

Royal Mencap Society

Cambridgeshire and Peterborough Domiciliary Care Agency

Inspection report

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Website: www.mencap.org.uk

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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 and Peterborough Domiciliary Care Agency provides personal care to people who live in supported living premises and in their own homes. There were 20 people receiving personal care from the service when we visited. This announced inspection took place on 18 and 20 October 2015. At the last inspection on 15 and 16 October 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'

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.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005. People were supported to have choice and control over their lives as much as possible and staff supported people in the least restrictive way possible. 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, personal and social care needs. There was a complaints process in place so that people could raise their concerns and complaints and these were acted upon by staff.

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 and felt listened to.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 18 and 20 October 2017.

The provider was given 48 hours' notice because the service provides a domiciliary care service and the registered 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 five people's care records and we met and spoke with 10 people supported by the service. We visited and spoke with seven people living at two supported living premises and also spoke with three people by telephone. Some people we met had limited verbal abilities and were not fully able to tell us of their experiences of the care and support provided. However, during the inspection we observed staff providing people's care and support to help us understand the experience of people who could not speak with us.

We also spoke with the registered manager, three service managers (who support and supervise care staff in Cambridgeshire and Peterborough), an administration officer and seven care staff. We saw records in

relation to people's support, the management of the service, records regarding complaints and concerns, the management of staff, recruitment and training. We also spoke with a care manager and a quality improvement manager from the local authority and a healthcare professional that had regular contact with the service as part of our planning for this inspection.

Is the service safe?

Our findings

People we spoke with told us that they received safe care. One person said, "The care staff are great and help me and I feel very safe with them and they never rush me." A second person said, "Yes I feel safe and the care staff are cheerful and good to me." People also said that they were able to talk with the staff and also spend social time together. A third person said, "I am very safe and happy living here and it's been my home for a long time."

The provider had ensured that there were safeguarding guidelines and policies in place. Staff were aware of their roles and responsibilities in relation to protecting people from harm and had received safeguarding training. They told us they would not hesitate in raising any incidents or concerns regarding any allegations of harm with the registered manager and or the local authority safeguarding team. We saw that a risk assessment process to ensure that people remained safe so that their care and support could be appropriately delivered. Examples included risks associated with eating and drinking, medicines, mobility and washing and bathing.

Arrangements for the safe administration and recording of people's medicines were in place. Staff confirmed they had received training regarding administration of people's medicines and competency checks and this was confirmed in the training records that we saw. People's care plans included information regarding the level of support required and whether the person would be responsible for the administration of their own medicines. One person said, "They [staff] make sure that I receive the tablets that I need to have during the day."

People said that staff were on time for their care visits. The registered manager and service managers confirmed that staffing levels were monitored on an ongoing basis to ensure that people's care and support needs could be met.

We had received some concerns regarding staffing levels but the service managers had been able to ensure that there were adequate numbers of staff in place. Bank staff and agency staff were being used to cover shortfalls where required. We saw that there were sufficient staff in place when we visited.

Recruitment of staff was ongoing and a number of staff were in the process of completing their recruitment. Staff recruitment was robust and was managed in conjunction with the service managers and the service's administrator. Staff only commenced working for the service when all the required recruitment checks had been satisfactorily completed. Staff we spoke with confirmed that they had received an induction and supplied the required recruitment documentation prior to commencing working at the service.

Is the service effective?

Our findings

People spoke positively about the care staff and were very pleased with the care and support they received. One person told us, "They [care staff] are very good and help me with getting washed and organising my day with me." A second person said, "The care staff know me very well and help me with what I need and with my shopping and cooking." A third person said "They [staff] help me with having a bath and washing my hair." We also observed that staff gently provided reassurance and assistance to people unable to communicate verbally.

Training records showed, and staff confirmed that the training they needed to meet people's needs had been provided. Examples of training included safeguarding, dementia awareness, first aid, administration of medicines and competency check, food hygiene, MCA and moving and handling. We saw that new staff had completed or were completing the Care Certificate (a nationally recognised qualification for care staff). The registered manager and administrator monitored training and booked staff on refresher training to ensure their knowledge remained up to date.

Staff told us they felt supported by the service managers and received formal and informal supervision. Staff were able to discuss the support they needed and to discuss their training and development needs. This meant there was a support process in place for staff so that they could effectively care for people.

People's nutritional and hydration needs were being met. People told us that where meals and drinks were provided, staff had consulted with them regarding their individual needs and preferences which were recorded in their care plan. One person said, "I make up my own packed lunches and the staff help me with what I would like to eat in the evenings."

