff helped them maintain their independence and that this was important to them. Staff had a clear understanding about including and involving each person in decisions about all aspects of their lives. One staff member said, "[People's] choice to be respected……always ask permission before supporting [person], always ask before you do something [to assist them]." Another staff member told us, "[The] person will say/decide what assistance is needed – [they can] change what they would like [staff to do], staff are to respect this choice."

People told us that where appropriate, they were supported by staff with their meal and drinks preparation. People were supported to help them remain independent in their own homes, which was their goal. A person said, "Staff will help prepare sandwiches or salad. [Staff will] heat up a ready meal." They told us that staff make sure that there were, "Plenty of drinks available."

Staff told us that they were supported with regular supervisions, appraisals and spot checks of staff working were undertaken by the registered manager. Records confirmed this. Staff said that when they first joined the team they had an induction period which included training and them shadowing care calls with a more experienced member of staff for several days. This was until they were deemed confident and competent by the registered manager to provide safe and effective care and support to people.

A person said that the service provided by staff was a, "Professional experience." Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the registered manager's record of staff training undertaken to date. Training was a mixture of classroom training and tests of their understanding. Training included, but was not limited to, food hygiene, first aid, infection control, fire safety, safeguarding adults, health and safety, and moving and handling. This showed us that staff were enabled to provide effective care and support.

People told us that staff supported them to visit external healthcare professional appointments if needed. A person told us how a staff member had assisted them by accompanying them to an appointment and that staff sometimes helped them book healthcare appointments. This meant that staff supported people with external healthcare appointments when required.

Good

Is the service caring?

Our findings

People had positive comments about the service provided. A person described the service as, “Fantastic.” Another person said that, “The service is excellent.”

Care records we looked at included information about the person being supported. This included people’s individual wishes on how they wanted to be assisted. People told us that they were involved in decisions about their care and that communication was good. Information that was documented about a person in their support and care plans gave staff a greater understanding of the needs of the person they would be supporting.

We were told that staff supported people in a respectful and caring manner. A person said, “Staff are always polite and kind – no problems.” Our observations showed that there were positive interactions between people and their care staff. We saw examples of good humour which was appreciated by both parties. A person confirmed to us that, “Staff understand [my] sense of humour… we are all individual.” Another person said, “Staff are knowledgeable and know what to do as they have got to know me.”

People told us that staff showed them both dignity and privacy when supporting them. A person said how they had some assistance from staff with their personal care and that staff always made sure their dignity and privacy was respected. Staff we spoke with were able to demonstrate their knowledge of the different ways they would support a person with this type of care whilst maintaining their privacy and dignity. This included closing curtains and door when carrying out this type of support and asking the person’s permission first. This meant that staff were aware that they needed to promote the privacy and dignity of people they assisted.

After the inspection the registered manager sent us documented evidence that they had updated the service user guide to include information for people on advocacy services. This document would be given to people when new to the service. Advocates are for people who require additional support in making certain decisions about their care.

Good

Is the service responsive?

Our findings

People's care and support needs were planned and assessed to make sure that the service could meet their individual needs. This was by the registered manager and in conjunction with the person. An individualised care and support plan was then put in place to provide guidance to staff on the support and care the person needed.

People's support and care plans detailed how many care workers should attend each care call and they prompted staff about how people wished to be supported. This helped care staff to be clear about the support and care that was to be provided. We noted details in place regarding the person's family contacts, and health care professionals such as doctors. Individual preferences were recorded and included what was important to people such as maintaining their independence. Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. We saw samples of detailed notes which were held in the agency's office.

Reviews were carried out on people's care records to ensure that people's current support and care needs were recorded as information for the staff that supported them. Staff confirmed to us that if they felt that the support and care plans needed updating to reflect people's current needs, they would contact the office and this would be actioned.

The support that people received included assistance with personal care, prescribed medication, attending health care appointments and household chores. People told us that this assistance helped them maintain their independence and continue living in their own homes. We noted that staff supported some people to access the local community to promote social inclusion. Staff were able to give examples about the varying types of care that they provided to people such as personal care, and assisting people with their medication. This showed that staff understood the help and assistance people required to meet their needs.

People told us that that they knew how to raise a concern. They said that they felt that they were able to talk to staff and that their suggestions and concerns would be listened to. One person told us, "[I] can telephone the office if needed." We asked staff what action they would take if they had a concern raised with them. Staff said that they knew the process for reporting concerns. We noted that the service had received a complaint about the service provided. Records showed that the situation had been investigated, responded to in a timely manner, and any actions taken as a result of the investigation into the concerns had been documented and were to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

Quality monitoring systems in place reviewed staff files and people's care records. Other monitoring included talking with people and assessing people's day to day needs. The registered manager sought feedback about the quality of the service provided from people who used the service. We saw that an action plan was in place to make any improvements required and that these had been actioned. One person said that they were, "Quite satisfied," with the service provided. We saw that people's feedback on the service was mainly positive. Any improvements required were documented as an action to be taken and by when. We noted that the care record audit undertaken had not identified that one of the care records we looked at had incorrect information about how a person was to be supported with their medication. This was corrected during the inspection.

At the time of this inspection people required minimal support from staff to maintain their links with the local community. People and staff talked us through examples of how staff supported people when needed with collecting their prescribed medication, booking appointments for them and supporting them on shopping trips out. This meant that the service assisted people to maintain their links with the community.

There was a registered manager in place who was supported by care staff and office staff. People had positive comments to make about the staff and the service. One person described the staff support given as, "Professionally." Another person said, "I would recommend [the service] to anyone."

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. We found from the records we looked at and staff we spoke with that there had been no need to inform the CQC of any events, that by law, they are required to do so.

Staff told us that an "open" culture existed and they were free to make suggestions, raise concerns, and that the registered manager was supportive to them. They were aware that the values of the service was to deliver a high standard of care to people they supported.

Staff told us that the registered manager and office staff had an "open door" policy which meant that staff could speak to them if they wished to do so. Staff said that they felt supported. We saw evidence that staff were made aware of staff meetings well in advance. However, the registered manager and staff we spoke with said that these meetings were not well attended. In response to this the registered manager e-mailed updates to staff members so that they would be aware of the most up-to-date service information. Staff we spoke with confirmed this.

Staff were regularly reminded of their roles and responsibilities at supervisions, appraisals and via e-mail communication. They demonstrated to us their knowledge and understanding of the whistle-blowing procedure. Staff told us they felt very confident that they would be supported to escalate any issues or concerns they became aware of if this was required. They demonstrated to us that they knew the lines of management to follow if they had any concerns to raise.

Support was given to the service from the provider as they were able to provide agency staff to the caring in your home part of the service when required. This was because the provider ran an agency providing care staff into different health care service locations. This meant that suitable staff with the right skills and training would be used to support the service when needed.