

## Cambridge Care Company Limited

# Cambridge Care Company

### 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?

Good 

### Overall summary

The inspection took place on 13, 14 and 19 May and was unannounced. This was the first inspection on this location which was registered last year.

The service is registered to provide personal care to people in their own homes. There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The agency is well run with clear lines of accountability and responsibility.

Staff knew in advance who they were visiting and what their needs were. They had enough time between visits to ensure they could deliver the care and support people

# Summary of findings

required. Their work was organised in such a way that they could easily travel from person to person with minimal travel time. There were adequate arrangements to cover staff sickness and holidays to ensure scheduled visits were not missed.

Staff received training to enable them to administer medicines to people when this was required. Audits were carried out to ensure people had the medicines they needed and they were being administered safely to people. Checks on staff helped to identify poor practice so this could be addressed.

Risks to people's health and safety were assessed and steps taken to reduce risk. Where events had taken place the agency had learnt from these and taken appropriate steps.

Staff had enough knowledge of how to keep people safe and knew how to report any concerns about people's welfare. Staff received training on how to report concerns and recognise abuse. The manager was proactive in reporting concerns to the Local Authority.

There was a robust staff recruitment process which helped to ensure only suitable staff were employed. Staff were well supported through induction, training, one to one and group support.

The manager understood legislation relating to the Mental Capacity Act and Deprivation of Liberty safeguards and supported staff to help them understand their responsibilities when supporting people. Care records helped determine what people could do for themselves and what they needed support with. This helped staff provide support according to people's wishes and people had consented to their care.

People were supported with their assessed needs and when required staff assisted people to ensure they ate and drank enough for their needs. Staff monitored people's health care needs and records showed that when there was a change in need staff contacted health care professionals for advice.

The staff were familiar with people's needs and were enthusiastic and passionate about their work. Some staff had a particular interest in dementia care and engaged positively with people they supported and with people's families and circles of support.

People's needs were assessed and a plan of care was in place to help staff know how best to support the person. This was kept under review to ensure any change in need could be quickly addressed.

The manager had an established team who were all aware of their role and all staff helped provide care and support to people and were familiar with their needs. All staff spoken with felt well supported and confident in the manager's abilities and knowledge of the service.

The agency had good links with the community and worked hard to enable people to keep existing skills and receive enough support for their needs.

The agency were striving for excellence and had robust systems in place to respond to or identify where the service has fallen short of an expected standard. This was addressed to ensure the service was continuously improved.

This seems to reflect a lot about staff and not so much about people's experiences.

# 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.

There were enough staff to meet people's needs and provide a reliable service.

Staff were sufficiently trained to support people to take their medicines safely.

Staff understood how to protect people if they considered them to be at risk of harm or abuse and there were clear processes for staff to follow.

Good



### Is the service effective?

The service was effective

Staff were competent and supported to develop the skills and knowledge they needed to meet people's needs.

Staff worked lawfully and supported people to make their own decisions about their care and welfare.

People's needs were kept under review and changes in people's health care needs were acted upon to promote people's well-being.

Good



### Is the service caring?

Staff were familiar with people's needs and were caring.

Staff promoted people's independence and helped keep people safe.

People were consulted about their needs.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed, documented and kept under review which enabled staff to recognise any changes to need and respond appropriately.

People knew how to raise concerns if they needed to and the agency responded appropriately.

Good



### Is the service well-led?

The service was well led

There were clear lines of accountability and responsibility which were known by all staff.

Staff were supported to develop and take additional responsibilities within the organisation. There were opportunity for staff to share learning and continue to flourish.

The manager worked in partnership with others including the Local Authority and the voluntary sector to improve the quality of the service provision. They engaged effectively with people to understand and shape the service according.

Good



# Cambridge Care Company

## 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.

The inspection took place over three days: the 13, 14 and 19 May 2015 and was announced. We gave 48 hours' notice of this inspection because the location provides a domiciliary care service and due to the nature of the business we needed to arrange visits with people and could not visit them without their consent.

The inspection was undertaken by two inspectors. As part of this inspection we reviewed information we already hold about the service including notifications. A notification is information about important events which the service is required to tell us about by law. During our inspection we spoke with nine people who used the service (in their homes) and seven relatives. We spoke with the Co-ordinator for Bury St. Edmunds who accompanied us on our visits. We looked at 11 care plans and six medicine records. We also spent a day in the office looking at records relating to staffing and the management of the business. We spoke with seven staff including senior staff, care staff and the manager.

