

The Papworth Trust

Papworth Trust - Cambridgeshire

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 22 and 27 June 2016 and was announced. Papworth Trust - Cambridgeshire is a domiciliary care agency providing a personal care to people living in their own homes. On the day of our visit 10 people were using the service.

The agency has a registered manager in post. 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.

Staff were aware of safeguarding people from the risk of harm and they knew how to report concerns to the relevant agencies. They assessed individual risks to people and took action to reduce or remove them.

People felt safe receiving care and staff supported them in a way that they preferred. There were sufficient numbers of staff available to meet people's needs. Recruitment checks for new staff members had been made before they started work to make sure they were safe to work with people using the agency.

People received their medicines when they needed them, and staff members who administered medicines had been trained to do this safely. Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Staff received adequate support from the registered manager and senior staff, which they found helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. The agency was meeting the requirements of the MCA. Staff had the knowledge and skills to apply the principles of the MCA if this was needed.

Staff supported people so that they received enough food and drink to meet their needs. Information was available for staff members about health professionals involved in people's care and staff worked with them to make sure people received the care they needed.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. They responded to people's needs well and support was always available. Care plans contained enough information to support individual people with their needs. People were happy using the agency and staff supported them to be as independent as possible.

A complaints procedure was available and people knew how to and who to go to, to make a complaint. The registered manager was supportive and approachable, and people or other staff members could speak with them at any time.

The registered manager was a visible presence for people who used the agency and lead a team of staff who

got on well and liked working for the agency. The quality of the service and risks to people were visually monitored, although records of these findings had not been kept, which meant there was no audit trail of how this had been determined.

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 assessed risks and acted to protect people from harm.
People felt safe and staff knew what actions to take if they had concerns about people's safety.

There were enough staff available to meet people's care needs.
Recruitment checks for new staff members were obtained before they started work to ensure they were appropriate to work within care.

People received the support they needed to take their medicines.

Is the service effective?

Good ●

The service was effective.

Staff members received enough training to provide people with the care they required.

Staff supported people to make decisions for themselves.

Staff worked with health care professionals to ensure people's health care needs were met.

People were supported to prepare meals and drinks as independently as possible.

Is the service caring?

Good ●

The service was caring.

Staff members developed good relationships with people using the agency, which ensured people received the care they needed in the way they preferred.

Staff supported people to become independent and to recover previous levels of ability.

Staff treated people with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

People had their individual care needs properly planned for and staff were knowledgeable about the care people required to meet all aspects of their needs.

People had information if they wished to complain and there were procedures to investigate and respond to these.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The quality and safety of the care provided was monitored, although records of these were not kept.

Staff members and the registered manager worked well with each other and other professionals to ensure people received a good service.

Papworth Trust - Cambridgeshire

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 22 and 27 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office for our inspection visit. This inspection was undertaken by one inspector.

Before this inspection we reviewed information available to us about the service, such as the notifications they sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with six people using the service and one person's relative. We also spoke with the registered manager, five staff members and a visiting district nurse.

We looked at the care records for five people, and at the medicine management process. We also looked at three staff records, records maintained by the service about staff training and monitoring the safety and quality of the service.

Is the service safe?

Our findings

People told us that they felt safe with staff members from the agency visiting them. One person said that this was because, "It's nice to know there's somebody around all the time." Another person told us that they felt safe because staff "watched over them."

Staff members told us they would report all concerns or allegations of harm. They would report concerns to the registered manager, higher in their organisation or to the local authority safeguarding team or to the police if needed. They knew where to find information on how to report concerns and they confirmed that they had received training and annual updates in safeguarding adults. The organisation had employed a safeguarding manager who oversaw protecting people who used the agency from abuse. This person had extensive knowledge and experience of the local authority process and ensured that concerns were managed and reported correctly. The provider had taken the appropriate actions to reduce the risk of people experiencing harm.

