

Cambridge Care Company Limited

Cambridge Care Company - Haverhill

Inspection report

Smithfield House
25A Rookwood Way
Haverhill
Suffolk
CB9 8PB

Tel: 01440705589

Website: WWW.CAMBRIDGECARECOMPANY.COM

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Cambridge Care Company Haverhill is a domiciliary care agency. It provides personal care to people living in their own homes. In addition, it supplies staff to two supported living services for people with a learning disability. It provides a service to adults. At the time of this inspection of 11 June 2018 the agency supported approximately 60 people. The inspection was unannounced.

The last comprehensive inspection was between 7 March 2017 and 28 April 2017 and the service was rated requires improvement. At our last responsive inspection of 2 October 2017, the service was rated Requires Improvement overall. We rated 'Safe' Inadequate and there were breaches of regulations in staffing, protecting people from abuse and improper treatment and safe care and treatment. After the inspection the provider wrote to us to tell us what actions they would take to meet the breaches in regulations. At this inspection we have found improvements, but still found them rated as Requires Improvement.

A registered manager was not in post, despite the registered provider giving an undertaking to register a manager when we met with them in December 2017. We had met to discuss our findings and agree a way forward. 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.

We were aware that since our inspection visit and the publication of this report a number of staff have resigned. Concerns have come to light about the ongoing consistency of care and support to people in their own homes. We are assured that the local authority has taken steps to make sure people are safe. The local authority had suspended their contract with this agency. We will continue to monitor developments and inspect further when needed.

At the time of our visit we had found a manager that had made improvements and changes to progress this agency. The manager was keen to listen to feedback and take action on points we raised. For example, risk assessments relating to people at risk when smoking.

Medicine management had improved. People had sufficient medicines ordered to meet their needs and stock was monitored. Some people's records were not consistent and some antibiotics were not consistently and timely administered.

People told us that they were satisfied with the care and support they receive from staff and found them caring. People told us that staff arrived usually when expected and were rarely let down. If this did happen they were informed by telephone. People told us that they had no need to complain, but felt the manager would listen and resolve if they need to raise issues.

People's views were sought and care plans were kept under review. People were supported to access

healthcare and were supported, if needed, to eat a balanced diet. Staff told us they were well supported and given the training they needed. Unannounced spot checks were carried out to ensure care was of good standard and as agreed.

Recent developments at the agency included making links with the local community including a local care home where the agency led a sing-a-long. Another new initiative was on line care plans that staff accessed from their telephone. This was still very new and needed time to imbed to assess the effectiveness of replacing paper records.

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?

Requires Improvement 

The service was not consistently safe.

Medicines were not consistently administered with all records correct.

Consistency of staffing had improved, but travel time was not accommodated between visits.

Systems were in place to help protect people from the risk of abuse and harm.

Risks were identified and reviewed in a timely manner.

People were protected and staff trained in the prevention and control of infection.

Is the service effective?

Good 

The service was effective.

Care workers received supervision and training to support them to perform their role.

Where required people were safely supported with their dietary needs.

People were supported to maintain good health and had access to appropriate services.

People were asked for their consent before any care, treatment and/or support was provided.

Is the service caring?

Good 

The service was caring.

Care workers were kind and considerate, respected people's preferences and treated them with dignity and respect.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were

respected.

People's independence was promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People contributed to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

Satisfactory steps have not been taken to ensure a registered manager was in place in line with conditions of registration.

There was insufficient contingency planning to ensure consistency of service to meet people's needs were met when events changed. E.g. staff resignations.

Systems were in place to monitor and improve the quality and safety of the service provided.

The service was developing working in partnership with others and the community.

