

Royal Mencap Society

# Cambridgeshire and Peterborough Domiciliary Care Agency

## 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 

## Overall summary

Cambridgeshire and Peterborough Domiciliary Care Agency provides personal care to people who live in their own homes. There were approximately 100 people using

the service when we visited. The inspection took place on 15 October 2015 and 16 October 2015. We gave the provider 48-hours' notice before we visited to ensure that

# Summary of findings

the registered manager was available to facilitate the inspection. The last inspection was carried out on 6 November 2013 when we found the provider was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 we assessed against.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 knowledgeable about reporting any abuse. There were a sufficient number of staff and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce identified risks.

Staff had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do

not have capacity and what guidelines must be followed to ensure that people's freedoms are not restricted. The provider had made a number of DoLS applications to the local authority and was awaiting their completion.

Staff were supported and trained to do their job and any additional training was provided for specific care needs to ensure they can be fully met. The staff were in contact with a range of health care professionals to ensure that care and support was well coordinated.

People's privacy and dignity were respected and their support was provided in a caring and a patient way.

Care was provided based on people's individual health and social care needs. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People were able to make suggestions in relation to the support and care provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's needs.

People were appropriately supported with their medications.

Good



### Is the service effective?

The service was effective.

The provider had procedures and training for staff in place regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so that people were not at risk of unlawful restrictions being placed on them.

Staff felt they were supported by the provider to carry out the expected care and support for people.

People's health and nutritional needs were met.

Good



### Is the service caring?

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views about their needs.

Good



### Is the service responsive?

The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were supported to attend medical appointments where appropriate.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly.

Good



### Is the service well-led?

The service was well-led.

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to raise concerns and issues with the registered manager and provider.

Good



# Summary of findings

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

# Cambridgeshire and Peterborough Domiciliary Care Agency

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 October 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the service's office and looked at eight people's care records and we spoke with 19 people supported by the service. We also spoke with the registered manager, three service managers, an administration officer and eight care staff. We saw records in relation to people's support, the management of the service, the management of staff, recruitment and training. We also spoke with three care managers and a healthcare professional that had regular contact with the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “The care staff are really brilliant and I feel very safe when they are here.” Another person said, “The staff have helped me with my confidence and I feel safer when I go out now”

Staff were aware of their responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and would not hesitate in raising any incidents or concerns with their service manager and the registered manager. We saw that the contact details for reporting safeguarding incidents to the local authority were available in the service’s office. One member of staff we spoke with displayed a good knowledge of the safeguarding reporting procedures and said “I would never hesitate in reporting any incident or allegation of harm to my manager”. The registered manager was aware of the notifications they needed to send in to CQC in the event of people being placed at risk of harm.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Samples of risk assessments included communication guidance and supporting people with their mobility. Documents in people’s support plans detailed the level of support people required with their medication. People told us that the staff always made sure that they administered or prompted them with their medication as outlined in their support plan.

Staff told us that they had attended annual training in administering medications and that they had to complete

an annual competency check to ensure their practice was monitored. We saw a sample of medication competency checks and training records which confirmed this to be the case.

People said that there were always enough staff to safely provide care and support. People we spoke with told us that staff were on time for their care visit. They also told us that they usually knew which staff would be visiting although two people said that they were not always told in advance which staff would be providing their care.

Effective recruitment procedures were in place to ensure that only staff who were suitable to work with vulnerable people were employed. We saw the personnel records of three members of care staff. Satisfactory recruitment checks had been carried out and included evidence of completed application forms, satisfactory references, proof of identity, and Disclosure and Barring Service checks (DBS). The registered manager told us that any gaps in employment were pursued during the person’s interview. We saw that all recruitment checks were completed before care staff commenced working with people and providing them with care.

Staff we spoke with confirmed they received a hand book which outlined the service’s policies so that staff were aware of their role and responsibilities.

Newly recruited care staff told us their recruitment had been dealt with efficiently and that they had received an induction and training programme prior to commencing work. They had been made to feel welcome by all staff and had shadowed more experienced staff before working confidently on their own with people who used the service to ensure people’s safety.

# Is the service effective?

## Our findings

People spoke positively about the staff who supported them and they were satisfied with the care and support they received. One person told us, “The staff help me with my shopping and cooking and going to appointments”. Another person told us that, “Staff support me with my money and budgeting during the week”.

