

Cambridge City Council

Cambridge City Council Care - Ditchburn Place

Inspection report

Cambridge City Council
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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

Cambridge City Council – Ditchburn Place is registered to provide personal care to people living in their own flats within an extra care housing complex. There were 22 people receiving personal care from the service when we visited. This inspection was undertaken by one inspector.

At the last inspection on 6 May 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. 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.

Systems were in place to manage risks to people using the service and to keep them safe. This included assisting people safely with their mobility, personal care and medicines.

There were sufficient numbers of staff to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were employed to provide care and support to people using the service.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005. People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and procedures in the service supported this practice.

People's needs were assessed, so that their care was planned and delivered in a consistent way. The management staff and care staff were knowledgeable about the people they supported and knew their care needs well. Staff offered people choices such as choosing the meals they wished to eat. These choices were respected and actioned by staff.

People experienced a good quality of life because staff received training that gave them the right skills and knowledge to meet their needs. People were supported and assisted with their daily routines, shopping and accessing places of their choice in the community.

People received appropriate support to maintain a healthy diet and were able to choose meals and drinks they preferred. People were assisted to have access to a range of health care professionals, when they needed them.

Staff were clear about the values of the service in relation to providing people with compassionate care in a dignified and respectful manner. Staff knew what was expected of them and staff supported people in a

respectful and dignified manner during our inspection.

There were processes in place to assess, monitor and improve the service. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were provided with the opportunity to give their feedback about the quality of the service provided.

Further information is in the detailed findings below.

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

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 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 inspection took place on 22 June 2017 and was announced.

The inspection was carried out by one inspector. We gave the provider 24 hours' notice of this inspection. This is because the registered manager is often out of the office supporting staff and we needed to be sure that they would be available. However, the registered manager was not available and we were assisted by two supervisors during the inspection.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During the inspection we visited the service's office, spoke with seven people using the service and one relative. We spoke with two supervisors and five care staff. We looked at four people's care records and records in relation to the management of the service and the management of staff such as recruitment and training records.

Prior to the inspection we contacted three care managers from the local authority, a contracts monitoring manager from the local authority, the practice manager at a local surgery and a district nurse to obtain their views about the service provided by Cambridge City Council – Ditchburn Place. During the inspection we

spoke with visiting healthcare professionals including a dietician, a local authority Adult Support Worker GP and a Community Psychiatric Nurse (CPN). We also spoke with a volunteer visiting the service.

We looked at records relating to the management of risk, care and support, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

None of the people we spoke with had any concerns about their personal safety. One person said, "The care staff look after me very well and I feel very safe with them and they never rush me." Another person said, "Yes I feel safe and the care staff are cheerful and have a chat with me." 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, "The care and support is very good and my [family member] is very happy with the care – I feel that their care is safely delivered."

The provider had ensured that there were safeguarding guidelines and policies in place, which were in line with the local authority safeguarding procedures. Staff were aware of their roles and responsibilities in relation to protecting people from harm. They had received safeguarding training and were aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns regarding any allegations of harm with the registered manager and or the local authority are safeguarding team. One member of staff said, "If I ever saw any poor care I would be confident in reporting it to my manager (registered) without any hesitation." We saw that there was a document in people's information packs which detailed safeguarding procedures and contact numbers. This showed us that there were processes and procedures that helped keep reduce the risk of harm to people.

Each person had a folder in their flat containing details of the care to be provided. There were accompanying risk assessments 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, assistance with medicines and any environmental risks.

Arrangements were in place in relation to the administration and recording of people's medicines. Staff had received training regarding administration of people's medicines and this was confirmed in the training records that we saw during the inspection. 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 information on the level of support that people required with their medicine and also whether the person would be responsible for the administration of their own medicines. One person said, "They [staff] always make sure that I receive the tablets that I need to have during the day and at night time."

