

West Anglia Crossroads Caring for Carers

Carers Trust Cambridgeshire

Inspection report

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26 October 2018

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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 ●

Summary of findings

Overall summary

This inspection of Carers Trust Cambridgeshire took place between 5 and 26 October 2018. Our visit to the office was announced to make sure staff were available.

Carers Trust Cambridgeshire is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our visit 132 people were using the service.

Not everyone using Carers Trust Cambridgeshire received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at this agency who was supported by Customer Care Officers and the organisation's senior management. 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.

At our previous inspection on 14 March 2016 we rated this service as Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff knew how to keep people safe, how to respond to possible harm and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were administered safely. Staff had enough equipment, such as gloves and aprons, to make sure that infection control was maintained. Lessons were learnt from accidents and incidents and these were shared with staff members to ensure changes were made to staff practice.

People's care was planned and delivered in line with good practice guidance. People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff helped people to eat and drink and to do so in a way that also supported their health needs. Staff had information if they needed to refer people to health care professionals and they followed the advice professionals gave them.

Staff understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the agency supported this practice.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records provided staff with detailed guidance in how to do this. A complaints system was in place and there was information so people knew who to speak with if they had concerns. Staff had guidance about caring for people at the end of their lives.

Staff were supported by the registered manager, who had identified areas for improvement and developed a plan to address these. The provider's monitoring process looked at systems throughout the service, identified issues and staff took the appropriate action to resolve these. People's, relatives and staff views were sought, with positive results.

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? The service remained Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remained Good.	Good ●
Is the service responsive? The service remained Good.	Good ●
Is the service well-led? The service remained Good.	Good ●

Carers Trust Cambridgeshire

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 comprehensive (planned) inspection took place between 5 and 26 October 2018 and was announced.

The inspection was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Due to technical problems, we were unable to use the Provider Information Return that they completed. 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 improvement they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection, we spoke with four people using the service and four relatives. We also spoke with six members of care staff, the organisation's training manager and the registered manager. We checked five people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, accidents and incidents forms, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

The service continued to safeguard people from harm. People told us that they felt safe with staff from the agency. One person said they had a sense of safety and security when staff visited, "I trust [staff member] completely." Staff knew how to protect people from harm, they told us they had received training and they knew who to report to. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC.

The service remained good at managing risks to people's health, safety and welfare. Staff assessed and regularly reviewed individual risks to people's health and welfare and kept updated records to show how identified risks were reduced. Risk assessments contained information to guide staff on how to minimise risks and protect people from harm. Environmental assessments of possible risks in people's homes were completed to make sure people and staff were as safe as possible during care visits.

People told us there were enough staff available to support them when they needed this. They said that they usually had regular care staff and that they were notified if this was going to change. One person said, "Staff wise, they choose very nice people." Staff told us that there were enough staff and when staff were off sick they were able to get additional staff to cover at short notice. There was a system in place to assess staffing numbers and ensure they were at the level indicated by people's needs. We found that these staffing levels were high enough to provide people with the care they needed.

A recruitment practice was followed. Required checks were carried out to ensure potential new staff were suitable for the role. Records showed that checks, such as for identity and Disclosure and Barring (DBS) checks, were returned before new staff started work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The service remained good at managing people's medicines. Staff had received training to make sure their knowledge and skills were up to date. They told us that this included how to give medicines in other ways than by mouth, for example under the tongue. Records to show that medicines were administered were completed appropriately and were stored securely. Staff had appropriate guidance for medicines in general and for people who received medicines on an 'as required' basis.

People told us that staff used gloves and aprons when they were supported with personal care. Staff told us that they had enough personal protective equipment (PPE) and they had received training in infection prevention and control.

We saw that incidents and accidents were responded to appropriately at an individual level and a brief analysis had been completed to ensure any recurring issues were identified. Staff were notified of changes, such as in relation to changes to staff or times of calls, and provided with explanations for this. The registered manager reinforced these changes and new ways of working at staff meetings to ensure staff understood why changes had been made.

Is the service effective?

Our findings

People's needs were fully assessed prior to receiving care and support from staff. Staff worked with health and social care professionals who visited people to provide current, up to date information and advice about meeting people's care and support needs. This included obtaining advice from moving and handling guidance about appropriate clothing so that both people and staff were safe.

Staff continued to have the skills, knowledge and experience to deliver effective care and support. A relative told us, "Staff know what they're doing." Staff confirmed they had received updated training and this, with individual supervision, provided them with the support to carry out their roles. Staff training records showed that staff members had received training in subjects relevant to their role, such as first aid, health and safety, and moving and handling. The training manager confirmed that staff practice was checked during observations when visits to people took place. One staff member told us about support they received, "There's always someone to talk to who will sort something out. I can have a proper chat with managers."

The service remained good at providing and supporting people to eat and drink. There was clear and detailed guidance for staff who helped people who were unable to eat and drink independently. This included descriptions of how to thicken drinks for people who had difficulty swallowing. Staff monitored people at risk of not eating or drinking enough and took action to address this. This included following advice from health care professionals such as dieticians or speech and language therapists.

