

Cambridgeshire Care Agency Limited

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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

Cambridgeshire Care Agency Limited is a domiciliary care agency (DCA) providing the regulated activity of personal care to people who live in their own homes. At the time of this inspection one person was receiving support with their personal care from the agency.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this announced inspection carried out on the 10,11 January 2019, we found the service remained Good overall.

Staff protected people as far as possible from discrimination and harm. The registered manager assessed potential risks to people. Plans were in place so staff knew how to minimise risks to people in the least restrictive way and without removing people's right to take risks. However, staff did not always notify the registered manager quickly enough when people's care and support needs changed.

The registered manager recruited new staff following checks to make sure they were suitable. There was enough appropriately trained staff to work in this service to meet people's changing needs. Staff did not support people with their prescribed medication. Staff had received training in infection control practices. Staff had personal protective equipment such as gloves and aprons provided for them. The registered manager and staff team used incidents as a learning tool to help further ensure people's and staffs safety and well-being.

People continued to receive an effective service. Staff received supervisions, appraisals, training and support, which helped them to do their job. The registered manager assessed people's care and support needs to make sure staff could meet these needs, before offering the person a service. Staff supported people to eat and drink enough to maintain their health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People continued to receive care and support from staff who cared about their well-being. Staff respected people's privacy and dignity. They knew people well and helped people to still be as independent as possible.

People continued to receive a service that was responsive to their needs. People were fully involved in planning their care and made their own decisions about this support. Support plans were personalised and gave information for staff, from the person's viewpoint. Staff went with people, if asked, to community activities and keeping their interests. The registered manager dealt appropriately with complaints and tried to resolve complaints wherever possible.

The service continued to be well-led, by a registered manager who gave good, hands-on leadership. They monitored the service for quality and put actions in place to address any shortfalls. There was an open,

person-centred culture. The provider sought the views of people, and staff and these views were considered to ensure continuous improvement. The service, where possible, worked in partnership with organisations to provide people with joined-up care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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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.

One inspector carried out the inspection. We visited the agency's office on 10 January 2019 and spoke to staff by telephone on 11 January 2019. We gave the registered manager 48 hours' notice of the inspection because this is a small service and we wanted to make sure that someone would be in the office.

Prior to the inspection we looked at information we held about the service such as notifications. These are events that happen in the service that the law requires the provider to tell us about. We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information received on 8 March 2018, and the report of our last inspection.

During the inspection we spoke with the registered manager, a care-coordinator and three support workers. There was one person using this service who declined to feedback on the service provided. Prior to the site visit we wrote to a number of health and social care professionals for feedback to aid us with our inspection planning.

We reviewed care records relating to one person who used the service and other documents central to people's health and well-being. These included staff records, complaints records, medication records and quality audits.

Is the service safe?

Our findings

The service continues to provide a safe service.

The registered manager assessed risks to people's safety and wellbeing and people were supported to manage these to help keep their independence and freedom. People using the service had the mental capacity to make decisions and refuse staff support with tasks that could put them at risk. This was recorded in the care plans and risk assessments. The registered manager regularly reviewed people's individual risk assessments. However, not all staff were clear about their responsibility to quickly notify the registered manager when people's care and support needs changed. The registered manager told us they would talk to staff to make sure they understood how important this communication was. Evidence provided by the registered manager since the inspection shows this has been implemented.

Care plans and risk assessments showed that people using the service were not supported by staff to prompt or administer their medicine. However, staff told us a person's needs that had very recently changed and that staff were now helping the person with their medicine. Staff told us that they had not reported this change in support to the registered manager. This meant that there was an increased risk of support that was not agreed within the person's plan of care. The registered manager told us that they would speak to staff and update the person's care records to reflect this change. Evidence received since the inspection demonstrates that this has been actioned.

Technology and equipment was used to promote and maintain a person's safety and well-being. However, care records did not document whose responsibility it was to organise the servicing of this equipment. The registered manager told us that there was an expectation that staff undertook a visual check before use, but that staff did not always document this check. This meant that there was an increased risk of misunderstanding whose responsibility this was and that these checks were actioned by staff.

Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks to people. Staff understood they had a duty to report such concerns and knew the process to follow. Records showed a concern about a person's safety was raised by staff with the registered manager. They then reported this to the local authority safeguarding team. A staff member confirmed, "I would report [concerns] to my manager or to the authorities like CQC or Peterborough safeguarding [team]."

The provider had a system in place to make sure people received support in an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed in case of staff sickness. The provider employed enough staff to meet people's assessed needs. Care calls times were flexible as requested by people using the service. Where extra care calls were requested to support the person on outings these were supported wherever possible by staff.