# Is the service safe?

## Our findings

People told us they felt safe and relatives told us they had no concerns. One person had said they felt unsafe when provided with new carers but were able to discuss this with senior staff to explore reasons for their concern and come up with solutions. This was documented. Staff told us they completed body maps if they found unexplained bruising. Concerns were reported to the coordinator and the Local Authority if appropriate. Information was written up on separate forms and daily notes so there was a clear audit trail of concerns. There was guidance for staff on report writing and reporting concerns and all staff were able to tell us what actions they would take if they had concerns about a person.

Staff had received training in safeguarding adults from abuse. This was updated annually. They knew how to recognise abuse and what actions they should take if they suspected a person to be at risk of harm or abuse. Staff had access to policies and procedures which told staff how they should act if they suspected a person to be at risk of harm. The manager and senior staff had received enhanced safeguarding training which included investigation.

The manager was proactive in reporting concerns to the Local Authority and the CQC and always gave enough detail to enable effective judgements to be made. During this inspection we discussed a number of recent safeguarding concerns. One had resulted in a significant risk to the person using the service. As a result of this incident the manager had implemented a number of changes to the company policies and practices to ensure a similar incident did not occur. We were able to see meeting minutes from staff one to ones, which had safeguarding as a standard item for discussion. They were continuously reminded of their responsibilities and staff we spoke with clearly understood them.

Risks to people's safety were assessed before a service was provided. These risks were mitigated as far as possible and the agency worked closely with other agencies to help promote the wellbeing of people using the service. For example we saw referrals to the speech and language team where people had swallowing difficulties. The occupational health and physiotherapist department were involved in

helping assess people and making sure they had the equipment they needed. Staff told us that they had regular manual handling training and were not allowed to use a piece of equipment unless they had been trained to use it.

People gave their written consent for all aspects of their care, including medicine administration. As far as reasonably possible people took their own medicines but where they needed help this help was specified, from prompting, to administration from original packaging to more specialist support. One person told us "They are enabling me to help myself with medication."

Staff had detailed training and a medication pack which included all the policies and guidance they needed to give medicines safely. Where people required medicines occasionally this was clearly recorded and guidance was available for staff. Staff also told us the district nurse or nurse specialist would provide training and assess staff competence where more specialist support was required such as when supporting a person's nutrition through: percutaneous endoscopic gastrostomy (PEG) feeding tubes. This ensured staff had the necessary skills to support people appropriately.

Weekly audits were carried out on medicines held within people's homes. This was to ensure the amount of stock tallied with how many tablets should be within the home and to ensure people were getting their medicines safely and they were available when people needed them. Spot checks were also carried out by senior staff to ensure care staff were giving medicines safely and carrying out other duties according to people's wishes.

During our visits to people we looked at a sample of medicine recording sheets and saw they were filled in correctly with no unexplained gaps. However, creams were not consistently accounted for and correct recording procedures followed. People told us that staff wore gloves and aprons when applying cream. Staff said they had a regular supply of personal protective equipment which they collected from the local office.

People told us they mostly received good support from the agency. One person said "It's generally a good service. "It's erratic at weekends." Another said "They are normally on time."

"I don't always know who is coming. I would prefer to know. But I know it's hard." Staff spoken with told us the majority of them had regular daily visits and knew the people they

## Is the service safe?

were visiting well. They also had knowledge of the local area and said they had time to make their calls and pick up extra visits when required. Another care staff said they did not have regular rounds and this sometimes involved a bit more travel. However they felt that staff worked cohesively and would cover unplanned sickness. All the senior staff would also cover calls as and when required.

We considered the agency had sufficient staff and would not take on additional work unless they were able to provide the care and support required. People's preferred time was discussed with them and as far as possible met, with a window of half an hour either side to allow for

unforeseen circumstances and traffic. The recruitment officer said recruitment was on-going and they had linked up with the job centre, attended job fairs and the local colleges but said recruitment was difficult and a barrier to expansion.

Staff recruitment files were well organised and indexed showing that all documentation was in place before staff were offered a contract. This included references, disclosure barring service, (DBS), identification of person and address and job history. Interviews were completed in pairs and interview questions help senior staff to determine the suitability of candidates.

# Is the service effective?

## Our findings

Staff received regular supervision every four months and had the opportunity to discuss their work load, rotas and key elements of their job, including keeping people safe. In addition to one to one supervisions, staff practice was observed in the workplace, (people's homes.) every three months. Staff also met regularly. At their team meetings they held interactive sessions about key aspects of care such as how to promote people's dignity. All staff spoken with felt able to discuss any areas of practice and told us they felt well supported and confident in the managers and senior's competence.