Cambridge Care Company - Haverhill

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 checked 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 comprehensive inspection took place on 11 June 2018 and was unannounced. We made phone calls to people on 11 July 2018. The inspection team consisted of two inspectors.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with five people, the registered manager, the area manager and seven staff. We went on to contact three other people and one relative who used the service to seek their feedback. We reviewed seven care files, staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

At our last responsive inspection of 2 October 2017, we rated Safe as inadequate. We made breaches in Regulation 12 for Safe care and treatment, Regulation 13 Safeguarding service users from abuse and improper treatment and Regulation 18 Staffing. This was because staff had not always followed policy or best practice guidelines when administering people's medicines. People told us they were not always informed of which staff would support them and at what time. Insufficient staff were deployed to meet people's assessed needs. Risks involved in people's daily living were recognised but mitigation was not individually documented for staff to follow. People were not consistently protected from the risk of abuse as staff knew how to recognise but not consistently respond to concerns in a timely manner. At this inspection we found that the manager had ensured that improvements had been made.

The provider had sent a comprehensive action plan to us that told us how they were to address these concerns. At this inspection we have found improvements, but still found them rated as Requires Improvement.

Medicines management was improved, but risks remained. One person told us, "I get my medicine regularly. Before my meal." A different person told us how they are supported to be independent, "I order on line and have them delivered to my door."

The new systems in place to ensure that people did not run out of medicines was effective. Staff had received refresher training in medicines. We examined the medicines charts in the supported living houses and saw that these were well managed and audits were in place. We were assured that these people were receiving their medicines as the prescriber intended. We examined the medicines administration records (MAR) for three other people and found errors on all three. Two people did not receive their antibiotics in a consistent and timely way as on occasions doses were missed. One other person had inconsistent records. The administration charts gave contradictory advice on allergies. The main MAR chart stated 'known allergies Penicillin, Amlodipine and Alenolol.' Whereas the antibiotics MAR chart stated, 'none known' for allergies. Also, the as required MAR chart stated 'None Known' for allergies. This inconsistent and contradictory information placed the person at potential risk. These concerns were fed back at the end of the inspection for actions to be taken to protect people.

The failure to manage people's medicines safely was an on going breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Consistency of staffing had improved. People's feedback was that there were sufficient staff to meet their needs. One person said, "Yes they are reasonably reliable. Only in emergencies are they late. Yes, they let us let know if that happens. Last week they were half an hour late and called us. It was not a problem." A different person said, "They let you know if they are going to be late. Only once missed a visit because of a crisis. Someone came later to me."

We examined the rosters and found that they still did not allow staff travel time between visits. Therefore,

the rosters were not accurate. Staff could not attend for the allocated time indicated and some people would have to sacrifice their allocated time to enable staff to travel between people's homes. People's allocated time was contracted and paid for therefore people were not getting what was contracted. At the last inspection we made a recommendation for the agency to follow national guidance to schedule sufficient travel time between visits. No action had been taken to address this. Rosters did not indicate where visits were time critical such as for administering medicines or if a person had an appointment. We were informed by the newly appointed area manager that the agency did not undertake and contract for such time critical calls and therefore this should never be an issue.

We have concluded this was an on going breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing at the supported living houses was appropriate and staff there said that all shifts were covered and people's needs were met. The agency were currently negotiating with the local authority to increase night time cover arrangements to better meet the needs of people and an agreement was due to be reached.

Recruitment of staff was ongoing and the manager had three new recruits in process. We found that recruitment systems were appropriate and that suitable people were employed based upon that system. Disciplinary processes were followed where unsafe practice was found with appropriate referrals made to DBS (Disclosure and Barring Service) and safeguarding authorities.

People told us that they felt safe. One person said, "I trust them and feel safe." Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition, staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. When concerns were raised the manager notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. In one case the manager had repeatedly brought concerns to the attention of the local authority to ensure the two people were as safe as they could be. We found that lessons were discussed and disseminated to staff through meetings, so that prevention strategies could be known to prevent others experiencing similar events.

Risks to the service and individuals were managed. Previously we had concerns about the detail of moving and handling risk assessments. At this inspection we saw good detail to guide staff in what they were required to do. Management records looked at any trends for individuals or the service as a whole in order to potentially prevent harm and make improvements. Records demonstrated that there were risk assessments in place for people. There were environmental risk assessments in place. This asked about smoking. However, where risk was increased such as smoking in bed due to mobility issues or where people also used potentially flammable ointments then these risks needed to be assessed and mitigated where possible for the individual. This was fed back at the end of the inspection and the manager confirmed they had taken action for the one person we identified who was at risk.