The registered manager confirmed there was a programme to make sure training was kept up to date. Training records showed, and staff confirmed that they received training on an ongoing basis. Examples included; safeguarding, manual handling, infection control, health and safety, dementia awareness, epilepsy and administration of medication.

Training was monitored by the registered manager, service managers and the administration officer to ensure that staff remained up to date with refresher training booked on an ongoing basis throughout the year. Staff and the training records confirmed this to be the case. Staff we spoke with told us they had received regular supervision and an annual appraisal. They felt supported by their managers and by their staff colleagues. This showed that there was an effective system of training and support for staff.

We found that people’s rights were being protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place and training for staff regarding the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with confirmed that they had received MCA and DoLS training. The registered manager was aware of the relevant contact details and local authority procedures and had completed six applications for people using the service who may be having their liberty deprived. The service was awaiting the outcome of these applications.

We found that assessments of people’s nutrition and any dietary needs and food preferences had been completed as part of their initial assessment of their support needs. People told us that the staff assisted them with menu planning and shopping. They always asked them about their individual preferences and encouraged healthy eating choices. Staff were seen to assist people to choose and prepare the evening meal and their packed lunch.

We spoke with a healthcare professional who had contact with the service and they said that they found the service followed advice given and that communication had been generally good.

# Is the service caring?

## Our findings

People who used the service that we spoke with on the phone confirmed that the staff were kind and caring. For example, one person said, “They help me with what I need, ask me if there is anything else I want to do at home or out in town - they are really good.” Another person said, “They [staff] help me with whatever I need and never rush me.” We observed that there were friendly, respectful and supportive relationships in place between staff and people using the service in the two supported living schemes that we visited.

Staff providing reassurance and dealt with people’s issues and concerns in a kind, cheerful and attentive way. One person said, “They [staff] assist me with sorting out my money and help me to keep my room tidy.” Another person said that they had been fully involved in discussing and agreeing the support that was to be provided and also said, “A member of staff helped me to go to an interview which was really good and reassuring”.

All of the people we spoke with told us that care staff respected their privacy and dignity. People also told us that new staff were introduced to them so that they knew who would be providing care. People told us that they usually had the same care workers providing care and support and usually knew in advance which staff would be visiting them. Members of staff described the aims of people’s support in enabling them to live independently and have a good quality of life. One member of staff said, “It is to help people fulfil things they want to do in their life and to meet their needs in the way that they want to.” Another member of staff said, “Every day is different and I love supporting people here.” One person said “I am so happy now that I am living in my own flat and the staff have helped me to become far more independent.”

We saw that the registered manager had taken steps to ensure, as much as possible, to meet people’s individual

preferences regarding whether they wished to be supported by male or female staff. People’s preferred names were used and recorded. This showed us that people’s equality and diversity was considered and acted upon.

People told us that staff had taken time in talking with them about things which were important to them in a respectful way. It was evident that there was a warm and comfortable rapport between staff, the person receiving care, and their relatives. Comments included, “The care staff are polite and respectful whilst in my house and they are careful to respect my feelings and privacy.”

Records showed that staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way including supporting a person who was living with dementia. We saw the person’s support plan which reflected the changes to support that they required.

Care and support plans reflected people’s wishes and preferences and how staff should support them. The registered manager had taken steps to ensure, as much as possible, to meet people’s individual preferences regarding whether they wished to be supported by male or female staff. This showed us that people’s equality and diversity were considered and acted upon.

Staff we spoke with displayed a great deal of warmth about their work and the care they provided for people. One member of staff said, “I love my job and I try hard to provide the best possible care.” One person told us that “They [the staff] are lovely people and I can’t fault them.”

The registered manager told us that no one currently had a formal advocate in place but that local services were available as and when required. Relatives had regular contact with the service and were involved in the planning and reviewing of their family members care and support where appropriate.



# Is the service responsive?

## Our findings

All of the people we spoke with and their relatives told us they were provided with information about their care and also if any changes were made. For example, one relative said, “My family member’s care is reviewed and any changes to calls are made as necessary.” A person said, “They increased our care package to support [family member]

People said they were able to choose the care workers they preferred, their preferred time of care and what was important to them, including their preferences, likes and dislikes. People told us that on the majority of occasions their requests were met. One person said “The staff are very good and are usually on time and they let me know if they are running late” The registered manager told us that they provided care only where the staff could do this reliably and effectively to ensure people’s needs were met. This was confirmed by healthcare professionals who were in contact with the service.