Staff were skilled and competent. One person said "New staff are introduced to me." Another said "I would say the staff are well trained." Another said "I don't know where the girls get their training from but they are amazing."

There was a detailed four day induction course for new staff which consisted of all the required learning, following by support on shift shadowing a more experienced person and being mentored by them until confident and completing recognised skills based competency induction.

The service had a training officer who showed us how they ensured staff cover all their mandatory training and kept it up to date to ensure their knowledge did not lapse. In addition staff were able to access additional training which met the needs of the people they were supporting. Examples given to us were stoma care, PEG feeds, dignity workshops, dementia workshops and health and nutrition.

The service had identified and supported staff to take lead roles within the company. For example a number of staff were dementia champions, having completed a year long dementia coaching course. They supported and advised staff about how best to assist all people living with dementia. On the day of our inspection a member of care staff called for advice about supporting a person with dementia with their personal care as they were being resistant. The dementia coach offered advice and said they would go out and assess people's plan of care to look at how staff could appropriately support people. They were in the process of detailing people's background history which they said helped staff sometimes to understand the possible reasons for people's distress.

The manager had a good understanding of supporting people with decision making. They were aware of

legislation relating to Mental Capacity and deprivation of Liberty safeguards and knew how to make referral to the local authority if required. Staff all received training in the Mental Capacity Act and this was a standard question on staff supervision notes.

People had not signed their care records to confirm that they understood them and agreed with the content. However, signed contracts were in the office. One person had a do not attempt resuscitation DNAR on file and this had been completed appropriately. On people's care plans there was a record of who had power of attorney, if it was active and what it was for. This enabled the agency to consult with people's families as appropriate. The manager told us about the work and relationships they had fostered with local advocacy services who were supporting care staff in recognising what types of advocacy were available and when they might be appropriate for people they support.

The manager told us they would support people with nutrition and hydration if this was an identified need or if care staff identified concerns about this. One member of staff said, "We have time to sit with people and encourage them to eat if this is required. Any concerns we call the GP." Where people needed support with people's dietary needs, this was recorded in their care plans. It included if people had their meals delivered or when staff should prepare meals and snacks. Where staff were supporting people with nutrition this was recorded in their care plan.

People's health and welfare was kept under regular review. Daily notes were completed by care staff and transferred to the office each month, where they were checked and signed to show this. The manager said by checking records they could see if staff were delivering appropriate care in line with the care plan and if people's needs were being effectively met. Spot checks on staff and records were completed regularly and six monthly reviews were carried out with people or at any time when there was a change in need or circumstance such as a hospital admission. This would prompt another assessment and, or review. Telephone reviews also helped to establish how people were and whether the agency needed to contact other health care professionals usually the GP.

One relative told us about their parents recent fall. They said, "It was shortly before the carer visited one evening. The carer arrived. She did brilliant. She got the paramedics

## Is the service effective?

here and got him to A & E. They informed me. When he came out the next day the hospital co-ordinated with the agency and someone was here for him when he got home. I couldn't ask for better."

The manager told us in addition to the care plan which listed people's medical needs and any specialist

equipment and medicines they were taking there was also a hospital admission pack. This gave some additional information about the person to help the paramedics and hospital staff meet the person's needs. We saw these on people's records.



# Is the service caring?

## Our findings

Staff we met were dedicated and caring. They were familiar with people's needs and knew who would become distressed if they were late and who would be less concerned. This helped them plan their work accordingly and let people know if they were dealing with an emergency which could not be foreseen. Staff spoken with had a good insight into people's needs and how to provide care and support which was appropriate and dignified.

Staff who accompanied us on our visits knew people well and their family members. The manager also had a good relationship with people using the service and was able to tell us about people's needs. One person told us "Carers are kind and respectful." Another said "I have had (staff) from the beginning. I mostly have the same carers so you can build up a relationship."

People's choice and preferences were recorded in their care plans and there was a section telling staff how to meet a person's needs. One person told us "The carers give me a choice; and if I don't feel like it that's ok." However some of this information was quite brief and did not give sufficient detail about the person. We spoke with staff about this and they knew people's needs well and were familiar with people they visited. They said there was very little turnover of staff which meant they got to know everyone. Staff said when people first started using the service there was enough information. The manager told us that the care plans were being developed to make them more individualised and to show what support the person required to help facilitate their independence.