People that we spoke with confirmed that staff were on time for their care calls. One person said, "The carers are on time and often pop in to see that I am alright." The supervisors told us staffing levels were monitored on an ongoing basis to ensure that the people's care and support needs could be safely met.

Staff only commenced working for the service when all the required recruitment checks had been satisfactorily completed. Staff recruitment was managed in conjunction with the registered manager and the organisation's personnel department. Staff confirmed that they had received an induction and supplied the required recruitment documentation prior to commencing working with the service.

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Is the service effective?

Our findings

People spoke positively about the care staff and were very pleased with the care and support they received. One person told us, "The [care staff] are excellent 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 and they are very careful and considerate." A relative we spoke with said, "The staff really understand and take time to help [family member] in a kind and effective way."

The supervisors confirmed there was a programme to make sure that staff's 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. Examples of training included; safeguarding, dementia awareness, food hygiene, MCA, moving and handling. Staff we spoke with were positive about a dementia awareness training session they had received which had given them additional insight when providing care for people living with dementia. This showed that staff were supported to have ongoing training to refresh and improve their knowledge and skills. We saw that new staff had completed or were completing the Care Certificate (a nationally recognised qualification for care staff). Staff told us they felt very well supported by the management team and received regular supervision where they had the opportunity to discuss the support they needed and to discuss their training and development needs. This meant there was an effective system to support and monitor staff so that they were delivering effective care for people.

People told us that where meals and drinks were provided, staff had consulted with them regarding their individual needs and preferences. We saw that assessments of people's dietary needs and preferences had been made and that these were recorded in their care plan. One person said, "The care staff are very kind and assist me with my breakfast and lunch and always make sure that I have chosen what I would like to eat." A dietician we spoke with, visiting a person using the service, was positive about the actions staff had taken regarding a person's dietary needs and confirmed that staff had followed advice that they had given. People had access to the onsite meal services available to them during the day.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. 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 during their induction and on an ongoing basis regarding the Mental Capacity 2005 (MCA). Staff we met confirmed that they had received MCA training. We saw that the management team were aware of the relevant procedures to follow regarding this area.

Staff worked in partnership with health care professionals. The service was in regular contact with local surgeries and people had access to appointments with their GP and received visits from district nurses when

required. We received positive comments from healthcare professionals we contacted/spoke with.

One person said, "The staff help me to see my doctor when I need." A relative said, "The staff contact me if there are any health changes to my [family member]." We received positive comments from care professionals that we contacted prior to our inspection visit. A GP who was visiting the service told us that the staff proactively reported any healthcare issues and followed any advice that had been given. A CPN visiting the service also gave positive comments about the care and support provided and the professionalism of the staff.

Is the service caring?

Our findings

One person said, "They (staff) help me with everything that I need and make sure that everything has been done before they leave and we have a laugh and chat together." A second person said, "The care is excellent – I couldn't wish for better care." A third person said, "The care staff are superb and kind and respectful towards to me and always knock on my door before entering - they know what they are doing." A fourth person said, "I am really happy with the carers who come to help me and they are so kind and caring and they know how I like things to be done – they always check that I am comfortable and ask if anything else is needed before they leave." A relative said, "The care staff who support my [family member] are very kind caring and helpful – I am really pleased and reassured that [family member] is well cared for."

We observed that staff knocked on the door of people's flats before entering and introduced themselves and spoke with people in a friendly, caring and respectful manner. Staff used peoples preferred names and showed an affectionate and caring attitude towards people. We saw that the management team and care staff had carried out six-monthly reviews of peoples care and support involving the person using the service and their relatives where necessary. People told us that staff had taken time in talking with them about things which were important to them during their day. We observed that people were comfortable with staff and that there was a friendly and caring rapport in place.

