Cambridge Care Company Limited

Cambridge Care Company

Inspection report

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Cambridgeshire
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20 September 2016
30 September 2016
03 October 2016

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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

The inspection took place over several dates. On the 19 and 20 September we telephoned people who used the service. On the 30 September we visited people using the service and on the 3 October 2016 we visited the office.

Cambridge Care LTD is owned by a sole provider and has three separately registered locations with main offices in Newmarket, Bury St Edmunds and Haverhill, all in Suffolk. They provide support across the three locations to just over three hundred people. Since the last inspection in December 2013 the agency were awarded the Support to Live at Home contract by Suffolk County Council. This was awarded in June 2015 and began in September 2015. They scored the highest points of all the care providers and were awarded the 4 year contract. They have been working closely with the Council to implement the contract. The contract supports a move away from task focused care to more holistic care which can be measured in terms of outcomes for people using the service.

At the time of our inspection there was 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.

The commitment and energy from the registered provider/manager and her staff were clear to see and they were developing the service to be the best they could be and had been nominated for a number of awards. We felt the service had the potential to be rated as outstanding in terms of its management and leadership. However we received quite mixed feedback from people using the service and their relatives which has been reflected in the overall rating of the service. People were generally happy with their care and told us that care staff helped them stay in their own homes and promoted their independence and their dignity.

Some people told us the timing of their calls were not of their choosing and not everyone had continuity of care which meant they were not sure which carer would be coming to assist them. Some reported poor communication from the service and changes not being implemented when they had raised concerns about the times of their calls. Others told us their care plans were not always regularly reviewed.

The provider/manager told us about the difficulties they had recruiting staff in today's market place but had taken every necessary step to recruit and retain staff. The times of the calls varied and were not always to people's liking but the service said they tried to provide the support close to the desired time and had not missed any calls so did not feel people's care was compromised.

The Provider was fully aware of their responsibilities to protect people as far as reasonably possible from abuse or actual harm. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. All staff spoken with were knowledgeable about reporting any concerns they

might have to ensure the safety and well-being of people in their care.

There were systems in place to ensure people requiring support to take their medicines correctly received it by staff who were appropriately trained.

Staff had the right skills and knowledge to deliver effective care and staff were supported in their roles. Some of the newer staff were said to lack experience but we found the induction process robust.

People had their health care needs met by other care professionals but care staff working for this service were aware of people's needs and any medical conditions they might have and referred them on as and when it was appropriate to do so.

There were systems in place to support people who lacked capacity with decision making to ensure their rights were upheld. Staff promoted people's choice and independence.

People told us they felt safe with the care provided to them and we found a strong emphasis on key principles of care such as compassion, respect and dignity. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

Staff responded to people's individual needs and changes in support. There were mechanisms in place to review people's needs and to monitor staff's practice to ensure they were meeting people's needs.

People using the service were invited to make comment about the service and the provider was responsive to feedback received by people. However not everyone felt their experiences had improved after they feedback about late running calls.

It was evidence that the provider worked hard to improve the overall quality of people's lives and supported and respected people's right to live at they chose. They were committed to continuous improvement and had strong principles and values which drove the organisation forward. Staff meet were passionate about what they did and the difference the made to people's lives.

There were effective systems in place to monitor the quality and understand the experiences of people who used the service. The provider was keen to ensure staff had the right skills and demonstrate best practice.

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

People received the support they required but this was not always provided in a timely way.

Risks to people were monitored and reduced whenever possible.

Staff understood the principles of safeguarding and how to protect people from potential harm and actual abuse.

There were safe systems in place to ensure people received their medicines as intended.

There were robust recruitment processes in place to ensure only suitable staff were employed.

Is the service effective?

Good

The service was effective.

Staff received training and support for their role and were sufficiently competent. The provider supported staff to develop and acquire additional skills and qualifications.

People's choices were promoted and the service worked lawfully in line with the Mental Capacity Act 2005.

People's health care needs were known by staff and staff referred people to other agencies as appropriate.

People received the support where required around their dietary needs.