People received care that had been assessed, so that it was as safe as possible. One person told us how they had agreed with the actions staff needed to take in relation to managing their medicines. They said this kept the medicines secure and also kept them safe. Staff members told us that they had received training in order to reduce risks to people, for example where they used equipment. They assessed risks to people's safety and documented these in each person's care records. Staff told us these were individual to each person and described how to minimise any risks people faced. We saw that they were detailed and contained a good range of possible hazards associated with the risk. This included risks to people's privacy and dignity as well as physical risks to the person and staff.

All but one of the people we spoke with thought there were enough staff working for the agency. People told us that staff visiting them usually arrived on time, although sometimes staff were late. One person attributed this to the distance that staff had to walk between visiting people. While another person told us it was because a lot of staff had left the agency. They went on to say that this had "no effect on care" and staff members gave them the care they needed. One of the people we spoke with said, "I get the care I need and staff stay the correct length of time." Another person described how the same staff member visited them as much as possible and how they were advised if this was going to change.

Staff members told us that they did not feel that there were enough staff available, although this did not stop or prevent people from receiving their care. They explained that existing staff or agency staff (from other care agencies) covered shortfalls in the staffing rota and this meant they were able to give people the care they needed. The registered manager explained that they were currently recruiting new staff members to cover staff lost through staff leaving. They said that they worked on a staffing workforce of 118% (more than was immediately required) to cover known (such as annual leave) and unknown (such as sick leave) staffing requirements. Until new staff had been recruited gaps were covered by agency or existing staff members. We determined that although staffing levels were lower than required, arrangements were in place to make sure there were enough staff to provide people with the care they needed.

People were supported by staff who had the required recruitment checks to prevent anyone who may be unsuitable to provide care and support. We checked staff files and found that recruitment checks and information was available, and had been obtained before the staff members had started work. These included obtaining Disclosure and Barring Service (DBS) checks. The DBS provides information about an individual's criminal record to assist employers in making safer recruitment decisions.

People told us that staff reminded them to take their medicines or helped them with the application of creams and eye drops. They said staff did this without fail so that the person did not miss any medicines. One person explained to us how not all staff had received training and they were not able to administer medicines. Another staff member visited them to help with their medicines when this was the case. Staff members told us that they did not administer medicines directly to people but only assisted them with removing them from packaging. This helped people continue being able to take their own medicines. They said they had received medicines training and the registered manager or other senior staff also completed an observation or competency check to check their practice. The registered manager confirmed that staff members from other agencies were required to complete the organisation's own medicines training before they were able to help people with their medicines.

We looked at the care records for people who needed help with their medicines. This information provided staff with guidance about the medicines the person took and how they preferred to be given to them. We saw that people's care plans were clear in the action staff had to take for oral medicines and creams. We determined that staff supported people to continue taking their medicines themselves.

Is the service effective?

Our findings

People's care needs were met by staff members who had been suitably trained and had the knowledge and skills required. People told us that they thought staff members had received enough training as they knew how to care for the person and what support people needed. One person told us, "They know what to do when they help me." While another person said, "They're always competent when they come (to support me)."

Staff members told us that they received enough training to be able to carry out their roles effectively. They confirmed that they received annual training in such areas as moving and handling, and that they were able to request additional training if they felt they needed this. One staff member told us they had requested this in an area they were unsure about and the registered manager was arranging for the training to be given. They had also learnt British Sign Language, which meant they were able to "communicate so much better with people." Another staff member told us how they found regular moving and handling updates useful as there were frequent changes to good practice in this area. One person we spoke with confirmed that staff had been trained specifically in the use of their moving and handling equipment and that they used it properly when needed. Staff told us that they had the opportunity to complete national qualifications and one staff member confirmed that they had completed a level three diploma in care.

Information provided during this visit showed that staff had received training in a range of areas. The registered manager kept a staff training matrix that showed when staff members had last undertaken training and when updates were due. We saw that staff kept up to date with training, which provided them with up to date knowledge and opportunities to develop their skills.