Assessments of people’s needs had been carried out by the registered manager or senior management staff before a service was provided. People’s preferences including but not limited to, their meal choices, their preferred name and a life history to aid staff’s understanding of each person. These were used to formulate the support plan and outline the care which was to be provided.

We looked at nine support plans during our inspection. There were guidelines in place for each visit so that care staff were clear about the care and support that was to be provided. We saw details in place regarding the person’s background, family contacts and personal preferences as to how care and support should be delivered. Individual preferences were recorded and were written in a ‘person centred’ style to record in detail what was important to the person and how they wished their care to be provided. People told us that where they were assisted with their meals and the staff had always asked them about their individual preferences.

Examples of care and support that people received included assistance and prompting with personal care, preparation of meals, assistance with medication, household chores and social activities. We saw that were agreements in place, signed either by the person or the person representative, regarding the care and support to

be provided. Staff we spoke with were able to give examples about the varying types of care that they provided to people such as assisting people with their finances/ budgeting, cooking, accessing community resources, prompting with personal care, and assisting with their medication.

Daily notes were completed by care staff detailing the care and support that they had provided during each care visit and we saw samples of detailed notes in one of the supported living schemes.

Staff held regular monthly recorded reviews of the support plan with people and their relatives where necessary to ensure support was kept up to date and met the person’s needs. One person said “I meet with my keyworker every month to review how things have gone and change things when I want”. We saw samples of reviews completed regarding the care and support that was being provided and additional information was included in support plans such as additional support where the person’s needs had changed. Staff also told us they received detailed handovers and there were communication books in place to record where any significant events or changes to care had occurred. This ensured that staff were aware of information regarding changes to people’s support needs.

People told us that staff had been responsive where their needs of the person had changed. One person said that they had become far more independent and was more confident in trying new things such as being able to cook for themselves.

People we spoke with and met were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, “If I have any concerns I speak with the staff and they are good at helping me sort things out”. People said that their concerns and complaints had been dealt with in a timely and professional manner. People felt able to raise and discuss their concerns at any time with their keyworkers, during tenant meetings and with members of the management team. A copy of the service’s complaints procedure was included in people’s information packs. The registered manager told us that all complaints were acknowledged and resolved to the person’s satisfaction as much as possible. All complaints were recorded and we saw a sample of a recent

## Is the service responsive?

correspondence to address a concern that had been raised and now resolved. One person said, “I feel confident that when I raise any concerns or a problem it will be dealt with properly.”

# Is the service well-led?

## Our findings

People told us that they had regular contact with members of the service's management team and knew who to contact if they wished to discuss any concerns or issues about the care and support being provided. One person commented, "I can speak to the managers and staff about any concerns I may have." People were encouraged to make suggestions and comments during their individual and group meetings. Actions were taken in response to these, which included going on holiday and developing menus.

There was regular contact with people and their relatives to gauge satisfaction with the services being provided. Annual? surveys were sent to people who used the service to gain their opinions regarding the care provided. The responses from the 2015 survey whilst they contained some positive comments the provider had collated and an action report to respond to issues and comments raised by people and staff in their surveys. Comments from the 2015 action plan included additional planned support for people with computer skills, assistance with healthy eating, budgeting

The registered manager and office based management staff demonstrated that they understood their roles and responsibilities well. Staff we spoke with told us that they felt the service was well managed. They said they felt supported managers, including during out of business hours and were able to raise issues and concerns at any time. One member of staff told us, "The care staff work well together and I feel that I am supported." Another staff member told us that, "The staff members in the office are helpful and very supportive." Minutes of staff meetings showed where a range of care and support issues had been discussed.

There was an open culture within the service. Staff told us they enjoyed their work and working for the service. Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. One member of staff said, "I feel that I would be confident in reporting any concerns to my manager and that I would be protected if I did." This showed us that people were kept safe as much as possible.

The provider regularly considered the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals and their views were sought regularly. Records of unannounced checks of staff's competence had been undertaken by management to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with.

The service used Royal Mencap's quality assurance system called CCT (Continuous Compliance Tool) to monitor the services provided. Audits were completed by members of the management team. There had been regular meetings held with the registered manager and service managers to ensure that ongoing checks of key areas of the service were made. These audits included observations of support being provided, care and support records, reviews of care, discussions with people who used the service and their relatives, staffing, training and health and safety arrangements.

The office based staff and care staff worked in partnership with other organisations. This was confirmed by comments from health care professionals we spoke with. Comments were positive and they felt that any concerns and issues were dealt with and that communication and queries with the service were responsive, professional and promptly dealt with.