Is the service caring?

Good

The service was caring.

People received care and support by caring staff who promoted their independence as far as possible.

Staff respected people's dignity and this was established through

people's plan of care.

People were consulted about their care and involved in their assessment, care plan and review of the overall service.

Is the service responsive?

Good

The service is responsive.

Staff provided care and support according to people's needs.

Care plans were informative and staff said they helped them when providing support to people.

The provider ensured people's needs were met as holistically as possible to promote people's well-being.

There were systems in place to ensure people could raise comments/concerns about their care when they needed to so this could be addressed. However some people told us that their concerns were not always satisfactorily addressed.

Is the service well-led?

Good

The service was well led

There were systems in place to constantly measure and improve the service as a result of feedback.

The service benefitted from a strong and visionary leader who was always looking for innovative practices and resources to improve outcomes for people.

Staff were dedicated, motivated and encouraged to be the best they could be.

There was good community engagement and pulling together resources for the benefit of people using the service.

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 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.'

The inspection took place on the 19, 20, 30 September and the 3 October 2016. The visits to people using the service were arranged by the agency and the provider was given 48 hours' notice of the inspection taking place. This is in line with our methodology for domiciliary services.

The inspection was carried out by an inspector. We also used an expert by experience to telephone people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of older people.

Prior to the inspection we reviewed information we already held about the service including previous inspection reports and notifications which are important events the service is required to tell us about. We also had information from the provider information return which tells us important information about the service.

As part of this inspection we visited five people, spoke with seven staff, looked at five care plans spoke with thirteen people on the telephone and five relatives. This location cares for around 100 people.

Good

Is the service safe?

Our findings

There were sufficient numbers of staff to manage people's care. People receiving a service told us care was always provided but they could not always be sure who was going to be providing the care particularly during the holiday period and the rotas they received did not accurately reflect who would be supporting them. However the majority of time people received the care they expected. There was some concern about the timing and late running of calls which affected people's days particularly when they might have an appointment to attend or something else planned. One person told us care staff did not get to them one particular day until almost lunch time. Another person said their care in the evening was too early and they were not ready to go to bed when the carers arrived. Another said some of the carers could be over half an hour late and nothing changed when they raised it with the office. One relative told us, "I have to try and get the latest hospital appointment possible and even then I end up cancelling the carers because they come too late –all this week it has been 11.45 we are losing our mornings and we can't get to go out. We sit here waiting all the time with her in her pyjamas, waiting for her shower." One person who had two carers four times a day told us 80% of calls are covered on time but on occasion it's nearly lunch time. This was the experience of most people spoken with. The provider as agreed with the council operates a half an hour window from the preferred time of the call to allow for emergencies and traffic hold ups.

We spoke with a number of staff and they all told us they had set hours but could pick up additional hours. They had regular people they supported and most said that everyone they visited was in close proximity to each other so this minimised travel time. The data inputted on to the computer was by a staff member who knew the area well and was able to match staff according to where they lived. We were concerned that there were only minimal gaps in the rotas for staff to have the flexibility they needed and to ensure they were not late for the next person on their round. The provider was clear that people's needs were at the heart of the service. We were shown an example when the service had successfully challenged the commissioners view of the number of hours of care a person needed to ensure their needs were met. In addition people using the service said that at times their carers were late because of 'emergencies.' Senior staff said if there were pressures on care staff to cover care calls the manager and care coordinators who were not on the rosters to provide support to people could be utilised where there was a need to. All senior staff were familiar with people's needs and covered staff sickness and holidays.

The provider/manager told us staff retention was good but recruitment was very difficult and they had tried a number of initiatives including job fairs and linking with colleges to try and recruit temporary and occasional workers. The provider/manager told us four new staff were starting next week and things were improving but it was clear from what people told us that the service had struggled to always ensure that staff arrived when people were expecting throughout the summer. We confirmed that there had been no missed calls and that people had always had their needs met, however people continued to be concerned about the timings of visits. The provider explained that there was a sudden increase in people using the service over this year had meant that on occasion they had to prioritise care timings. The provider explained that they worked hard during this period to ensure that people's care needs were met. They explained that they took care to prioritise people's calls in relation to time-critical needs, such as time-critical medication, continence needs and those with dementia. They explained that whilst some people with less time-critical

needs would sometimes prefer calls at different times, the service had to ensure that people's care needs were met and it did so by giving people a specified time for their calls with a 30-minute window of time on either side to enable carers to ensure everyone's needs were met in a non-rushed way.