Where people were at risk of choking due to swallowing difficulties appropriate health professionals were being consulted to guide staff. These set out control measures to reduce the risk. However, we observed a person being given a ham, cheese and pickle sandwich by the staff member. Other potentially unsuitable food had been recorded as being given. Instructions on food consistency displayed on the person's pin board dated 2016 were replaced whilst we were there with new instructions. We fed back our concerns to the manager that not all staff were following up to date guidance. We were given assurances from the manager that this matter was changing very rapidly and that a host of health professionals were being consulted and that the person was as safe as they could be at that time.

In the supported living project, we saw that specific individual risk assessments and plans were in place. This included management for finances and potential risks within the kitchen. These restrictions allowed for people to remain as independent as they could be and make decisions on a daily basis.

People were protected and staff trained in the prevention and control of infection. Staff had received the training that they required and provided with suitable equipment such as gloves, aprons and hand gel.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. The rating continues to be good.

Staff told us that they had the training and support they needed to carry out their role effectively. One person said, "I had training when I started. I could ask for more training." People and relatives we spoke with told us they considered that staff were well trained and competent in their roles. One person said, "The care staff are trained. Every so often we get a new person who has to get to know us."

The manager had a tracker in place that showed staff received regular supervision. These sessions were focused around developing the skills and knowledge of the staff team. One staff member said, "I'm well supported with my one to one, supervision and the training I get." In these sessions staff were offered the opportunity to request training and discuss career progression. In information provided before the inspection we were told that 26 staff had completed the Care Certificate. Staff were supported to access relevant training for their role. We were told 'All staff are mentored to complete the Care Certificate. We have two mentors. Their role is to support new staff throughout the training and induction process. They provide shadow training for three shifts and they access them at each stage and sign off as and when competent to start work.'

People using the service had their capacity to make decisions and consent to their care assessed appropriately under the Mental Capacity Act 2005 (MCA). In information provided before the inspection we were told, 'Staff are trained to have an understanding of the Mental Capacity Act. They are given information that they can carry with them that has the principles in a handy pocket size booklet from Skills for Care.'

Staff continued to demonstrate they understood the MCA and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their method of communication. In one case staff were concerned that a person's ability to make decisions had deteriorated due to their health and were consulting appropriate professionals to assess the situation. We saw from care records that consent was always sought and staff knew when to involve others to reach best interest decisions.

People were supported to eat a healthy balanced diet where this was part of their agreed care package. One person required staff to support them shop and plan their meals on a daily basis and a clear plan was in place to enable this to happen to meet the person's needs. In the supported living projects people were supported to make choices and involved with shopping and meal preparations.

People were supported to maintain good health. The manager and care staff continued to have a good working relationship with external health professionals. The manager knew who to contact and spoke of several cases where they had advocated for people and supported them to access the services of health professionals such as speech and language therapists or occupational therapists and obtain equipment.

Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. People in the supported living projects had health action plans in place. This showed us that people accessed health screening tests and regular appointments with dentists, optician and chiropractors.

Is the service caring?

Our findings

At this inspection people remained happy with the service, they continued to be very complimentary of the staff and felt cared for. The rating for caring continues to be good.

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. One person said, "They are kind and caring. They do things like turn on my fan. They are aware of the temperature. They are all very good to me." Another person said, "The carers are kind and caring. I've got all the time I need."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "Yes the staff are all very nice. We have no problem with anyone. The new girls are always introduced to us."

People's privacy and dignity was respected and promoted. One person said, "They are very good. They care for me. They give me a good wash and cream. They make sure everything is okay and I'm very pleased." Staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. One staff member explained how they were supporting a person to clean their own house and access social activities to benefit their needs.

We observed warm caring relationships where humour was used appropriately. People were happy and smiling and content. One person joking within earshot of staff member said "Good support worker she is." Everyone present agreed they all got on well in the supported living service. Describing it as "It is home!"