We found that 'all about me' folders' were being rolled out across the service and started with a one page profile and looked at people's preferences, choices and took into account people's history, work experience and family details Staff explained this helped them to quickly establish relationships with people they were visiting and understand their care needs.

One staff member told us a person did not like having a shower, when staff looked at this to see how they could support the person with their personal care they found out they didn't like feeling cold. With a few adjustments to their environment they said they now accepted a shower. Staff told us how they supported people with dementia and said the more they knew about the person the more they could try and connect with them and understand their routines, rituals and patterns of behaviour. This enabled them to provide effective care and support.

People told us staff were attentive to their needs and that they were satisfied with the care they received. One person said "Yes, the carers are kind." One said "The carers always ask you if you want anything else done." Another said they had expressed a preference not to have a particular carer and this had been accommodated. One relative told us that, "The Supervisor comes regularly and updates care plans. I am involved. "There is a questionnaire now and then." Another said "There is information about complaints in the folder. I would know what to do. "I am kept informed." "(The Co-ordinator) comes round and does a review and then to check everything is ok."

# Is the service responsive?

## Our findings

The service responded well to people's individual needs. One person told us "I would recommend it (the service) to anyone. They are not judgemental." "I am getting happier and more positive in myself now I am getting good care." Another person told us "The service is excellent. Once a day in the morning they give me a wash all over and help get me dressed. The carers are wonderful." People we met knew where their care folder was and confirmed that staff wrote notes following each visit. People mostly knew who was visiting and how to contact the office should they need to.

We looked at people's care plans in both people's homes and in the office. Care plans provided a reasonable overview for staff of the care and support to be provided at each visit. They had all been reviewed within the last six months. Daily notes were up to date and provided a brief overview of the support provided. They were written in a respectful way and did demonstrate that the care was provided in line with the care plan. There was limited documented information about people's life histories or preferences in the care records held in people's homes. However, work was in progress to build up a profile of people using the service. This was taking time to do thoroughly.

Records showed us that people's needs were kept under review and staff were expected and told us they did complete a form if they identified any change to a person's needs. This was brought in or emailed to office staff to respond to. We saw in addition to the six monthly reviews telephone reviews happened in between time and showed what had been discussed and any actions taken. This meant the service was responsive to individual needs.

We found that when people needed supported with cleaning this was not always possible. Staff would assist as far as they could when time allowed and if it was agreed as part of their care package. One person needed staff to Hoover and this had not been done recently because their Hoover was broken. This had been discussed with family

but not been resolved. Staff told us for one person there was an equipment cleaning checklist in place. This covered a range of general cleaning although staff said they would only do this if there was time. For another person a recent concern was raised with the service about cleanliness and health and safety within their home. This had not been resolved. We could not be assured people always got the help they needed with additional tasks

Care plans told us how long staff were required for and what they should do. Most people expressed satisfaction saying staff were reliable, usually on time and stayed for the required amount of time. The only time this appeared not to be the case was when people did not have regular carers because of sickness or holidays. However the manager told us staff sickness and holidays were managed closely and daily records were checked monthly to ensure staff were staying the right amount of time.

Staff had opportunities to receive support from the organisation and each other and share good practice, through regular facilitated meetings. Staffs performance was regularly monitored and good practice rewarded, with financial incentives for undertaking higher qualifications.

People were issued with a service user guide and when asked understood the service being provided and who to contact if they were unhappy. One person told us "I would ring up the office if I had complaints." Staff told us "We get more compliments than complaints. Most go through to the Manager." They told us about the last complaint and we saw that this had been appropriately dealt with. We saw a copy of correspondence between the manager and the person raising the complaint showing how it had been resolved and what lessons were learnt.

People we spoke with told us they did not have any complaints and would be able to raise any issues through the Co-ordinator or Office staff. We observed a person raise an issue with the Co-ordinator in an open way and it was responded to with concern and respect. Each person visited had access to information about the service including the complaints procedure.

# Is the service well-led?

## Our findings

The manager was supported by a senior care coordinator and had other staff responsible for learning and development and recruitment. Staff spoken with had a good understanding of their roles, the roles of others and all knew the people they were supporting. The service had managed a forthcoming vacancy pro-actively and had recruited staff into the role prior to the post becoming vacant to ensure continuity. Staff stepping in to the role were having the opportunity to shadow the existing post holder and receive appropriate training before taking on their new roles. They told us part of their role was spending some time in the office and sometime delivering care to people which kept them in touch with what was going on.