The provider/manager told us they were investing in a system which would enable carers to check in and out when they arrive and leave a person's home using their mobile phone. This tracking system would mean staff could be monitored remotely and give assurances to the provider//manager that staff were where they should be. This has the potential to change the experiences for people using the service.

The service had an on-call system which was effective and both staff and people using the service said they could contact the service out of hours if required. When there was an issue with people's care, they were able to contact the provider so the situation can be managed.

Everyone we spoke with said that they felt safe and were generally happy with the service they received. All the relatives spoken with said that they had no concerns about their relative's safety. However two people raised concerns about specific carers and their attitudes. One person told us, they had felt 'very vulnerable.' This was due to the attitude of staff. They told us as soon as they reported their concerns this was dealt with straight away but another person said their concerns had not been addressed. A relative told us "I just wish we knew who was coming – that would make us feel safer. We don't know who is coming or when they are coming."

We spoke with the manager/provider who was able to demonstrate that they were pro-active in managing people's concerns and monitoring staffs performance. A safeguarding policy was available and care workers were required to read it and when we spoke with care staff they were familiar with the policy and actions they should take to safeguard people. Staff received initial safeguarding training as part of their induction. Care workers were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member explained how they had previously raised concerns and how it had been taken seriously and how it had been dealt with. Another staff member had observed some poor practice and immediately notified the office.

A number of safeguarding concerns have been raised by the service in the past twelve months and we reviewed the last three. Two were raised by the service and one by another service. The concerns were appropriately documented and included a fact finding investigation including statements. Appropriate referrals had been made to the relevant agencies and concerns effectively communicated to ensure lessons were learnt.

The provider/ manager took a proportionate approach to risk whilst balancing the needs of the individual and their duty to promote their safety and well- being. Staff had undergone training about radicalisation of vulnerable people so they might be able to recognise and report it if they suspected this was happening. The service told us that they had also supported service users with learning difficulties to access training to help them identify and stay safe from radicalisation.

Risk assessments were undertaken before a service was provided to a person and updated as people's needs changed. We were concerned about one person who told us they had sore skin as a result of spilling a hot drink. This person had capacity but would need support to make a drink. The provider explained that since this has happened the issue was discussed with the person and the person's care plan had been updated to reflect their agreement to being asked to have hot drinks while the carers were on hand to assist if required. In addition they were immobile and at risk of developing pressure sores. We could not see this documented as part of their initial assessment, and they did have the necessary equipment in place. This

was fed back to the provider so they could address it. The provider told us, " Their care plan was updated during the inspection to direct carers to check carefully for signs of pressure sores at every visit. Staff had taken part in extensive training in regard to pressure care to minimise the risk associated with poor pressure area care."

Risk assessments included environmental risks and any individual risk to the person posed by an activity or associated with a health care condition such as epilepsy. Steps were taken as far as reasonably possible to reduce the level of risk and staff received training in managing risk and reporting any concerns they might have regarding a person's welfare and, or safety. People requiring support with their manual handling had a manual handling plan in place which cited what if any equipment people required. We asked people if they felt safe when being supported with moving and they told us they did. One person told us staff supported them with their mobility and helped them do exercises to help retain the movement they had. Staff told us they received regular manual handling updates and we were provided evidence of this.

We looked at three staff files. These were well organised and used an index to show where documentation was stored in the file. It also showed when the staff member was employed, when references and criminal records check had been received. Staff were only recruited once they had undertaken an interview and had satisfied the provider that they had the right attitude and skills to fulfil their role. The service took up references, a criminal records checks and employment history to check to see if the person was suitable to work in this industry. They also obtained identification, proof of address, health declaration and where applicable right to work in the UK. Some staff were essential car users and transported people they supported in their cars. Staff were required to produce relevant insurance and car documentation to ensure they had the relevant documentation and were safe and legal to drive.

