

Cambridge City Council

Cambridge City Council Care – Ditchburn Place

Inspection report

Ditchburn Place
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Date of inspection visit: To Be Confirmed
Date of publication: 04/06/2015

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

Cambridge City Council Care – Ditchburn Place is a domiciliary care service registered to provide personal care to people living in their own flats in the Ditchburn Place housing complex. There were 32 people using the service when we visited.

This inspection took place on 06 May 2015. The provider was given 48 hours' notice. This was to ensure that staff were available to support the inspection and that people were aware we may contact them by telephone.

The previous inspection was undertaken on 29 October 2013 when we found the provider was meeting the requirements of the regulations we assessed against.

Summary of findings

At the time of this inspection 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 sufficient numbers of staff to ensure that people could have their needs met in a timely way and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place to ensure that care could be safely delivered in the person's flat and actions were taken to reduce any identified risks. Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

Staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This legislation sets out procedures where people do not have capacity and what guidelines must be followed to ensure that people's freedoms are not unlawfully restricted.

People were supported with their nutritional needs, where appropriate, during the care visits they received.

Members of staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff we met understood their roles and responsibilities and they were supported by the registered manager to maintain and develop their skills and knowledge through ongoing support and regular training. The staff were in contact with a range of health care professionals to ensure that the care and support that people required, in respect of their health care needs, was well coordinated.

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

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People felt able to raise concerns with the staff at any time.

The provider had effective quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives 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 the number of staff employed ensured care was provided to meet people's needs.

People were supported with their medication administration requirements.

Good



Is the service effective?

The service was effective.

The staff were supported to do their job and an ongoing training was in place to ensure that they knew how to care for people using the service.

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

People's social, 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.

Staff had a good knowledge and understanding of people's support needs and what was important to them.

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 access a range of healthcare professionals as required and recommendations for changes were implemented by the staff.

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.

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

Good



Summary of findings

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

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

Cambridge City Council Care – Ditchburn Place

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 06 May 2015 and was completed by one inspector. The provider was given 48 hours' notice. This was to ensure that staff were available to support the inspection and that people were aware we may contact them by telephone.

Before the inspection we looked at all of the information that we held 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 we spoke with five people and four relatives on the telephone. We also spoke with the registered manager and four care staff. We looked at five people's care records. We looked at records in relation to the management of the service such as quality assurance audits and recruitment and training planning records. We observed people's care to assist us in our understanding of the quality of care people received.

Is the service safe?

Our findings

None of the people we spoke with had any concerns about their personal safety. One person said, “I couldn’t be better looked after anywhere.” One person said, “The care staff look after me very well and I feel safe when they are here.” People also said that they were able to talk to with the staff and have a laugh and joke together. A relative told us that, “I feel that [family member] is in safe hands and staff are careful when providing the care.” Another relative said, “It’s marvellous and my [family member] is very settled and feels safe.”

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They had received training and were aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns with the registered manager and the local authority’s safeguarding team. We saw that the contact details for reporting safeguarding incidents to the local authority were displayed and a copy was also included in people’s information pack. This showed that people would know who to contact if they had to raise any safeguarding concerns.

Staff were aware of the whistle-blowing policy and said that they would always report any incidents of poor care practice, if needed. One member of staff said, “I feel that if I saw any poor care I would feel confident in reporting it to my manager and that I would be protected if I did.” Another staff member said, “We are a good team if there was any bad practice this would be reported to the manager and acted upon without any hesitation or delay.” This showed us that people were kept safe as much as possible. The provider was aware of the notifications they needed to send in to CQC in the event of people being placed at the risk of harm.

Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. This was to demonstrate that people had been cared for in a safe way according to their needs.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. These included assessments for moving and handling, environmental risks and risks regarding the administration of medication. People had

personal emergency evacuation plans recorded in their care records in the event of them having to leave their flat due to emergency reasons. Staff we spoke with confirmed they were aware of these plans. We observed care staff assisting people. We saw that that they delivered care in a patient and unhurried manner and explained what they were doing at all times to ensure people remained safe.

Appropriate arrangements were in place in relation to the administration and recording of people’s medicines. Staff had received training regarding administration of people’s medication and this was confirmed in the training records that we saw during the inspection. Staff confirmed that they received ongoing training to ensure that they had up to date knowledge to safely administer people’s medicines. Competency checks were in place to monitor staffs’ practice when administering peoples’ medication and staff confirmed this was the case.

People’s care plans included detailed information on the level of support required and also whether the person would be responsible for the administration of their medicines. Risk assessments had been completed for people requiring assistance and or prompting with their medication. We saw that medication administration records had been completed accurately by staff where required and any changes in medicines were recorded.

People and their relatives said that there were always enough staff to provide care and support in a consistent way. People that we spoke with confirmed that staff had never missed any of their care calls. The registered manager told us staffing levels were monitored on an ongoing basis and that additional staff would be rostered where people’s care needs changed.