All the staff spoken with said they felt well supported by both the manager and other members of the team. There were clear lines of accountability and everyone was familiar with these. People spoke positively about staff and knew who to contact if there was a problem. and we observed a good rapport between the Co-ordinator, people who used the service and relatives. Not everyone knew the Manager, but people told us they knew how to contact the service and that the coordinator was their main port of call.

There was a 24 hour on-call system in place so that staff and people who used the service could contact senior staff when required. The staff spoken with said they had never experienced problems with the out of hours support. One staff said, "If they are not able to get to the telephone, they always get back to you- usually within minutes." Staff said the team pull together to make sure all calls are covered and the manager reported they had not missed any calls. People told us about the care and support provided to them. One said "I have had an excellent experience from Day 1." One relative said "We are very impressed. There are 4-5 carers at most who look after Mum. Mum is happy." Another said "I think they are brilliant. With Cambridge Care I never have a problem." "The service is consistent. The carers are on time and they do what is required."

Questionnaires were distributed to people and their families once a year for feedback. The recent response rate had been low but there was no end date for surveys so it was possible more would be returned. Surveys were circulated to both staff and people using the service. This was done as an organisation as a whole and not by location. The manager/provider had three locations across

Suffolk. The manager had matched the questions to the care standards required of them by care legislation and asked people if the service was safe, effective, caring, responsive and well led, with space to add additional comments. The manager had sent these forms out with a covering letter explaining about The Care Act and how they were regulated and how we inspected under these key lines of enquiry. The manager said they were looking closely at these surveys to see how they were received by people using the service and what else they could do to continuously engage with people including the introduction of service user forums. In addition to the annual surveys people were communicated with regularly and we saw the outcome of discussions which showed staff responded to people's concerns and requests appropriately.

The manager was innovative and told us about other areas they were looking at including using an app on the mobile phone which enabled them to monitor staff. Staff would be able to log the time they arrived and left a person's house so this could be monitored and ensure people were getting the commissioned support and also providing increased security for staff. They said they were working with other organisations to develop the information they already held about people including the development of more person centred, outcome focussed care plans. They were also looking at a traffic light system which was similar to that already used to monitor their compliance around staffing. This system currently flagged up in red when staffs training, supervision or anything else was about to, or had lapsed. When it was due it would be flagged up by using amber. This enabled staff to manage the business effectively and keep tabs on when things were due and provide evidence that staff training and so forth were up to date. A similar system for people using the service was also available but the plan was to add to data where there was a risk around for example: nutrition, diet and skin care. This would alert staff to increased risk factors and enable the manager to check everything that should be in place was.

The manager had a number of initiatives which showed how they engaged with their local community. For example the shoe box appeal, which was gift donations redistributed to people using the service who might not otherwise get a gift. The service also provided an annual trip to the sea side and a trip to the pantomime. People were expected to pay for themselves but staff costs were covered and they gave their time freely to support them.

## Is the service well-led?

The registered manager placed a strong emphasis on continually striving to improve the service. They demonstrated to all staff the values, ethos and expectations of providing a high quality individual service to people and their families. These were embedded in the services literature and reflected in the staff recruitment practices. Staff in their induction were told about the values, visions and aims of the service and covered all the key components of care. In addition staff were encouraged to develop their existing skills and interests by going on to study higher qualification in care and develop specific roles within the organisation. They were supported to have enhanced skills and knowledge which they could share with other staff. Such as dignity champions who received training and support through Skills for Care which is an organisation that works with staff to help them provide high quality care. The agency also had staff with enhanced training in safeguarding people from abuse, another person being supported through a train the trainer to provide manual handling training to staff and dementia coaches. They were supporting staff in meeting the needs of people with dementia appropriately. The manager was

also developing links with the community such as 'dementia friends' an initiative run by the Alzheimer's society. Staff signed up to this and received training and support around understanding dementia and in turn shared this information with other groups and retailers in the neighbourhood to help raise awareness of people living with dementia and their needs.

The manager was working with other advocacy services to help identify where people needed support and who best could provide it. The manager was working hard to improve documentation available to support staff in meeting people's needs and had recently been nominated and won several categories in the East of England care awards, they were now going for the national awards.

A newsletter was circulated to staff weekly to help keep them informed about what was happening at the service. It also included any compliments or special mentions of staff who had demonstrated kindness and compassion through the work they do. Staff told us they appreciated this and it gave them encouragement and pride to work for this agency and to know they were appreciated.