The interview process for new staff was sufficiently robust. Staff were initially interviewed over the telephone and if they met the basic requisites were invited in for a face to face interview. This was carried out by senior staff and against an agreed shortlisting and selection criteria.

Some people were supported to take their medicines and the service either administered medicines or prompted people to take them. Everyone we spoke with who was supported with their medicines said they were happy with this and they received their medicines as required. Care plans included a medication risk assessments and details of any assistance required. Staff administering medication received training as part of their induction and then annual refreshers. They also had annual competency checks and spot checks on their medication practices to ensure they were doing it safely.

In terms of auditing, medication recording sheets came back to the office after each month and were checked for accuracy, such as missed staff signatures. There was a list of staff signatures showing which staff could administer medicines. In addition there was a monthly medication audit in people's homes to check that the level of stock tallied with what was written on the medication record. Staff only administered medicines from original packaging so they knew what they were administering. In some instances family had asked staff to support people with medicines from a blister pack. This was only done with a disclaimer in place and was included on the person's risk assessment. Time critical medicines were identified on the system and persons record to ensure these calls to priority over others and we have no evidence this was not happening.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us most staff were well trained and competent in their roles. They said staff conducted their duties well and paid sufficient attention to good hygiene.

One person told us, "Well they are trained well enough to do for me you see." Another said, "Yes I think so most are pretty good." A number of people told us they had more confidence in the skills and competence of the older carers. One person said, "The older ones are well trained by experience if not by qualifications but the younger ones are not." One person required a full hoist and they told us they were confident with staff and said they knew how to use the hoist. They told us staff were well trained and worked well together. Another person also requiring hoisting told us, "Yes they do it correctly they put me in a position I am comfortable in."

Staff told us about the training and support they received since working for Cambridge Care. One staff member said, "Yes we get lots of training and support." They said there were staff within the company they could refer to if they were not sure about something or wanted some ideas about how to manage a situation. The service employed two dementia coaches who staff referred to as very helpful. The same member of staff told us they had received specific training around people's individual needs. Another staff member said, "Yes I have recently had, manual handling, first aid and medication competencies. I have also done some training around Parkinson's disease, end of life and eating disorders." They told us, "You just need to complete an expression of interest form and the manager will consider individual training requests."

More experienced staff told us they accompanied and gave feedback about new staff's performance. They said new staff were supervised by different staff until they felt confident but this was usually three shifts. A staff member said they thought this needed to be longer.

All staff spoken with said they were well supported with regular one to one supervision. We asked staff if they had spot checks when in people's homes. One staff said, "Oh yes all the time." They told us supervisions were every three months. They said at every supervision, specific topics were discussed to ensure that staff had sufficient knowledge about the subject. For example: safeguarding policy and practice.

The provider recorded all staff training onto their individual computerised records. Staff completed an in house induction which was delivered by its own staff. This was followed by shadowing opportunities where new staff followed a more experienced member of staff around until they were familiar with the routines. This meant people were supported by staff who had the skills and knowledge to support them. Staff were then signed up for the care certificate, a nationally recognised induction programme for care staff.

Staff completed a mix of face to face training both provided internally and externally, with good use of training provided by the Local Authority. Some training particularly refresher training was completed using e-learning modules which is completed on the computer. In addition the provider/manager was supporting staff to gain further qualifications in care and to assist them with meeting people's specific needs. The

provider said twenty- five staff had been signed up for additional care qualifications and the rest of the work force already held a qualification in care. As well as the care certificate some staff had additional roles and responsibilities such as the role of dementia coach. This was being extended to other areas of practice such as champions for: safeguarding, end of life, coaching and mentoring, advocacy and dignity champions. The nominated staff would take on these roles because of their interest and possible expertise in this area. They would be the named person to support staff and help promote best practice.