Staff worked with other organisations to ensure that information about care needs was passed on. The registered manager said that written information from the agency was not available to help staff in other health or care settings support the person in the way they wanted. However, staff would go with a person if, for example, they had to go into hospital urgently. This ensured that information about the person could be passed on. The organisation provided a 'what if' service that provided support in the event of an emergency and they also worked with other providers of care. The night before our visit they worked with the emergency services to ensure a person was able to stay in their home.

The service remained good at ensuring people had advice and treatment from health care professionals. People's care records showed that they had access to the advice and treatment from a range of health care professionals. These plans provided enough information to support each person with their health needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people receiving care in their own homes, these applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA and whether these were being met. Staff had received training in MCA and were able to show they understood this. MCA assessments had been completed and where people were not able to make a decision, a best interest decision had been recorded. This showed that people would not have their freedom restricted in an unlawful way.

Is the service caring?

Our findings

The service remained good at caring for people. People told us that staff were kind and caring. One person described their staff member as, "She's lovely and she does a perfect job," and another person said, "Care staff are all lovely, they're very nice to me." A relative told us that staff spoke with their family member appropriately, "[Family member] is always happy when I get back." They went on to tell us that their family member responded well to the way care staff had acted with them. People were happy to be supported by staff from the agency. Staff were kind and thoughtful in the way they spoke about and with people. They told us that they tried to put people at ease and speak with them as they would like to be spoken to.

Staff knew people well and were able to anticipate people's needs because of this. Their descriptions of people's needs showed this and it also showed that staff members had a great deal of affection for the people they cared for. One relative told us about how their family member got on with staff, "There's a lot of fun and laughter, it's hilarious. It lovely to hear it."

People were aware of their care records and told us staff spoke with them frequently about how they wanted their care given. One relative said, "They always provide a handover to me." They said that staff were very adaptable and they were able to change the way their care was given to what suited them each day.

Staff members received training in key areas that supported people's right to respect and dignity. Staff respected people's right to privacy and to be treated respectfully. This was evident in the way staff spoke with people and in their comments to us about how they would do this. They told us they knocked before entering people's houses and made sure people were covered as much as possible when giving personal care. People confirmed that staff did this and also took other actions to make sure people's privacy and dignity was respected.

Care records were written in a way that advised staff to consider people's right to privacy and dignity whenever they provided care and support. For example, in advice about caring for specific needs around personal care, staff were guided to make sure each person received this in the way they were comfortable with.

Is the service responsive?

Our findings

The service remained responsive to meeting people's needs. People told us that they had no concerns about their care and one person said, "On the whole, things are going well." Staff had a good knowledge of people's needs and explained how they provided support that was individual to each person. A staff member told us how they discussed one person's care with the person's relative all the time. They explained how they had worked together to find the best continence aids for the person. Staff also knew people's preferences, such as those relating to support and care needs.

People's care and support plans contained relevant details about their life and medical history; their likes and dislikes, what was important to each person and how staff should support them. Plans were written in detail to guide staff. We saw the plans were reviewed on a regular basis to ensure they continued to meet people's required support and care needs. One relative confirmed that staff had requested a review of the plans as the person's needs had recently changed. People and relatives told us that they were asked to agree changes to care plans before these were put into place. Daily records provided evidence to show people had received care and support in line with their support plan.

The service remained good at managing complaints. People told us they felt able to speak with a member of staff or the registered manager if they were worried about anything. There were copies of the agency's complaints procedures available in records kept in people's homes. We found that appropriate actions had been taken to investigate complaints and to resolve these.

Some guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. However, this was limited and did not contain detailed personal preferences. Additional guidance was available in the agency's end of life policy, which was available to staff. Training was also available in this area, although not all staff had completed it. The registered manager said they would address this with staff.

Is the service well-led?

Our findings

There was a registered manager in post, who was supported by the provider's senior management team and by senior care staff.

Staff told us they were able to provide good quality care and support to people because they were given enough time to be able to do this. They told us they felt the registered manager and other members of the office staff brought a positive working environment to the agency which enabled staff to work well together.

One staff member told us their feelings about working for the agency, "Really enjoying it. It's really, really good, it's heaven." There were opportunities, such as individual supervision meetings and staff meetings, to discuss the running of the agency. Staff were supported by senior staff and felt they could discuss any issues or concerns they had or discuss their performance. The registered manager also monitored the culture of the agency through these discussions to make sure that a positive working environment was maintained.

The views of people, their relatives and staff were obtained through an annual survey or through review meetings. The most recent survey of people using the agency was carried out in 2017. The survey results showed a high overall satisfaction rate and the registered manager told us that they were preparing for another survey. Staff told us that they were regularly asked for their views in staff meetings or short surveys and that action had been taken to improve areas identified as issues.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service provided to people. These included audits of the different systems, such as care records and medicine management, which identified issues and the action required to address them. A monthly report was developed from this, which was then shared with the provider of the service.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. Other organisations were contacted appropriately. In relation to safeguarding, issues were investigated and action taken to resolve it, where this was required.