The 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 to 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

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 during their induction and on an ongoing basis regarding the MCA. Staff confirmed that they had received MCA training. The registered manager was aware of the relevant contact details and local authority procedures to follow regarding this area.

Staff worked in partnership with health care professionals including GPs and occupational therapists. We received positive comments from care professionals that we contacted prior to our inspection visit. We saw that the service was in regular contact with care managers and commissioners from the local authority.

regarding the changing needs of people using the service

Is the service caring?

Our findings

One person said, "They [staff] make sure that everything has been done and I look forward to them coming to see me." A second person said, "The care staff are very good – I couldn't wish for better care." A third person said, "The care staff are kind towards to me and they know what they are doing and help me a lot." We observed that staff were attentive and kind to people they were supporting. We saw that staff took their time when assisting a person to eat. Care was provided in a caring and cheerful manner. Personal care was provided respectfully and staff ensured a person's bedroom door was closed whilst assisting them with washing and dressing.

Staff showed a warm and caring attitude towards people they were supporting. We saw that the service managers and care staff had carried out reviews of peoples care and support involving the person using the service as much as possible. People told us that staff had taken time in talking with them about things which were important to them during their day. We observed that people were comfortable with staff and that there was a friendly and caring rapport in place.

The staff were enthusiastic about their work and the people that they were providing care to. One member of staff said, "We work well as a team and it's good to see people becoming more confident and independent." Another member of staff told us about a person who was enjoying going to football training sessions and this had improved their confidence.

The registered manager told us that people were provided with information as required so that they could access local voluntary and advocacy services when necessary. Advocates are people who are independent of the service and who support people to make decisions.

All of the people we spoke with told us that care staff respected their privacy and dignity. Records showed that staff received training about how to promote and maintain respect and dignity. Staff met people's needs in a caring way. This included the changing needs of people such as supporting a person living with dementia.

Care and support plans reflected people's wishes and preferences and how staff should support them. We saw that people's independence was promoted and care plans showed how much people could do for themselves and how staff should assist them. An example included guidelines for staff when providing assistance with washing/bathing and with people's mobility.

Is the service responsive?

Our findings

People told us that they had the opportunity to discuss their care and support needs and felt part of making decisions about how they wished their care to be delivered. One person said, "They [staff] know me well and really help me with what I need - I am very happy with the care and staff indeed." Another person said, "I meet up with my key worker to plan my week and the activities I will be doing." We observed staff assisting people and they offered choices and spoke with people in an inclusive way and explained what they were doing.

Assessments had been undertaken prior to the care starting to ensure that people's needs could be safely met. In the care plans that we saw there were signed agreements to confirm that people had agreed the care to be provided. The registered manager and management staff stated that care plans were updated when people's needs had changed such as following a hospital admission or a health care issue. Care plans were monitored each month.

There were detailed guidelines in place about the care and support that was to be provided during each visit. 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 and reflected what was important to the person and how they wished their care to be provided. Examples of care and support that people received included assistance with personal care, assistance with the preparation of meals and drinks, assistance with medicines and domestic tasks and daily activities.

We saw samples of the daily notes completed by care staff detailing the care and support that was required during each care visit. People told us that staff had been responsive and flexible to their needs such as visiting them earlier or later to suit their individual plans during the day. People we spoke with were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, "I do not have any concerns but if I did they [staff] would help in sorting it out for me." Another person said, "The staff deal with my concerns very well and listen to me."

We saw that the complaints policy/procedure contained guidelines for people on how to make a complaint. The registered manager and service managers told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. This was confirmed in the records and correspondence in the complaints file that we saw.

Is the service well-led?

Our findings

A registered manager was 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.

People and staff told us the registered manager and service managers were approachable and listened to what they had to say. A person said, "The staff are really good and I can always talk with them and they are always around to chat and help me."

Staff described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. Staff confirmed staff meetings took place to share information and ideas on how to improve the service and to ensure people's care and support needs were being respected and met. We saw that staff received ongoing supervision to provide them with an opportunity to discuss their work and development needs.

Staff told us they felt able to raise any ideas or issues with the service managers and felt that their views were sought about the service. There was an open culture within the service. Staff told us they enjoyed their work and working for the service. Staff were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if this arose.

The service managers carried out a regular programme of audits to assess and monitor the quality of the service. Examples included audits of medicines and staff's competency, staff training, care planning and recruitment. The provider used surveys to obtain feedback from people using the service, their relatives and staff were used. Results showed positive feedback about the care provided along with the care staff and service managers.

We found that the provider had submitted notifications to CQC when this had been required. This showed us that the provider, registered manager and staff were aware of their legal responsibilities.