The provider told us they were working with a university on a European study called Quality of Jobs and Innovation generated Employment Outcomes. A member of the Skills for Care team who are a national organisation and support training for adult social care put Cambridge Care Company forward for the project as they felt they were an innovative company.

People's rights were upheld in line with the Mental Capacity Act (MCA) 2005. This provides a legal framework to protect people who are unable to make certain decisions themselves. People consented to care they received and there were processes in place to ensure people received the care that they needed and this was provided in line with people's wishes. The service worked closely with advocates, other family members and social and health care professionals when required. A number of people had trustees appointed to hold and manage their finances. There were processes in place to ensure people were protected from the possibly of financial abuse.

We did not see any mental capacity assessments but were told that everyone being supported had capacity to make day to day decisions however unwise. There were processes in place to manage bigger decisions and to act in people's best interest and in consultation with relevant parties. We could not see on people's records if any relatives had Lasting Power of Attorney (LPA) over their relative's health and welfare. There was a section in people's care plan to record this.

Staff spoken with had received specific training around the Mental Capacity Act 2005 and had some knowledge of it. Staff were observed offering appropriate support and promoting people's choice. As part of the overall quality assurance staffs performance was subject to spot checks. Records showed staff were observed and judged against a number of core values such as choice and control.

Staff provided assistance to some people helping them to prepare meals and drinks. We observed a number of people who had drinks within easy reach. Where people had been judged at risk of not eating or drinking enough for their needs staff were recording and monitoring this through food and fluid charts. The provider told us that guidance had gone out to all staff reminding them to prompt people to drink enough specifically in the warmer weather.

People told us they were supported by staff with their meals, and care records reflected the level of support people received. Snacks were left for people when required during the day. Specific dietary requirements such as diabetes were catered for by the carers. Time critical calls were indicated on the rotas as required. We noted one person without a lunch time call who had eaten four bags of crisps for lunch. The provider explained it was the person's choice and they did support them at other times with their meal and food preparation.

People told us without exception that their family or friends took care of their health needs regarding opticians, dentists and chiropody. However staff told us they often called a GP or ambulance for people and would wait with them until a family member could take over. They also told us they had good links with the GP and district nurses and would signpost people to the support they might need or make appointments on people's behalf.

We spoke with one family. Care staff had raised concern about an unaddressed need. They had also made referrals on the family behalf for support around the person's health care needs.

Records showed that staff liaised with other healthcare professionals when it was appropriate to do so. This helped to ensure that there was good communication and sharing of information about the person's care needs.

Good

Is the service caring?

Our findings

The majority of people we spoke with told us positive things about the staff that supported them. We visited one person and their family member. They had regular visits each day and needed total assistance with their personal care. They told us care was delivered in a respectful way and the carers always explained what they were doing, asked permissions and they said staff promoted their dignity and independence. One person told us they had regular care calls but at times needed the toilet urgently in between times. They said they had on occasion rung the service for additional support and the service had facilitated this. One person told us, "They just spend the time doing what I need done, they don't rush me always ask me if there is anything else they can do for me before they go, most of them are lovely girls." Another said, They are all very good and pleasant really, they are fine lovely girls. No-one speaks to me badly, all fine."

People's care plans reflected their needs, wishes and abilities which helped staff to deliver care around people's expressed wishes.

Staff spoken with understood people's needs and demonstrated they knew how people preferred to be cared for. Staff spoke about offering people choices and promoting their independence. Staff spoke about giving people enough time to deliver their care and flagging up any concerns if the time was insufficient or if people's needs had changed. Staff also gave up their time to support people with activities such as the recent trip to the sea side.

We spoke with one of the dementia care coaches who told us about their roles, which included supporting people with dementia, their main carers and staff providing their support. They told us they were helping to develop life stories/histories which would help staff understand the person better and provide meaningful care. In their role they provided support to staff if they were finding it difficult to support the person with dementia. Staff told us they had enough information about a person to provide their care and they told us the new care plans being developed were more insightful and informative. Staff said they had time to read care- plans and found them informative.

