

PC Hayman Ltd

# Cambridgeshire Homecare

## Inspection report

10A Back Lane  
Eye  
Peterborough  
Cambridgeshire  
PE6 7TA

Tel: 03303800222

Website: [www.cambridgeshirehomecare.co.uk](http://www.cambridgeshirehomecare.co.uk)

Date of inspection visit:

18 January 2019

05 February 2019

Date of publication:

20 February 2019

## 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

About the service:

- Cambridgeshire Homecare is a domiciliary care agency.
- The agency office is in Peterborough. Care is provided in the Peterborough, Wisbech, Ely, Soham and the surrounding areas.
- It provides personal care to both older and younger adults living in their own houses and flats. It also provides a service to children.
- At the time of our inspection, no children received the regulated activity personal care and therefore we did not inspect this aspect of the service.
- There were 114 adults receiving personal care at the time of our inspection.

People's experience of using this service:

- People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Potential risks to people were assessed and minimised.
- There were enough staff to ensure people's needs were met safely and in a timely manner.
- People were supported to manage their prescribed medicines by staff who were trained and had been assessed as competent to administer medicines.
- Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.
- Staff knew the people they cared for well and understood, and met, their needs.
- People received care from staff who were trained and well supported to meet people's assessed needs.
- Staff supported people to have enough to eat and drink.
- Staff supported people to access external healthcare services to help maintain their health and well-being.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were fully involved in making decisions about their care and support. However, decisions had not always been clearly recorded.
- People and their relatives were involved in the setting up and review of their or their family member's individual support and care plans.
- Staff were kind, caring and friendly. Staff respected and promoted people's privacy, dignity and independence.
- People's individual needs were assessed and staff used this information to deliver personalised care that met people's needs.
- Staff supported well at the end of their lives.
- Staff worked in partnership with other professionals to ensure that people received care that met their needs.
- People's suggestions and complaints were listened to, investigated, and acted upon to reduce the risk of recurrence.

- The registered manager sought feedback from people about the quality of the service provided.
- Audits and quality monitoring checks were carried out to help drive improvements.

Rating at last inspection:

- The service had been operating for a number of years, but this was the first inspection following a change of provider on 1 December 2017.

Why we inspected:

- This was a planned inspection following registration with Care Quality Commission (CQC).

Follow up:

- We will continue to monitor all information we receive about the service and schedule the next inspection accordingly.

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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Cambridgeshire Homecare

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector carried out the inspection.

#### Service and service type:

Cambridgeshire Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to both older and younger adults, and children.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We told the provider four days before our visit that we would be coming. We did this because we wanted to speak with people who use the service and staff, prior to visiting the service.

#### What we did:

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider completed 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 used this information to assist with planning the inspection.

We asked for feedback from the commissioners of people's care, representatives from the local authority and Healthwatch Cambridge. On 17 January 2019 we spoke with seven people who used the service and two of their relatives. We also spoke with three care workers. These people's views helped us to plan our

inspection.

During our inspection visit on 18 January 2019 we spoke with the provider's representative (referred to in this report as 'the provider'), the registered manager, the deputy manager, a service manager and a branch manager. We looked at four people's care records. We also looked at other files in relation to the management of the service. These included two staff recruitment and training records, complaints and compliments records, and records relating to the systems for monitoring the quality of the service.

After our inspection, between 18 January 2019 and 5 February 2019, we received feedback via email and telephone calls from external healthcare professionals. These included, two social workers, a further commissioner, a community support co-ordinator, and a dietician.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff supporting them. One person told us, "Of course, I do feel safe with them."
- People and staff had information about how to keep people safe and how to contact the local authority.
- Staff had received training in, and had a good understanding of, safeguarding procedures.
- The registered manager understood their responsibility to safeguarding people. A care professional described the registered manager as acting "totally appropriately" when a concern was raised. This included using the provider's disciplinary procedures and referral to external agencies to ensure people were safeguarded from potential harm.