Staff only commenced working for the service when all the required recruitment checks had been satisfactorily completed. Records we looked at showed us that appropriate checks including unacceptable criminal records and references had been carried out prior to the person starting work. Any gaps in employment were pursued with prospective staff during their interview. This showed us that the provider had only employed staff that were suitable to work with people using the service. Staff we spoke with told us that their recruitment had been efficiently dealt with.

Is the service effective?

Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, “The carers are very good and help me with whatever I need.” Another person told us that, “The carers are really cheerful and they make sure everything has been done before they leave.” Relatives we spoke with said they all felt that the care and support provided by care staff met their relative’s needs. One relative told us that, “The carers are really good with my (family member) and I feel that they are in safe hands.”

We found that people’s care records had clear information in place so that staff provided people with effective care. There were visit times recorded and detailed 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 in detail and were written in a ‘person centred’ style about 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, preparation of meals and drinks, assistance with medication and domestic tasks and social and welfare calls. We saw that there were agreements in place, signed by the person regarding the care and support to be provided.

We saw that the service also provided short term intermediate care. This was for people who had recently been in hospital and needed a period of time to improve their daily living skills with assistance from the service’s staff and an occupational therapist. We spoke with one person receiving this care and they told us that they were becoming more confident and found the staff and occupational therapy input very helpful.

People told us that where meals were provided staff had consulted with them regarding their individual needs and preferences. People also told us that the staff assisted them to access the communal areas where they could meet up with other people and join in with activities and meetings that were arranged. Many people used the onsite catering services provided and found the meals to be varied and of good quality.

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). The registered manager was aware of the relevant contact details and local authority procedures regarding further information on this area. The registered manager informed us and we saw that currently no one using the service had a need to be deprived of their liberty.

The registered manager confirmed there was a programme to make sure that staff training was kept up to date. Training records showed, and staff confirmed that the training they needed to meet people’s needs had been provided. Staff told us that they had received training in a number of topics including; health & safety, fire safety, moving & handling, food hygiene, care planning, safeguarding and medication administration. Additional training had also been provided including; mental health and dementia awareness. One staff member said, “There is lots of good training and we get refreshers throughout the year to keep us up to date.” This ensured staff had up to date knowledge of current good practice. Staff we spoke confirmed that they received regular supervision and annual appraisals and we saw supervision planner that confirmed this. This meant there was an effective system of support for staff.

New care staff told us that they received an induction and training when they started work to ensure that they followed safe working practices. The staff induction programme covered the common induction standards which were in line with ‘Skills for Care’ (Skills for Care is the employer-led workforce development body for adult social care in England).

Health care professionals we spoke to told us that they had received good quality information from the registered manager and staff when healthcare issues arose and staff always acted on any advice they were given. We spoke with a specialist nurse who had contact with the service and they said that they had seen good care in place and found the service to be positive and professional. We also received positive comments from two care managers, an occupational therapist and a community psychiatric nurse.

The occupational therapist we spoke with said the registered manager and staff were professional and consistent and always followed advice that was given. We

Is the service effective?

received positive feedback from a local surgery indicating they had a good relationship with the service and that people's healthcare needs were met. We saw that GPs visited regularly in response to people's requests coordinated by staff in the service

Is the service caring?

Our findings

People and their relatives we spoke with confirmed that the staff were very kind and caring. For example, one person said, “They help me with everything that I need and make sure that everything is done before they leave.” Another person said, “They never rush me and they are very kind to me.” A relative said, “The staff and manager are really great and always make sure my [family member] is comfortable and well looked after.”

All of the people we spoke with, including their relatives, told us that care staff respected people’s privacy and dignity. We saw that staff, knocked on the person’s door before entering and ensured doors were shut when they assisted people with personal care. This was confirmed by people we spoke with. People told us that they usually had the same care workers providing care and that they knew which member of staff would be visiting. We saw a lot of good humoured banter between people and the staff and there was a social and friendly atmosphere in place.

We observed that staff spoke with people in a caring and respectful manner. Staff used people’s preferred names and demonstrated a kind and caring attitude towards people. 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 flat and they always treat me well and respect my privacy.” Relatives that we spoke with

also confirmed that they had seen staff treating their family in a respectful and caring manner. One relative said, “The staff are wonderful and they really care for my [family member].”

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 caring for people living with dementia. Care and support plans reflected people’s wishes and preferences and how staff should support them. We saw that the registered manager had ensured, as much as possible, that they were able to meet people’s preferences regarding whether they wished to be supported by male or female staff. This showed us that people’s equality and diversity was considered and acted upon.

The staff we met spoke with a great deal of warmth and affection about their work and the care they provided for people. One member of staff said, “It’s a wonderful place to work and we try hard to provide the best possible care.”