The staff we met spoke with a great deal of enthusiasm about their work and the people that they were providing care to. One staff member said, "I really love my job and enjoy providing the best care to people living here." Another member of staff said, "I really enjoy my work and making a difference to people's lives and helping them remain as independent as possible." One person said, "The staff provide an excellent service and treat me very well"

The registered manager told us that people were provided with information as required so that they could access local voluntary and advocacy services when necessary. Advocates are people who are independent of the service and who support people to make decisions. We also met a volunteer who visited people using the service to meet their religious and spiritual needs.

All of the people we spoke with, including their relatives, told us that care staff respected their privacy and dignity. 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 people's independence was promoted and care plans showed how much people could do for themselves and how staff should assist them. An example included assistance with washing/bathing and mobility.

Is the service responsive?

Our findings

All of the people we spoke with and a relative told us they were provided with information about their care and also if any changes were made. For example, a relative said, "My family member's care is reviewed and any changes to calls are made as necessary." One person said, "They [staff] know me well and really help me with what I need - I am very happy with the care indeed." People and a relative confirmed that they had been regularly consulted and were involved in reviews of the care provided.

Assessments had been undertaken prior to the commencement of care packages to ensure that people's needs could be safely met. In the care plans that we saw there were signed agreements to confirm that people had agreed the care to be provided. We saw four care files and there was evidence that people were consulted about their care and support needs. The supervisors stated that care plans were also updated where people's needs had changed such as following a hospital admission or a health care issue. Care plans were monitored each month. Each person had a document in place which gave a summary of their care and support needs. This document was taken with people should they need a hospital admission to ensure that their care and support needs were known by hospital staff.

We saw four people's care plans during our inspection. There were detailed guidelines in place about the care and support that was to be provided during each visit. 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 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 medicines and domestic tasks and social and welfare calls.

We saw samples of the daily notes completed by care staff detailing the care and support that was required during each care visit. People told us that staff had been responsive and flexible to their needs such as visiting them earlier or later to suit their individual plans during the day.

People and their relatives that we spoke with were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, "If I ever have any concerns they [registered manager and staff] are very good at sorting it out for me." A relative told us that, "The manager [registered manager] and staff are very good and deal with any issues or concerns quickly and efficiently."

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 contained guidelines for people on how to make a complaint. The supervisors told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. This was confirmed in the records and correspondence in the complaints file that we saw.

Is the service well-led?

Our findings

A registered manager was 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.

People, relatives and staff told us the registered manager and management team were approachable and listened to what they had to say. One relative said, "The manager [registered manager] and staff communicate well with us and keep me up to date about any changes." A person said, "The staff are easy to talk with and are always around to chat and help me."

Staff we met described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. Staff said the management team worked alongside them to monitor the service, which helped them to identify what worked well and where improvements were needed. Staff confirmed staff meetings took place to share information and ideas on how to improve the service and to ensure people's care and support needs were being respected and met. We saw that staff received ongoing supervision to provide them with an opportunity to discuss their work and development needs. Staff also confirmed that they received a handover to ensure that they were aware of any issues or events occurring during the day.

Staff told us the service was well organised and that the management team were approachable and supportive. Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service. There was an open culture within the service. Staff told us they enjoyed their work and working for the service. One member of staff said, "I really love my job and this is a really good service to work for." Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if this arose. Another staff member said, "If I saw or knew about any poor care or bad practice I would always report it to my manager [registered] but thankfully I have never had to do this."

The management team carried out a regular programme of audits to assess and monitor the quality of the service. Examples included audits of medicines and staff's competency, staff training, care planning and recruitment. Where shortfalls were identified; records demonstrated that these were acted upon promptly. Examples included monitoring care reviews and updates to care plans.

We saw surveys had been completed in 2017 to obtain feedback from people using the service; their relatives, care professionals and staff. We reviewed the results of these surveys and they contained positive feedback about the service provided, the staff and the management team. One person commented, "I think that all the staff are very good at everything and it would be difficult to have any criticism."

We found that notifications had been submitted to CQC when this had been required. This showed us that the provider, registered manager and staff were aware of their legal responsibilities.