Some staff told us they made regular visits so knew people they supported really well. This was not always the case and some people reported negative experiences with a number of the newer carers because of their lack of experience. However did say their concerns were listened to and addressed

People were given information before commencing the service. An assessment of their needs was carried out to ensure the service could meet their needs. The provider described how they included people who used the service in their assessment and any reviews of their care. The service provided newsletters to help people keep up to date with changes in the service. In addition people's needs were kept under review and there was regular monitoring of the staff to ensure they were providing appropriate care. As part of this spot check observations were made to determine if staff were treating people respectfully and were aware of people's needs and meeting these in a meaningful way. Improvements in the way calls were monitored were being made by the service to ensure people received the service they needed at a time close to the time of their choosing.

Good

Is the service responsive?

Our findings

In addition to telephone calls we visited people and their spouses to establish how they felt about their support and to look at care records in people's homes. People we visited had various degrees of support, and reported favourably about the support they received. One relative told us that they had a regular carer which they appreciated as continuity was so important There were additional carers assigned to cover holidays/sick leave and they said felt they had confidence in all staff supporting their spouse. They told us staff kept detailed notes of the care provided which helped the next carer and ensured continuity of care. They told us the service had been recommended and they in turn would recommend it.

Another person we visited had regular care which they were reluctant to accept. They told us they found it difficult to ask for help but said their regular carers knew what they needed and did things automatically but they did not always have regular carers. They said some of the carers just stuck to the recorded tasks rather than asking if there was anything else they needed help with. Their health fluctuated which had an impact on their independence.

Another person spoken with was complimentary about the support they received and the flexibility of the carers in meeting their needs which could vary from day to day. They told us they preferred to be supported by carers who were familiar with their needs. They said they found it frustrating telling new carers what support they needed particularly when they were tired. However their needs were recorded so this should inform carers practice.

We passed this on to the provider so they were aware but this highlights the importance of continuity for people and how this impacts on their experience of the service.

Another person told us, "99% things are fine. When they are not my concerns are addressed." We looked at their care plan which was written in a way which reflected their needs and what was important to them. It described the person in a meaningful, positive way with emphasis on what they could do and what they needed support with the help them retain their independence. Their care plan had been recently reviewed.

We spoke with a person who the service were supporting and the staff were balancing their needs whilst taking into account the views of their relatives. The person was striving to be more independent and staff were supporting them to be so and helping them to do what they wanted, including socialising with their peer group and accessing different community events. Some of which were organised by the service. The service were encouraging the person to find their voice and giving them the confidence to influence the service they received.

A number of people told us their care plans had been reviewed and we saw this was the case but some care plans had not been reviewed according to people in over a year. We asked staff who was unable to demonstrate that all plans were up to date in terms of an annual review which they said was a minimum. One person said, "Someone did come out over a year ago but I haven't seen them since not for ages really. Staff responsible for reviewing care-plans told this was happening regularly and there was a plan in place to

review all care plans in an agreed time frame.

People's care needs were determined by an assessment completed by the service and assessments were received from other healthcare professionals. The provider told us that recently a social worker called and said that they had a person with complex needs who needed support and had decided on this service as they could trust them as they provided an excellent service.

Assessments would be completed before a service was provided to them and people's needs were kept under review to ensure the support provided remained appropriate. However the frequency of reviews needed further clarity. Reviews would be revisited if a person was admitted to hospital for more than a few days. We saw in people's homes an initial assessment and risk assessment of the home and care to be provided. Where staff had to perform specific tasks there was enough information for staff. For example a manual handling plan would be implemented when a person required assistance with moving. This included any equipment to be used. The initial assessment and subsequent reviews would include the person being supported and any involved family member and health care professionals with the person's permissions.
We looked at people's care plans and daily notes which were well written and informative. Staff told us they used these to inform them of the care they needed to provide and they had time to read people's care plans. The provider told us they had introduced a new monthly auditing section called 'learning from experience' where they picked one item that they had learnt from. Staff have regular meetings so they could share good practice. They told us there were weekly handovers and verbal handover for each new person being supported to ensure staff knew the person's needs and preferences.
Some support was provided to people around their social needs and staff at times helped people to attend events in the community and also to assist people on holidays when they needed one to one support. The service had organised a number of events including a Christmas party and a Halloween party for the younger people they supported. They had organised a day trip and were also organising a lunch in a local hotel for which they were picking up the cost and providing transport if required. This was to enable people to socialise and for them to discuss the services they receive and what they wanted in the future to help improve the service provided.