People were involved about making decisions relating to their care and support. This was evidenced from observations and within care planning and daily notes. One person said, "I've got a care plan. It's mainly done on phone now. I have a book and check sometimes." A different person said, "Yes they check all's okay. I've twice been sent a questionnaire to fill in to ask if I'm satisfied with service."

Is the service responsive?

Our findings

At the previous comprehensive inspection between 7 March 2017 and 28 April 2017 we found that Responsive was rated as requires improvement. At this inspection we found staff were more responsive to people's needs and concerns.

Previously we had feedback from people that raised concern about the consistency and reliability of the planned service. People in receipt of the service now, were more satisfied. One person said, "What counts is the people who need support. Staff I have are reliable. They are within a few minutes and therefore on time." Another person said, "I get regular care and I'm not forgotten."

People told us that they had their needs assessed before they started to use the service. One person was able to describe to us exactly what had been agreed for them in terms of a plan. They confirmed that staff followed this and their expectations were met. They said, "When I ask they even wash my hair when it needs it." We examined care plans and found they were detailed in how to assist with personal care and preferences. When we spoke to staff they demonstrated a good understanding of the people we asked about and their individual needs. One staff member said, "People I see regularly I form a bond with."

A recent introduction was care plans 'on line'. Staff used their mobile phones to access and input data. Some staff told us that this was positive as it could quickly be updated and everyone was aware of the changes. The new system introduced also recorded the start time and end time of each visit and the care and support given during that visit. We found a small number of anomalies where call visits had been recorded as three minutes. A coordinator of care explained that in those cases staff had forgotten to log in and therefore had entered data on leaving. Some staff expressed doubts about the new system particularly if batteries were low or failed in staff personal mobile phones. We were given assurances that the system could be used 'off line', and that guidance was printed in case phones did not work and that managers were putting in care logs as back up. We were aware the system was new and therefore needed time to embed and for everyone to become familiar.

Care planning in place included planning for people's end of life. We examined one such care plan and found that this supported the person and staff appropriately. It ensured that the person had the correct equipment in place to ensure they were comfortable. In this case a nursing bed with specialist mattress. It noted input from health professionals and the use of a syringe driver to ensure the person had access to medicines to keep them pain free and comfortable. The plan in place specific to care staff described how the person was to be supported with fluids and mouth care. It also described how the person was made comfortable with specific creams to be applied to their skin and when they needed to be repositioned.

Staff were supported by an up to date policy and procedure relating to end of life care planning and this included access to training providers and electronic links to develop staffs understanding of end of life care and support.

The service routinely listened to people to improve the service on offer. Views of people were regularly

sought both informally and formally on a regular basis. The manager was visible and available to people as they did care visits as a regular part of their duties. The manager was able to demonstrate they had a complaints process in place and all complaints were dealt with effectively. We saw that the manager had written to people with outcomes of action taken when they had raised concerns and had apologised that such events had occurred. People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and dealt with properly. When asked if they had needed to complain to the service, one person said, "I have all that information about how to do that in here. There are no problems. I never worry about any of them because they are so good." A staff member told us that they were confident to deal with concerns raised and that any issue was dealt with by managers. Complaints were viewed as a positive way to improve and develop the service.

Is the service well-led?

Our findings

At the previous comprehensive inspection over six days in March and April 2017 we found that Well Led was rated as requires improvement. At this inspection we found that it remained requires improvement.

The service did not have a registered manager. One had not been in post for over 17 months. This was despite meeting with the provider in December 2017 and being given assurances that a suitable person would be registered with The Care Quality Commission. At this inspection the manager in post gave an undertaking to become registered. However, soon after our inspection visit we were notified that the person had resigned from their post and had withdrawn their application to become registered.