Assessing risk, safety monitoring and management

- Staff identified and reduced risks to people who used the service. People had comprehensive, individual risk assessments and care plans which staff had reviewed and updated. These assessments covered risks such as assisting people to move, poor skin integrity and the environment.
- Staff involved people in assessing and evaluating a range risks. A person said that having a key-safe fitted meant that staff could access their property and their doors remained locked between visits. They said this made them feel secure.
- Appropriate measures were in place support people and minimise risks. For example, guidance for staff on how to move people safely, relieve pressure and prevent skin breakdown.
- Systems were in place to manage emergency situations. For example, staff had access to information on who to contact if equipment or utilities failed in each person's file.
- Care records containing personal information was held securely within the office and within people's own homes.

Staffing and recruitment

- The provider had a system in place to ensure staff were only employed once they were satisfied they were suitable for the role. Staff members confirmed the required checks were carried out before they started working with people. These included written references, proof of recent photographic identity, and a criminal records check.
- There were sufficient staff employed to meet people's care and support needs. People told us staff usually arrived on time and were reliable. One person said, "[The staff] come in at the same sort of time every day." Another told us, "They can't help being a few mins late or early. I'm quite happy with that flexibility." A relative said, "[The staff] always come on time. Absolutely perfectly."
- Staff incorporated travel time into staff rotas to ensure people received care at the time, and for the duration, agreed with them.

- The registered manager told us senior staff continually reviewed staffing capacity against people's needs , to ensure there was always sufficient staff to meet people's needs.
- Senior staff and office staff also provided care when needed.

#### Using medicines safely

- The provider had appropriate systems in place to ensure people received their medicines safely.
- People were satisfied with the way staff supported them to take their prescribed medicines and they said they received these at the right times.
- Staff administered medicines to some people and reminded others to take them. People's care plans clearly recorded the level of assistance each person needed to take their medicines.
- Where people received medicines 'as and when required', there were guidelines in place about the reason it was required, when it could be given and the potential side effects.
- Staff took action to reduce the risks associated with medicines. For example, by ensuring a person's medicines were stored securely where it had been assessed that it was not safe for the person to have access to them.
- Staff members told us that they were trained to administer people's medicines and that senior staff checked their competency regularly during 'spot checks' to ensure their practice was safe.
- Senior staff audited medicines records regularly to ensure medicines were administered in line with the prescriber's instructions

#### Preventing and controlling infection

- Staff confirmed, and records verified, that they had received training in the prevention of cross contamination, infection control and food hygiene.
- People confirmed that staff used appropriate personal protective equipment, such as disposable aprons and gloves, when they received care.

#### Learning lessons when things go wrong

- Staff were aware of the provider's reporting procedures in relation to accidents and incidents.
- Staff recorded accidents and incidents and acted upon them. For example, when a person's care call was missed due to a rostering error. The provider changed their system so this could not happen again.
- This showed that learning was used to improve the quality of the service provided.

# 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

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, such as their physical, mental health and social needs, were assessed before they received the service. This helped to ensure staff had the information they needed to write people's care plan and so they could provide appropriate care.
- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet.
- Staff used technology and equipment to enable people to be as independent as possible. For example, where needed, people had personal alarms to summon help in an emergency, and equipment to help their mobility.
- Staff communicated with other care professionals, including social workers, district nurses and occupational therapists. These professionals worked with the registered manager and staff to support and promote people's well-being in line with legislation and good practice guidance. This information was reflected within people's care records and guided staff.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled to carry out their roles effectively.
- The provider's staff induction process reflected the Care Certificate. This training included a set of standards that social care and health workers must apply in their daily working life. It is the minimum standards that should be covered as part of their induction training as a new care worker.
- Staff told us that in addition to training, they also 'shadowed' more experienced care workers until a senior staff member assessed them as, and they felt competent to provide care alone. One care worker told us the training, "Was good. Even though I'm an experienced carer, it refreshed [my knowledge] and there was some stuff that was new to me."
- Staff were regularly trained in required subjects such as moving and handling, safeguarding people from harm, and privacy and dignity. Staff also had opportunities to receive other training specific to the needs of the people they were caring for, such as, diabetes and epilepsy awareness.
- Staff had appropriate qualifications for their roles. The registered manager had completed a level five national vocational qualification (NVQ) in management. They, and other staff had also completed levels two and three NVQs in health and social care. All are nationally recognised qualifications.
- Staff received regular supervision and made positive comments about the support they received from the management team. One staff member said, "The communication is better [than other agencies]. The manager is really involved. She takes the time to find out if there are any issues. We have one to ones and they invest time in me."

