

Cambridge Care Company Limited

# Cambridge Care Company - Haverhill

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Cambridge Care Company – Haverhill is a domiciliary care service providing personal care to 39 people living in their own homes and five people with a learning disability who live in two supported living environments. At the time of the inspection there were 44 people who used the service.

### People's experience of using this service and what we found

Since our last inspection, improvements had been made to address the previous shortfalls. This involved making changes to governance and oversight arrangements, implementation of systems and processes to safely assess and manage risks to people, including with their medicines and with the co-ordination of people's visits. These need to be sustained, maintained and fully embedded into the culture of the service.

Risks to people were assessed and mitigated, which reduced the risks of avoidable harm. Staff were knowledgeable about people's risks and how to care for them safely. They understood how to protect and safeguard people and demonstrated a transparent attitude to reporting concerns.

Where people required support with their medicines, this was done safely. Infection control processes protected people from the risks of cross infection. There were enough staff safely recruited to cover the planned visits to people.

People received care and support from staff who were trained and supported appropriately. Where people required support with their dietary needs and health, this was provided effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for and supported by caring and compassionate staff. People's rights to independence, dignity and privacy were promoted and respected. People's views and choices were valued and used to plan their care. This included people's end of life decisions.

The provider had systems to monitor the quality and safety of the care provided. People were asked for their views and their feedback used to improve the service and make any necessary changes.

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

### Rating at last inspection

The last rating for the service was requires improvement (published 19 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

# Cambridge Care Company - Haverhill

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cambridge Care Company – Haverhill is a domiciliary care agency providing personal care to 44 people. This included 39 people living in their own homes and five people who lived in two 'supported living settings', so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. They were also the provider. This meant they were legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the

provider or a member of their management team would be in the office to support the inspection.

Inspection site visit activity started on 12 November 2019 and ended on 5 December 2019 when we gave feedback. It included a visit to the office location on 12 November 2019 to meet with the provider, a manager from another of the provider's services who was overseeing the service, seven care staff, a care coordinator and to review care plans and other records.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about their service, what the service does well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We carried out telephone interviews with people on 13, 14 and 15 November 2019. We spoke with twelve people who used the service, three people's relatives about their experience of the care provided and received feedback from three professionals.

We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the safe management of people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Effective systems were in place to ensure people did not run out of their medicines.
- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan.
- People who were assisted with their medicines were supported by trained staff who had their competency assessed. Staff completed electronic records when they had administered people's medicines. If a delay occurred or the task was not completed during the scheduled visit an alert was sent to the office, so they could follow up.
- The provider ensured regular medicine audits and staff competency checks were completed. Where an error had been identified this had been followed up. As part of continual improvement of the service the management team advised they were developing a reporting tool for the safe management of people's medicines to assist them in identifying themes and trends.

### Staffing and recruitment

At our last inspection the planning and coordination of people's calls was not effective. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had made changes to the coordination of people's calls since our last inspection. An electronic system had been implemented which alerted the office and management team to late and missed calls. Travel time for staff had recently been factored into the planning and provision of calls. However, systems for tracking missed and late visits was only available from 1/6/2019 so we were unable to verify the number prior to this date.
- The majority of feedback said that their calls were mostly on time, the service was reliable, and they were notified of any changes. However, several people told us of instances notably at the beginning of the

year where this was not the case.

- People and relatives told us there had been several personnel changes during the year affecting care staff and management which had affected continuity of care. They did however say this had settled down and they now had regular staff that cared for them. This was confirmed by the management team who advised they no longer used another agency to support the calls and had successfully recruited to existing vacancies.
- Systems checked that the staff were of good character and were suitable to care for the people who used the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Overall risk assessments had sufficiently improved to identify and mitigate risks to people. Information included risks associated with mobility, nutrition and the person's home environment. However, some gaps in documentation were discussed with management team at the end of the office visit. The management team confirmed they were taking steps to review all risk assessments and care records to ensure they were accurate and detailed. We were assured this would address the gaps we had found.
- People were supported by staff who received training in safeguarding and were knowledgeable about the different types of abuse and how to report them.

Preventing and controlling infection

- The service had measures in place to manage the control and prevention of infections well.
- Staff were provided with personal protective equipment (PPE) as necessary, in order to prevent the spread of infection. This included disposable gloves and aprons.

Learning lessons when things go wrong

- The management team responded appropriately when accidents, incidents or near misses occurred. They undertook detailed investigations to mitigate risk and reduce re-occurrence.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before being supported by the service, with family members and significant others involved in the process as much as possible.
- Assessments had been completed in line with current legislation and best practice guidance. The information was used to create a person-centred care and support plan to help people achieve good outcomes.

Staff support: induction, training, skills and experience

- People told us how they felt the staff had the skills and knowledge to meet their needs. One person said, "My carers are well trained and perfectly capable, know what they are doing and what needs to be done."
- New staff received an induction which included training, assessed shadowing of more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff continued to be supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care available.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people required support with their dietary and hydration needs. This was documented in their care records and provided guidance for staff on how to meet these needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received the care and support they needed. People's records showed that where other professionals were involved their input was acted on by staff and incorporated into their care plans.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People told us the staff consistently sought their consent before providing any care or support. One person said, "The carers are very conscientious and respectful. They ask each and every time they don't come in and take over they check I am ready before they do anything."
- Care records showed that people had consented to their care and support when they began to receive the service and were involved as much as possible in their ongoing development.
- Our discussions with the management team and staff showed they understood the requirements of the MCA and the importance of people giving consent before providing personal care and support.
- Information to support staff about the MCA was visible in the office.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff who supported them were caring, kind and respectful. One person said, "I get on with all of them, they're all lovely and we have a good laugh, I am quite happy with all of them." Another person commented, "They are all kind, understanding and polite."
- All the staff spoken with, including the management team, care staff and staff based in the office, spoke about people in a caring and compassionate manner and knew the people they cared for well.