Most people spoken with told us any concerns about their care had been addressed although one person said they were still waiting. One person told us "I complained about a carer and they told me they wouldn't send them back and they were true to their word." A number of people said any complaints about a member of staff had been acted on but if they complained about the timing of their calls especially in the morning for being assisted up or assisted to bed, there was no response and nothing changed. We have flagged this up with the provider but know there are plans in place to improve people's overall experience and levels of satisfaction.

In people's records was a copy of the complaints procedure and we saw there was a clear process for people to follow. The provider recorded complaints and responded to them appropriately within agreed timescales and only after carried out an investigation as part of a fact finding exercise. Lessons learnt were part of the overall conclusions. The service had systems in place to ensure people's voices were heard and responded to and the quality of the service provision was constantly monitored to ensure people received a good service

Good

Is the service well-led?

Our findings

We found the service were doing lots of different things to involve and enhance people's experiences and ensure they received a good service. We have identified some concerns in regard to ensuring people's calls are delivered on time and at the right time but were confident the provider was addressing these.

Staff we spoke with were very complimentary about the service and the support they received. Staff recognised they had at times been short-staffed but said they had pulled together to ensure calls were not missed. We asked staff about the organisation of their work load and the support they were given. Several staff members told us they had regular rounds in close proximity to minimise travel time. They told us they received their rotas ahead of time but occasionally got asked to do additional calls or new calls which they said was not a problem. All staff said they felt very well supported. Staff told us that the provider was very supportive of them. One staff said, "They are passionate and driven and don't shy away from challenging poor practice. " Another staff member told us, "We have very high standards, would recommend, we have some amazing carers."

Staff told us they were well cared for and valued by the provider. The provider told us they had enrolled onto a wellbeing programme to enable them to continue to support their staff team. We met a staff member who had been supported through a period of ill-health and continued to be supported when returning to work. The provider told us that award ceremonies were held in December for staff and people using the service could nominate deserving staff.

New initiatives in the service included giving staff the opportunity to undertake specific roles within the organisation. The service already had two dementia champions and were planning to extend this by developing roles in other areas of practice. In addition some senior staff had train the trainer which enabled them to train the workforce as and when required. The provider/manager was also looking to develop care coaches which were members of staff with very good practice who would be able to support and mentor staff with less experience to encourage and promote better practice within the service.

The provider was also the registered manager for this location but told us that they were relinquishing the responsibility as manager to enable them to focus more of the continued improvement of the business. They had appointed a full time manager who was being supported through induction and training until they felt ready to take over the position in its entirety. The new manager told us they had already completed a number of courses including exploitation of young people, managing stress in care staff and had attended safeguarding boards.

We spoke with the provider about the concerns we had identified about the timelines of calls, rotas not reflecting who was coming and the sometimes poor communication from office staff. They told us they had recently increased the number of staff in the office including a receptionist to replace the existing receptionist who had now moved into a business role within the company.. They had a total of 11 office-based staff to oversee the management and coordination of the service on a day to day basis. The staff who were in the office part time also worked in the community and this provided both continuity of contact

between the office, service users and staff and also additional flexibility of cover. The provider discussed the change in their role so they could take more strategic overview, adding a further manager to help with oversight. The new manager had been in post one week at the time we inspected. They explained that they had a very integrated way of working and a lot of administrative and management support which allowed them to prevent issues from falling through the cracks. All training was provided by in-house trainers, which allowed them control over the quality of the training. They believed with more advanced technology they were confident people's experiences would improve. They also told us that all office staff would be attending a course on communication to help them with their role of customer service. They said additional out of hours staff were deployed and they operated a traffic light system in which they would prioritise the most urgent calls first.

