

## 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:

The Cambridge Care Company based in Bury St Edmunds provides a domiciliary care service to people living in the community and to people living in a supported living setting. The agency covers Bury town, Sudbury town and Great Cornard. Currently there are approximately 400 care hours provided in Bury St Edmunds and 300 hours provided in Sudbury and Great Cornard.

People's experience of using this service:

People who use this service continue to receive a good service.

- People who use Cambridge Care Bury St Edmunds are supported by sufficient staff who are appropriately recruited. Staff are well trained and know how best to support older people and people living with a learning disability who live in the community. People were able to lead a lifestyle of their choosing. They had plenty of opportunities to retain/develop life skills and increase their independence and remain part of their community.
- People were supported to have a healthy lifestyle, access healthcare support and were provided with staff who promoted good overall wellbeing, through developing relationships that were based upon mutual respect. People told us they particularly liked the caring staff who supported them.
- Management of the service had developed systems to monitor how the service was doing. This included feedback from people and using complaints to drive improvements for the benefit of people who used the service.

For more details please see the full report which is on the CQC website [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: On 26 August 2017 we rated this service as Good.

Why we inspected: This was a scheduled inspection that was brought forward. One other location of this provider had been rated 'requires improvement' and we wanted to check this location had not altered. We found this service remained Good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated good.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Safe findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Caring findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Cambridge Care Company

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team

Consisted of one inspector and an assistant inspector.

#### Service and service type

Cambridge Care Bury St Edmunds is a domiciliary care agency. It provides personal care to people living in their own homes. People supported included older adults and people with a learning disability. Support was currently provided in Bury St Edmunds town and Sudbury and Great Cornard.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service short notice of the inspection visit because we needed to be sure the registered manager would be in and available. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. We visited people later the same day.

#### What we did

We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We visited four people during our inspection visit and spoke with one relative. We spoke to three staff during

our inspection visit, the coordinator as well as the registered manager and owner of the service. We telephoned and spoke with an additional four people who used the service and five more staff.

We reviewed people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of care workers.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing Levels

- ☐ People consistently told us that they did not have any missed visits. Rosters were arranged and staff employed and allocated to meet people's needs. New developments were planned to have an electronic roster system that would use maps and calculate travel time between visits. At the time of the inspection there was a standard five minutes between calls.
- ☐ People experienced being supported by sufficient, regular staff known to them that were able to meet their needs. One person told us, "Most of the staff are the same. There are odd days where they are different. They are really good. They do everything I need."
- ☐ Staff spoken with said, there were sufficient staff employed and rostered.
- ☐ Only fit and proper persons were employed. This was because suitable recruitment procedures were followed. Records examined showed that appropriate checks were in place before staff started work at this agency. This included exploring reasons for gaps in employment. All staff confirmed that they had checks in place that included disclose and barring (DBS) and references were supplied before they started work.

### Systems and processes

- ☐ Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the Local Authority if safeguarding concerns were raised.
- ☐ People consistently told us they felt safe One person said, "Yes they are really nice people I have never had an issue with any of them."

### Assessing risk, safety monitoring and management

- ☐ Risks to people continued to be assessed and were safely managed. People's needs and abilities had been assessed prior to using the service and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. Risks which affected their daily lives, such as moving and handling had been assessed. One person told us, "I cannot stand or walk, I feel safe when they move me."
- ☐ Risk assessments relating to the environment were in place.

### Using medicines safely

- ☐ Medicines continued to be safely managed where the agency had responsibility. There were known systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. One person told us that staff remembered to give them their medicines, but that their family ordered medicines. In another case one person had visits specifically to

ensure they took medicines. This had been increased to three visits temporarily to ensure they took a course of antibiotics for them to be effective.

#### Preventing and controlling infection

- ☐ The staff employed were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.

#### Learning lessons when things go wrong

- ☐ Management were keen to develop and learn from events. There were ongoing systems in place to monitor and learn from incidents and accidents. Records kept were of good quality and overseen by managers who monitored for any themes or patterns to take preventative actions.
- ☐ Where there had been errors made with medicines these were quickly found and resolved to keep people safe. For example, care plans were updated and consistent when allergies had been identified.