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

- Staff supported people to eat and drink enough food and drink to stay healthy. One person said the staff members always, "check I've had something to eat."
- Staff had assessed people's nutritional needs and care plans guided staff in how to meet these, including any specific diet to maintain a person's healthcare needs, such as diabetes.
- An external professional said, "Managers communicated very well with our service and supported patients to follow the advice provided." They said staff alerted them if the person was not following their guidance.

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

- Staff worked effectively with external organisations such as local authorities, GPs and community nursing teams. This helped to ensure people received effective care that met their needs.
- One professional said, "Cambridgeshire Homecare communicate regularly and efficiently with [us] and ensure they pass on any [people's] changing needs. They will call with any urgent changes or concerns and will follow up with email confirmation."

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had an adequate understanding of the MCA.
- Staff encouraged people to make decisions for themselves.
- Where people did not have capacity, decisions were made in their best interests involving relatives and other health professionals where appropriate. However, these discussions and decisions had not always been clearly recorded. The provider recognised this, and said they would ensure the records were clearer in regard to the decision made and who was involved in this.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us that staff were kind and caring. One person said, "I can't tell you how kind they are." Another person described staff as, "Friendly, caring" and a third said, "They are patient. They always do what I ask."
- Staff treated people with respect and were mindful of how each person wanted their care provided. An external care professional said that staff, "Go with [the person's] flow, give [them] time etc. Some staff have gone out of their way for this person's benefit."
- People said that staff knew them well. They said this was due to having a small team of care workers who got to how they liked things done. This knowledge enabled staff to ensure people got the care they needed. For example, one person's GP prescribed an orange flavoured medicine. When the person repeatedly refused the medicine, they suggested the GP prescribed an alternative, which the person agreed to take.

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

- People had choice about how they wanted things done and the staff respected their choice. One person said, "They listen to me, if I want something different they'll do anything for me."
- The registered manager told us that if people were unable, or required support, to make decisions independently, they would arrange for them to use the local advocacy service to support this. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with respect and promoted their privacy, dignity and independence when supporting them with personal care.
- Care records had clear prompts for staff as a reminder for them to respect people's privacy and dignity at all times. For example, one person's record guided staff to, 'Place a towel over me while you wash me'.
- Care records contained clear guidance for staff in relation to what people could do for themselves and what areas they needed support with. For example, the areas of their body a person could wash for themselves.
- A care professional said that whenever staff discussed people's care with them, staff did so in a way that promoted people's dignity and showed respect.
- Staff listened to people and supported them to voice their preferences about their care. An external care professional explained that a person's relative had very different views to the person about how their care should be provided. As a result, the relative had repeatedly challenged staff. The professional said the staff had, "Dealt with the situation well" and they were "amazed" the service had continued to support the person in these difficult circumstances.

- Staff received training in General Data Protection Regulation (GDPR) to ensure people's information was kept confidential.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People, relatives and healthcare professionals made positive comments about the service. They said staff supported people in a person-centred way focusing on their individual needs and achieving good outcomes. One person said, "They look after me well." Another person said staff, "Do everything. They know what help I need. Oh yes, they know everything."
- People confirmed they were involved in the assessment and care planning process.
- People's care plans contained comprehensive information about the person and what they could do for themselves and about what was important to them. For example, one person's care plan guided staff on how to get into their home and 'I will be in bed so please knock on my bedroom door and call out when you walk in.' The information included, where relevant, their spiritual and cultural needs, communication, medication, nutrition, emotional well-being and any health issues. This enabled staff to give care that was personalised.
- Staff completed daily notes that reflected the support provided at each care call. This showed that staff had comprehensive information to guide them in providing the appropriate care to each person.