At the time of the inspection visit we received feedback and assurances that the service was responding to people's needs and therefore was planned to improve. However, shortly after our visit to the agency we became aware of changes, to the management team, that were not being effectively managed. We liaised with the local authority who had concerns about missed and untimely visits and that people were placed at risk due to not receiving care as has been planned. This same issue of staff inconsistencies and inability to ensure consistency of staffing was the main reason the service was rated requires improvement at the last comprehensive inspection. We did see an improvement at the time of our visit, but since then matters had changed with staff resignations.

At the time of our inspection visit we were informed that the new 'on line' care planning system gave managers at the Haverhill office better oversight of real time care and support given to people. Managers liked that they could see the actions taken by staff in the electronic record made instead of waiting for paper records to be returned to the office days/weeks later.

We were told that the managers could have oversight of any calls not made and take prompt action to resolve. We were shown that in the last seven days there were 194 alerts sent to the managers and coordinators of the care. We were informed that the majority of alerts were able to be resolved and were due to understanding the new system. For example, an alert would be received by managers if someone did not receive their medicines that was an 'as and when required' medicine even though they may not have required it to be administered at that visit.

Statutory notifications received showed us that the manager understood our registration requirements. Feedback from staff about the manager in place was positive and they believed that they were moving the service forward and addressed issues promptly and appropriately.

The manager promoted a caring, positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service and staff. Staff and people using the service told us they felt able to talk to the manager about anything they wished. We saw evidence to support that people's views were used to influence what happened in the service. For example, at the supported living projects there had been positive changes to the garden and people had been involved in the developments. When we visited people were able to eat their meals in their garden and enjoyed the experience.

People told us that they were happy with the quality of the service. One person said, "My husband and I are very satisfied with the service." People and their relatives thought that the service was well-led, one staff member said that the service was, "More structured and organised. Better place now."

We were told that the manager was friendly and made themselves available if people wanted to speak with them. They felt they could approach the manager if they had any problems, and that they would listen to their concerns. The manager was often seen by people using the service as they did care shifts before and after their office hours. Staff said the manager was very visible and supportive. One staff at the supported living projects said, "We are well supported here. We have the training, supervision and everyone gets on so well. It is nice here."

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems and that they would listen to their concerns. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the registered manager. One key area of communication was the weekly newsletter sent to staff and said to be updated each Friday. The copy we saw told staff of any changes to people's care, such as going into hospital or new to the service. It gave additional information on how staff had developed people's care packages and what was working well.

In addition, the newsletter spoke about the developments of working with the wider community. The day following our visit a cake staff was being run to raise money for a dementia charity. Staff were developing the community presence of Cambridge Care and were holding a song along at a local care home where some of the people they supported had moved to or visited for respite. This showed us that the agency worked well with others and that positive links were being developed.

People and their relatives were given the opportunity to voice their views of the service and to make suggestions on how the service could improve. Surveys were sent to people twice a year. The most recent survey returned the end of March 2018 had seen 38% return rate. Feedback was that most people had carers arrive on time. People liked the continuity of the same carers. The results of the survey were shared with people in a colourful pie chart format so that people could easily see the outcomes. Actions to be taken were shared with people. The survey for staff was just about to go out as an online format.

The manager continued to assess the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. Examples included; medicine monitoring. There was a system of medicines audits in place at the supported living projects that were well managed. There was a new system in place to ensure people using the service did not run out of medicines and staff completed a weekly check to ensure there was sufficient medicines for that week. Records were kept of supplying pharmacist, what medicines were required and who was responsible for these actions. This new system had improved medicines monitoring.

The manager stated that she attended meetings with other managers within the organisation to develop knowledge and understanding. There were systems in place to monitor what checks were due such as staff observations, care plan updates etc. Each month managers of the locations were required to submit a report to the provider as an overview of activities based upon The Care Quality Commission's five key questions. We saw the submission for May/June. It showed that eight staff had received supervision, four spot checks had been completed, no complaints had been received but there had been eight compliments. It also looked at capacity of the organisation and care plans in place. This showed us that all levels of ownership and management had oversight of what was happening within this service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were placed at potential risk because there was an on going failure to manage people's medicines safely.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Insufficient staff were deployed to meet peoples assessed needs.