The provider demonstrated a comprehensive understanding of people's needs and was fully aware of shortfalls within the service and was working hard to address them and to provide a service which was inclusive and centred on the needs of the individuals using it. We felt the service had the potential to be rated as outstanding in terms of its management and leadership in the future.

There were areas of practice where the provider felt they were already outstanding. One example given was ensuring people with a learning disability had training to help prevent radicalisation. They were also looking for new ways to engage including the use of forums and face book and helping people access the services they needed through advocacy.

The provider was fully aware of their responsibilities to the CQC and has continued to submit timely notifications to the CQC regarding any events affecting the well-being and, or safety of people using the service. We saw that safeguarding concerns, incidents/accidents had been investigated to ensure actions taken to keep people safe were appropriate and risks had been responded to appropriately.

Staff felt the service was inclusive and they had sufficient opportunities to discuss their work practices and performance and learn from each other. This was achieved through regular meetings, supervisions, and feedback through newsletters. Lots of the staff collected their timesheets directly from the office and had regular contact with the office staff.

The provider has three locations and they told us how they meet regularly with the other managers to discuss the service as a whole and share good practice across the locations. The manager told us they were particularly proud of their staff team. The service had been nominated and attended the Suffolk care awards in the week of our inspection. They made the top three and were highly commended. In addition they were awarded the Care Team of the Year 2014/2015 at the Great British Care Awards. They also had team members who were finalists in the National Learning Disabilities and Autism Awards 2016 and in February 2016 we were finalists in the Suffolk Safeguarding Adults Going the Extra Mile Awards in 4 categories.

The service provided was inclusive for those using it. Everyone received newsletters bi-monthly so they were aware of changes/initiatives in the service. The service had tried to engage with people in meaningful ways. For example a number of people had been supported by advocates to ensure their voices were heard. A recent trip was organised and paid for by the service. About 40 people which included carers went to Felixstowe for the day. All the staff who attended gave up their own time. Staff reported this as a real success with everyone enjoying the event. A service user forum was being set up by the provider/manager with free lunch and help with transport. This was being facilitated by an advocacy organisation so was independent of the provider. A number of staff and including a person using the service had entered race for life to raise monies for people living with cancer. The provider said they were keen to support local projects.

Engagement with the community was positive and the provider had good local knowledge. They told us how they were engaging with people using the service and trying to help them stay in contact with their communities. One example was the work being done through the dementia coaches who had become dementia friends, an initiative run by the Alzheimer's association. They provided initial free training and access to resources with the view of the dementia friend providing the training to other groups of people thus spreading the awareness and understanding of how dementia impacts on individuals and how the community can support them. Dementia friends working for Cambridge Care planned to run training sessions within the town to big retailers and within the schools to help young people understand the effects of dementia and how they could support people with dementia.

In addition the service was pulling together a resource guide which gave people using the service a comprehensive guide of what facilities their local community had and where they might access it. For example in terms of transportation there were a number of voluntary groups and schemes like dial a ride which could enhance people's independence and overcome some of the practical difficulties they might have.

In addition the provider had systems in place to monitor the service. They sent out feedback forms to people asking them about their experiences. Everyone we spoke with was aware of this and said they had recently been asked to complete one. These had recently been completed and were designed in line with areas we look at as part of our inspection. Surveys were also circulated to staff for their feedback but not to health care professionals. Of the ones circulated to people using the service there was a 30% return. Most of the comments were positive particularly around the caring attitudes of staff. Changes in the service as a result of feedback included: The introduction of an electronic monitoring system which would work by staff using their phones to transmit information including when staff arrive and leave a person's address and able to report any changes which would result in records being electronically updated without the need for staff to come into the office and manually update records.

The provider/manager said they were developing people's care plans and introducing a one page profile for everyone which would help care staff easily see what people's main needs were at a glance. The work to improve the plans had already begun the service was prioritising people with dementia first.