Improving care quality in response to complaints or concerns

- Systems were in place to deal with any concerns or complaints.
- The registered manager had provided people with information about how to complain should the need arise. People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. One person told us they had complained and staff had resolved this satisfactorily.
- The provider had investigated complaints. However, although they had inferred the outcome in their investigation, they had not always clearly recorded this. Where required, they had recorded actions they had taken to prevent re-occurrence.
- This showed us that people's concerns were responded to, investigated and actions taken where possible to reduce the risk of recurrence.

End of life care and support

- Staff had received basic training in end of life care.
- The registered manager told us the service did not provide specialist end of life care, but would continue to care for people at the end of their life. This was with support from external health professionals, such as specialist nurses, following any guidance they put in place. This helped to ensure staff understood people's wishes and the care they needed and how to provide this.
- People's care plans contained basic information about their end of life wishes.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives were complimentary about the service they received. One person told us, "It's very good, the best service I've had."
- A care professional described the culture of the service as, 'Very proactive and forward thinking,' and commented that they were not put off by a complex request.
- Staff were creative in providing the care people needed with the resources available. A care professional told us that one person's care calls were not long enough to allow the planned support to take place. Staff liaised with the commissioner and changed the timings to meet the person's need and preference well.

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

- People and their relatives knew how to contact senior staff and the registered manager.
- People and their relatives were given opportunities to comment on the service provided. These included by telephone and three-monthly face to face reviews of care.
- The provider had requested feedback from people via surveys. They told us the response rate was relatively poor (40 out of 146 people responded) and they were looking at other ways of obtaining people's views. Overall people who responded were satisfied with the care they received. Senior staff had followed up any negative comments and looked at ways of improving the service.
- The management team supported the staff team, as well as the people they provided a service to. Comments from staff about managers included, "They are really good. They will do anything to help you," and, "They are very supportive." Another staff member commented, "It's a good company [to work for]."
- External care professionals praised the management team. One professional wrote, 'I feel they are very effective communicators and we have an open, honest working relationship.' They described them as having a, 'can-do attitude.'
- The registered manager had a good oversight of what was happening in the service and, where concerns were identified, they were discussed with staff through supervision.
- Staff team meetings provided an opportunity to feedback suggestions for improvements and discuss concerns about the people they worked with. A staff member told us they had not been able to attend a staff meeting, but they had received a, "letter saying what went on." This ensured all staff received the same information.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had put systems in place to check the quality of the service provided.
- Staff and the management team were clear on their responsibilities and recognised their own roles.
- Senior staff carried out 'spot checks' where they checked staff members' performance. This included asking the views of people who received care.
- Senior staff completed audits in areas such as care and medication records, and care call times. Where needed, actions had been completed to bring about improvement. For example, additional staff supervision and/or training.

#### Continuous learning and improving care

- The provider was committed to continuous improvement and were looking to develop new staff roster systems, with increased functionality, to further improve care co-ordination.
- They were also planning to introduce care ambassadors in 2019, to further promote best practice.
- The service used a development plan to focus on making improvements.

#### Working in partnership with others

- Staff worked in partnership with other professionals to ensure that people received joined-up care. These professionals included GPs, community nurses, and others involved in a person's care.
- External professionals were highly complementary about how the service was run and how staff worked to achieve good outcomes for people. They told us staff had, "Clear, open lines of communication" and were, "Easy to get hold of, responsive." They told us that staff, "share information appropriately and are mindful of maintaining confidentiality."
- This meant that each organisation knew what others were doing in relation to people's care, as far as they needed to know and the person wanted them to know.