Safe and effective recruitment practices were followed to help make sure staff were of good character and suitable for the roles they performed at the service. Recruitment records showed that relevant checks were carried out prior to staff starting to work with people.

Staff had received training in infection control practices and food hygiene. Staff told us that personal protective equipment such as gloves and aprons was provided for them. People were responsible for keeping their own homes clean and hygienic, with staff support if that was part of their agreed support plan. A staff member said, "Gloves and aprons are used for personal care and cleaning. You use once only, just for the task."

The registered manager used incidents as a learning tool to help ensure people's safety and well-being. The registered manager and staff talked us through learning following an incident, this showed that actions were taken because of learning.

Is the service effective?

Our findings

The service continued to provide an effective service. The registered manager assessed each person's needs before they offered a service. From this assessment support plans and risk assessments were developed and agreed with people. This made sure that staff could meet people's needs effectively.

Staff completed an induction programme at the start of their employment which included training on how to support people. Records showed that newly recruited staff were expected to complete the Care Certificate, a nationally recognised induction in health and social care.

Staff undertook training so that they could support people safely and effectively. The provider offered training in a range of topics. Staff said they received regular individual supervision and appraisals so that they could discuss their performance and development needs. A staff member told us, "If I want training, I only have to ask. For example, I have been on a [named training course] to recap my skills." The registered manager said that they were currently looking at different training companies to help develop staff to work towards a nationally recognised qualification.

Staff supported people with their food preparation and with drinks to maintain their hydration where needed. A staff member said, "I prompt drinks and on leaving the care call I make sure the table is stocked well with food [person] likes to [eat]."

Staff sought people's permission prior to supporting them to attend external health care assessments and healthcare appointments, such as with the occupational therapist and physiotherapist. This promoted people's independence and meant staff were up to date on the support the person needed to maintain their health. A staff member said, "I helped [named person] attend a GP appointment on [named date]."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People using the service did not lack mental capacity. However, staff had received training and had a good understanding of how this legislation related to their work. A staff member said, "You make sure you always ask about what they want and [they] will make a decision. For example, what to wear and personal care. If a person lacks [mental capacity] decisions are made in their best interest."

Is the service caring?

Our findings

The service remained good at caring for people and staff demonstrated to us they genuinely cared for the people they supported. Staff were aware that they were to be respectful of the choices people made and how they chose to live their life.

In the main people and staff got on well together. Staff showed when they were worried about a person's well-being and responded to the person's needs as far as they could. Staff respected people's privacy and dignity and supported people to keep their independence for as long as possible.

People were fully involved in making their own decisions about their care. The care record clearly showed where a person has disagreed and not consented to staff support with certain talks, even if this put the person at a greater risk. This was because the person had the mental capacity to understand the risk they would be taking and showed staff had respected this choice.

Staff had worked at the service for a long time. This meant that people and staff knew each other well. Staff could recognise quickly when people were not well and gave additional support including involving other professionals if needed.

Is the service responsive?

Our findings

The service continued to provide care and support that was responsive to people's needs. People were fully involved in planning their support and care and stating what their wishes were. Support plans broke down each part of the care and support the person had agreed to. This was so that staff had personalised guidance on what the person wanted to achieve, the support they needed, and how they wanted the support to be given.

Staff supported people, when requested, to be involved in meaningful activities that supported their interests and hobbies and outings.

The provider had a process in place so that people could raise their concerns if they wanted to. The provider had received one complaint since our last inspection. The registered manager had investigated the complaint and tried to resolve the concern where practicable to the persons satisfaction.

The provider had not set up the service to specifically provide end-of-life care. However, there were policies and procedures in place that staff would follow if needed. The registered manager told us that they would work with external health professionals to support people should this need arise.

Is the service well-led?

Our findings

The service continued to be well-led and there was an open, person-centred culture. The provider had a clear vision and strategy and staff were fully involved in working to support people to lead as independent a life as possible.

There was a registered manager in place. 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 they run the service.

The registered manager was a hands-on manager who led by example. They knew people well.

The provider had a system in place to ensure that staff delivered a good service, which met people's needs and kept them safe. They sought the views of people and staff and acted upon these views where possible. As a result of feedback from a person who had said communication was poor, action was taken to communicate via e-mail which was the person's preference. People's care and support plans were reviewed regularly and feedback on the service was also sought during these reviews.

Audits were carried out on various aspects of the service, to check that staff were following the correct procedures. This ensured that the service continued to learn and improve.

When permission was given by the person using the service, the registered manager worked in partnership with other agencies to provide joined-up care to people.