Staff members told us that they received support from the registered manager or another senior staff member in a range of meetings, both individually and in groups. These meetings allowed them to raise issues, and discuss their work and development needs. Staff felt well supported to carry out their roles.

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. People told us that staff always told them about care before providing this and gained their consent to continue. A visiting health care professional also confirmed that staff always obtained permission from people before contacting the professional. Staff told us that they assumed people had capacity to make their own decisions and they were knowledgeable about the MCA principles. Staff confirmed that people using the agency were able to make their own decisions about aspects of their care and daily lives that staff assisted them with. They also said that if they had concerns about people's ability to make decisions they would refer to a senior staff member for further advice. One person's care plan showed that staff had written information about

decisions the person was not able to make and who supported them with these. We concluded that staff knowledge and guidance showed that the service was working within the principles of the MCA.

People told us that staff helped them with their meals if this was required. Staff members told us of the actions they would take if they had concerns about how much a person was eating or drinking. This included offering smaller portions, finding out the person's preferences and referring to other staff. We saw that when staff did this, they told people what was available and offered a choice of hot or cold meals.

We spoke with a health care professional visiting one person while we were also visiting. They told us that staff were quick to seek advice if they were concerns about people. They followed the advice given by the health care professional and this person said that they were confident that staff supported people to maintain their health. Staff members told us that they also made referrals to health care professionals, such as dieticians, when this was required. We saw that there was information in people's care records about individual health needs and health care professionals, such as GPs and district nurses, who were already involved with the person. One person's records showed that staff had become concerned about a health problem. They had obtained advice from two health care professionals to make sure they had done as much as possible to rectify the issue for the person.

Is the service caring?

Our findings

People told us that staff members were kind and caring. One person told us that, "They're [staff] all really, really good." They described the staff as, "Considerate of your feelings" and explained how staff supported them with emotional issues in addition to the help they needed to wash and dress. Another person said, "They make me laugh, we talk about everything in the world."

We spoke with staff members about people using the service. They were knowledgeable about people's care needs and spoke about them with affection and understanding. All of the staff, including the registered manager, spoke about people thoughtfully and with consideration for any communication difficulties they may have had. Care records also showed that staff were considerate about the way they wrote about people, taking care to write in an objective way that described their interaction with people.

People told us that they were involved in decisions made about their care needs. One person told us that staff, "know what triggers upset", and that they listened to what the person said and changed how they did things. Care assessments included people's opinions, thoughts and what they wanted from the agency. Daily notes and reviews of care also included people's views, which showed how they had been involved in their care on a regular basis.

All of the people we spoke with told us that the support provided by staff members helped people to be as independent as possible. One person told us that staff "encourage me to do as much as I can by myself." This person went on to say that living with help from Papworth Trust had helped them to be more independent.

People told us that staff members always treated them with dignity and respect. One person told us that staff were always polite and that they always knocked before entering the person's house or bedroom. They went on to describe that they "still liked a bit of privacy" and staff respected their choice of a male or female staff member.

Staff members gave us clear descriptions of the actions they would take to make sure people's privacy and dignity was respected. This included closing curtains, knocking on people's doors before entering rooms and making sure that people were covered when receiving personal care. One staff member told us, "Talking and explaining exactly what I'm doing makes a big difference, so that nothing's a shock." When we visited people we found that staff always knocked on people's doors before entering their homes and they spoke with people with respect. All of the interactions we saw showed that staff were polite, addressed people by their name, made sure people were aware of what they were doing and gave people as much control and choice over their interactions as possible.

Is the service responsive?

Our findings

People told us that staff members completed all of the required care during each visit. They also said that they were happy with the care and support they received from the agency. One person told us that they were able to tell staff each day how they wanted to be cared for. They said, "They don't pressure me into anything, (it's) purely down to my discretion, my choice." Another person told us, "I get the care I need."