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

- People were supported to express their views and included in making decisions about their care and support. One person commented, "I am always involved in matters that concern details about my care." A relative told us, "The carers always seek [family member's] permission, offering choices like what to wear, what to eat, what to do. They talk all the time to [family member] making her choose and feel involved."
- People's views were reflected and detailed in their care plans and where possible they had signed these in agreement to their plan of care and support.
- People's care plans contained information about their life histories from childhood through to employment and significant life events. This helped the staff to build a relationship with people, talking to them about things that were important or interested them.
- People held copies of their care plans in their own homes, so they could access them and check for accurate information.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff treated them with dignity by talking to them in a polite and respectful manner, listening and responding appropriately to any requests. One person told us, "The carers are delightful, ever so well-mannered and very mindful when they come."
- One person's relative told us how their family member was supported with their personal care needs and the staff, "Reassures [family member] by talking to them all the time, explaining what they are going to do puts them at ease. They always respect privacy."
- People's care records included guidance for staff on respecting people's dignity, independence and privacy. The records included the areas of their care people could attend to independently and where they required support.
- One person said, "The carers encourage me to do what I can they know my independence is important to me. They step in when I need it."
- Staff were observed in their usual work duties as part of the provider's quality monitoring processes.

During these spot checks members of the management team checked people's independence, dignity and privacy was promoted and respected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their individual needs were met and that staff were responsive to them. One person said, "I am happy with the care and help that I get. [Member of staff] knows me very well and does everything I need. Sometimes if I am struggling and not having a good day they will do more for me. I don't have to tell them what to do, we have a good routine in place that works very well for me."
- Relatives shared with us examples of how the staff responded well to changes in people's needs and kept them updated. One relative said, "[Family member's] health can be up and down. The carers staff are quick to act if they spot something and the office will let us know of any changes things to follow up that we need to be aware of."
- People had comprehensive care and support plans in place that were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively and safely and according to their preferences.
- People's care records were personalised and included information such as the person's history, skills and interests to aid staff in developing a professional relationship and rapport with the person.
- Staff were familiar with people's needs and their preferences and what was important to them. This supported them to deliver people's care in a person-centred way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where required information was provided to people in alternative formats such as pictorial format, large print and easy read to enable them to access the information in a way they could understand.

Improving care quality in response to complaints or concerns

- A complaints process was in place. Records showed that any complaints received were dealt with in line with the provider's complaints policy.
- The majority of people and relatives told us that they knew how to make a complaint and said they would contact the office if they had any concerns and were confident these would be resolved. However, some feedback received cited issues with communication which had not been addressed due to management changes and not knowing who to contact if they had a problem out of office hours. We passed this feedback onto the management team who immediately looked into this and addressed those issues. We were assured by their response.

#### End of life care and support

- At the time of our inspection no one was receiving end of life care.
- We saw that the management team were working on ensuring everyone had a personalised and comprehensive end of life care plan, to ensure that staff had the guidance they needed to support people if they entered the final stage of their life. They advised this would include people's preferences relating to protected characteristic, culture and spiritual needs. This information is important as a sudden death may occur.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At this inspection there were no breaches of regulations and we were encouraged by the progress made by the provider to make the necessary improvements. This included implementing electronic systems for care planning, risk management including safe management of people's medicines and the co-ordination of people's visits. These need to be sustained, maintained and fully embedded into the culture of the service to consistently provide people with a safe quality service.
- The registered manager was also the provider and oversaw two other locations. At the time of the inspection they were being supported by a manager from one of their other services and were reviewing the management arrangements for the Haverhill branch to ensure the service ran more smoothly.
- Several changes in staffing including management had affected the day to day running of the service. These linked to the communication issues people had told us about. For example, some people were not aware of the out of hours number and expressed difficulty contacting the office. The management team advised us of the measures they were taking to address this.
- The management had taken steps to resolve the inconsistencies with continuity of care and late calls through active recruitment and people and relatives told us they had seen progress in this area. One person commented, "Things are improving and it's better now, they [care staff] arrive on time more."
- Improvements had been made and were ongoing to the systems and procedures used to monitor and improve the quality and safety of the service provided. Audits and checks were regularly carried out, this included safe management of medicines and care records.
- The provider had identified areas for further development to support positive changes to service delivery and practice. This included end of life planning, communication and reporting tools for missed and late visits.
- The management team understood their legal requirements. Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.
- Duty of candour requirements were met. The management team understood their roles and responsibilities relating to the duty of candour and there was a process in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The majority of people and relatives told us they were happy with the care and service they had received

and would recommend the service.

- Staff knew people and their backgrounds well, which enabled positive relationships to develop and contributed towards good outcomes for people.
- Staff had their competency assessed by a member of the management team, to ensure they were working to the standards expected. There was a positive and open culture where staff felt able to speak to the management team if they needed guidance and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service and where appropriate their relatives to identify how they wanted their care delivered.
- People were asked for their views in satisfaction questionnaires. We saw the results from recent questionnaires which had been completed by people who used the service, these were positive about the caring nature of staff.
- The management team involved staff in decisions about the service. They did this through meetings and ongoing discussions.

Continuous learning and improving care; Working in partnership with others

- Systems were in place to monitor and evaluate care provided to people. Any incidents or accidents and notifications were reviewed by the management team. This was to analyse and identify trends and risks, to prevent re-occurrence and improve quality.
- The management team shared examples with us of how they worked collaboratively with other professionals. This included professionals who commissioned care from the service and others involved in people's care.