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

Records we viewed showed us that the provider considered and put into action people’s end of life care wishes. This was by involving people, their families and friends and health care professionals. Examples we saw included end of life planning and involvement of palliative care services and specialist nursing staff to ensure a well-coordinated and caring service was provided to people.

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. One person said, “The staff help throughout the day and I look forward to seeing them.” 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 we spoke with.

We found that assessments of people’s needs had been carried out before they used the service. These were used to formulate the care plan and outline the care which was to be provided at each visit. We saw that management staff had regularly recorded reviews of care plan with people and their relatives where necessary. The relative of one person said that, “They know [family member] really well and I am very happy with the care they give.”

We saw that people’s care plans had been updated in response to the changes in the person’s needs. For example, where changes had been made regarding the administration of a person’s medicines, the care plan and risk assessment had been updated to ensure it was accurate. We saw that there had been regular six - monthly reviews completed regarding the care that was being provided.

We saw that there had been reviews completed regarding the care and support that was being provided and additional information was included in care plans where people’s care and support needs had changed. People and their relatives confirmed that they had been involved in reviews of the care provided.

Staff told us that they had been involved in reviewing care and were made aware of any changes to people’s care and support needs. There were daily handovers and any significant information was recorded in the handover book. Staff confirmed that they always referred to this book to ensure that they were aware of any updates.

The registered manager stated that care plans were updated where needs had changed. We saw samples of the daily notes completed by care staff detailing the care and support that they had provided during each care visit. People and their relatives told us that staff had been responsive where the needs of the person had changed. We saw that the registered manager had reported to the landlord about making alterations to the height of a person’s kitchen work surface so that they could more comfortably make themselves a drink. The person told us that this alteration had improved their independence and was most complimentary about the registered manager and staff’s help with this.

People and their relatives that 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 the manager is very good at sorting it out for me”. People that we visited told us that their concerns and complaints were dealt with in a timely and professional manner. People said they felt confident that they could raise and discuss their concerns with staff and the registered manager at any time. A copy of the service’s complaints procedure was included in people’s information packs kept in their flat. We saw that the complaints policy/procedure included expected time scales for response and guidelines for people on how to complain. The registered manager told us that all complaints were acknowledged and resolved to the person’s satisfaction as much as possible. There were no complaints currently being investigated. One person said, “I feel confident that when I raise any concerns or a problem it will be dealt with properly.” A relative told us that “The manager and office staff are very good and deal with any issues or concerns quickly and efficiently.”

Is the service well-led?

Our findings

At the time of this inspection a registered manager was in post. People we spoke with and their relatives told us that they had regular contact with the registered manager and the provider's management team. They knew who to contact if they wished to discuss any concerns about the care and support being provided. One person commented, "I can speak to the manager about any problems or concerns I may have and it's always sorted out." Relatives confirmed that any concerns they raised were efficiently and effectively dealt with. One relative said "I am very impressed with the service and the manager. "Surveys were sent to people who used the service to gain their opinions regarding the care provided. People we spoke with confirmed that the supervisors and registered manager often visited to check if everything was being done properly. Annual surveys had been sent out to people using the service, and stakeholders, as part of the ongoing quality assurance audits. Surveys were analysed and any actions for improvement were highlighted.

We saw an action plan which had been devised and included a number of areas that the service was working on. Examples included, input from tenants regarding activities, outings and the forthcoming planned refurbishments to the housing complex. There were regular tenants meetings held where people had the opportunity to raise issues or concerns and receive information about forthcoming events. People we spoke confirmed that they attended the tenant meetings and the coffee mornings held in one of the communal lounges.

The registered manager and supervisory staff we spoke with demonstrated that they understood their roles and responsibilities well. Staff we spoke with told us that they felt the service was well managed and that the registered manager was available and approachable. They said they felt supported and that they were able to raise issues and

concerns at any time including during out of business hours. They told us their views and opinions were respected, listened to, valued and acted upon. There were regular staff meetings and we saw minutes which confirmed this to be the case. Staff confirmed that the staff meetings helped to ensure that information and developments were shared in a consistent and reliable way.

There was an open team work culture within the service. Staff told us they enjoyed their work and working for the service. All the staff we spoke with were aware of their role in reporting any concerns and they told us they would report concerns in accordance with the provider's whistleblowing policy. Staff said they felt confident in raising concerns with their manager or external agencies if they were concerned about any care practices.

We found the registered manager had submitted notifications to the Care Quality Commission when this had been required. This showed us that the provider and staff were aware of their legal responsibilities. The provider, registered manager and supervisors undertook a number of audits to monitor procedures to ensure that people using the service remained safe. Audits had included the monitoring of people's care plans and risk assessments, discussions with people who used the service and staff, health and safety and staff competency regarding medication administration.

The service regularly and consistently 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, whose views were regularly sought. Staff worked in partnership with other organisations and this was confirmed through the positive comments from health care professionals we spoke with. These included, "This service works closely with us and they deal with concerns and issues in a professional and efficient manner."