People told us that they were aware of their care records although they did not feel they needed to look at them as they received the care they needed. One person said they would ask staff if they wanted to look at the records and another person told us that their relative monitored the care that they received. They confirmed that staff talked to them about their care needs at each visit.

Staff members told us that they talked with people throughout the time they visited to make sure people had all the help and support they needed. They confirmed that they reviewed care records to evaluate whether the support provided was appropriate. One staff member told us how they helped people to write their own care and support plans and these were later typed. Staff later went through the plans again with people before putting them into place to make sure they had not missed anything. They thought there was enough information in care plans to guide them in supporting people.

The care and support plans that we checked showed that staff had assessed people's individual needs before care started. This was to determine whether they could provide people with the support that they required. We saw that these assessments were written in enough detail to determine this.

Care and support plans were in place to give staff guidance on how to support people with their identified needs such as personal care, nutrition, medicine and mobility needs. We saw that there was a good level of detail to guide staff. The care records showed what was important to people and how best to support them. Information about how to meet people's physical and mental health care needs was written in detail. These described clear information about triggers, how upset behaviour may be displayed and the actions staff should take to help the person regarding their mental health needs. Physical care needs in relation to moving and handling were also described in detail and provided staff with information about equipment, the help people needed and what they were able to do for themselves.

Separate notes were kept of each visit, which were also written in detail and showed the support that each person had received. Additional notes were kept to show any issues that staff needed to follow up or specific actions they needed to take. This meant that there was a running record that provided the next staff member with an account of the person's well-being and care needs until that time.

People told us that they knew who to contact if they were not happy with any aspect of the care and support they received. One person told us, "I've never had to make a complaint." Another person told us that they had made a complaint, which had been responded to and resolved to their satisfaction.

Staff members confirmed that details about how to make a complaint was included in the information left

with people while they were receiving the service. We looked at information about complaints and saw that the complaint we were made aware of had been investigated and responded to within appropriate timeframes.

Is the service well-led?

Our findings

The registered manager confirmed at the start of our visit that although the organisation had a system in place for assessing and monitoring the quality of the service and risks to people, they had not completed any part of this system. They confirmed that this had been due to staffing pressures. The registered manager said that they monitored the quality of the service on a regular basis when they helped care for people and in their day to day running of the agency, although they had not recorded their observations or findings.

During our visit we found that people were happy with the staff and the care they received. Care and risk management records were completed in detail and there were continuous records to show the care that people had received. People told us that they had few concerns and any issues that people had raised had been resolved to their satisfaction. Customer feedback forms had been completed in June and December 2016. These showed a general satisfaction with the service people received.

We concluded, therefore, that the registered manager monitored the service through communication with people and staff adequately to ensure that people were safe. We discussed with the registered manager the need to have completed records to show how they had determined the quality of the service and whether risks to people were adequately mitigated.

People told us that they were happy using the agency and that it provided them with the service they needed. One person told us that this was, "By far the best care agency I've had." Another person said that the agency was "superb."

Staff members told us that although they had different roles, they all worked as part of the same staff team and their goal was to care for people well. They said that they liked working at the agency. One staff member said, "I think we're a good staff team." When we asked another staff member if staff got on well, they smiled and told us, "Yeah, we do. It's the thing that keeps me here. It's a good team."

People told us that they knew who the registered manager was and that they had contact with her as she also provided support to them. A staff member also commented that the registered manager helped both people using the agency and staff when they did this. One staff member told us that the registered manager was, "Brilliant, very, very supportive. Couldn't ask for a better manager." Another staff member said, "She's a good manager, always on the end of the phone."

Staff told us that the management team were good at keeping staff up to date and abreast of changes. Staff told us that they had team meetings, to discuss changes within the agency. They said they were able to raise concerns and that the provider organisation took action to resolve issues. They were aware of the whistle blowing policy and would use this if needed to make sure people using the agency were safe.

There was a registered manager at the time of this inspection. They confirmed that they were supported by the provider organisation's senior management team and by the provider organisation in general in the running of the agency.