# Is the service effective?

## Our findings

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- ☐ Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Staff said that they had received a good induction that included training and shadow shifts.
- ☐ Staff had received appropriate training to support people using the service and more specialist training in matters such as dementia and mental capacity.
- ☐ Staff were provided with support and supervision. Staff received regular supervision and an annual appraisal. Staff told us they were well supported by managers who were available by phone and that they received regular newsletters.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- ☐ Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Eating, drinking and a balanced diet. Supporting healthier lives and access to healthcare

- ☐ People received support to maintain independence and prepare their own meals where this was identified as part of their support. We observed staff offering to prepare food and leave people with a variety of drinks of their choice.
- ☐ People were supported to maintain good health and were referred to appropriate health professionals as required. Staff regularly applied cream to a person's legs to maintain skin integrity. The person told us, "They tell me if they are hot. On one occasion they told the district nurse and helped me call 111 for advice."

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

- ☐ We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- ☐ Staff continued to have a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. Professionals such as social workers and those with a legal authority were appropriately consulted. There was a strong emphasis on involving people and enabling them to make choices wherever possible.



# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- ☐ People continued to be treated well and appropriately supported. Our observations showed that staff knew people they supported well and ensured they were consistently supported. This ensured that people's autonomy and independence was respected and they remained positive.
- ☐ Staff were kind and caring towards people they supported. One person told us that staff spoke with a kind tone in their voice. Two people said how patient the staff were.

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

- ☐ People and their representatives were regularly asked for their views on their care and their plans.
- ☐ Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were consistently polite, courteous and engaged and were pleased to be at work. People were treated respectfully and were involved in every decision possible.

Respecting and promoting people's privacy, dignity and independence

- ☐ People continued to be supported with staff understanding and following the values of privacy and dignity. People and observations confirmed that people were afforded appropriate privacy. Upon arrival in the evening staff drew the curtains within people's homes to ensure privacy. One person explained how staff supported them appropriately when they gave them personal care and helped them get dressed.
- ☐ People were supported to lead a lifestyle they chose. Some people were left with books, television remote, telephone, tissues and drinks and snacks to hand until the next carer called. Other people were supported with their independence and enabled to make shopping lists from photographs or large print to enable them to order their medicines. Some people were supported to access the community and plan meaningful trips on public transport.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

How people's needs are met

- ☐ People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Personalised care

- ☐ People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs. People confirmed they were involved with the review of their care. One person said, "I am always asked if everything is ok or if there is anything else they can do for me." Some people said they had not seen their care plans since they had become electronic versions and did not fully understand how they could access these. The registered manager gave assurances that this matter would be resolved.
- ☐ All aspects of people's lives were planned and this included end of life care planning where appropriate. People were supported to plan and make arrangements for the end of their life when these care packages were in place. There were good links with the local hospice. People's wishes were appropriately recorded and others were involved as appropriate. Staff were supported with end of life training and mentoring.

Improving care quality in response to complaints or concerns

- ☐ There were known systems and procedures in place. People told us that they had no reason to complain and matters were always dealt with when they made suggestions. One person said, "Yes, I feel confident to raise any concern. I would call the office."
- ☐ There were minimal complaints received. People said that they felt able to speak to the manager at any time. Staff were aware of resolving concerns at a lower level if possible.
- ☐ We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions with records were in place. This included an apology if appropriate and visiting people to understand and resolve matters.

## Is the service well-led?

### Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

#### Leadership and management

- ☐ Leadership and management had systems in place. They assured person-centred, high quality care and a fair and open culture. Monthly monitoring procedures were in place with action plans if needed. These included audits of medicines and care planning. We viewed the reports that had been submitted to the registered manager that showed all aspects of the service provisions were monitored.
- ☐ In addition, the registered manager/owner had employed a care coordinator for this branch. They had access to others employed such as a mentor for staff support and a dementia champion. This ensured a good supportive structure was in place.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care

- ☐ Managers were clear about their roles. We received appropriate statutory notifications as required. The service had kept updated with changes in the care industry, including how personal data was kept.
- ☐ Staff confirmed they were well supported through supervisions, appraisals and regular news letters. A recent team meeting had been held. The role of the mentor ensured staff had ongoing support with knowledge of safeguarding, mental capacity, medicines and the introduction of the electronic care planning process.
- ☐ The service was keen to increase staff retention rates and therefore was analysing why staff left. The service continued to recognise staff endeavours and retained the carer of the month awards.
- ☐ The service continued to obtain nationally recognised awards. For the third year running the agency had been shortlisted for the final of The Great British Care Awards. The registered manager said it was important to meet other service providers and bring back ideas to consider.

#### Working in partnership with others

- ☐ The registered manager told us about the positive relationships they maintained with other professionals. This included those who commissioned the service and other professionals involved in people's care.
- ☐ Feedback from family members and people using the service was regularly sought and used to drive improvements. Recent feedback received and examined was positive.