

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?

Outstanding ☆

Summary of findings

Overall summary

Cambridge Care Company is a domiciliary care agency based in the centre of Bury St Edmunds. The service supports people to live in their own homes in Bury St Edmunds, the surrounding area and in Sudbury. Support is provided to people with learning and physical disabilities, people living with dementia and people in need of support due to their old age or mental health. They currently have approximately 400 hours that they support people and hold a contract with the local authority as a preferred provider of theirs.

At the last inspection on 13, 14 and 19 May 2015, the service was rated Good. At this inspection we found the service remained Good overall. This means the service continued to meet all relevant fundamental standards, and in addition at this inspection we found they exceeded these in relation to well led.

The service had an exceptional registered manager in place who had strong values to support people as individuals and was someone who was highly experienced. The training, systems and processes in place made for an outstandingly well led service.

People were at the heart of the service and were truly listened to in several ways that enabled them to have a voice to determine their own care and support as well as how the agency could develop and improve. Not only did the registered manager continue to assess the quality of the service through a regular programme of audits, they reviewed audits and systems in place to see if these could be developed further for the benefit of people.

People experienced a reliable service that they found met their individual needs. Care plans were well written; person centred and were regularly reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were safe from potential harm as risks were assessed and minimised, staff had enhanced safeguarding training and medicines were robustly managed where needed. Where needed people were supported to have appropriate amounts to eat and drink and supported to access healthcare.

Staff were positive about Cambridge Care as a company. They were appropriately supported and encouraged with training and development opportunities. Staff were not only safely recruited, but recruited for their values and ability to become caring staff.

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 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 is Outstanding	Outstanding ☆

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 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 6 and 8 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we visited and spoke with seven people using the service, received feedback from 14 people and four relatives. We also received feedback from three professionals who contracted with the service. We spoke with the registered manager, the senior care coordinator and three staff. We reviewed ten care files, two staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

At this inspection we found the same level of protection from harm and risks as at the previous inspection, staffing remained consistent to meet people's needs and the rating continues to be good.

People told us that they felt safe from harm or abuse. One person told us, "I get good care and I do feel safe because of it." When asked, 14 people responded that they agreed or strongly agreed that they felt safe from abuse and or harm from care provided.

Staff told us that they had undertaken training at induction and had updates which helped them identify how to safeguard people. We saw evidence of this training in staff member's files. Staff told us that they were aware of how to report any incidents of potential or actual abuse. One care worker told us, "I would report anything to the care coordinator or to the manager. I have done this in the past and the person was protected."

Recruitment was robust with checks carried out by the Disclosure and Barring service (DBS) and two references sought by the registered provider. The DBS checks assist employers in making safer recruitment decisions by ensuring that prospective staff members are not barred from working with people who require support. Prospective employees had completed application forms and attended interviews as part of the recruitment process. Staff also underwent an assessment to analyse their values and motivations to ensure they were suitable for caring posts. The registered manager was planning to invite people that use the service on to interview panels in the future.

There were sufficient, suitably qualified staff working at the service to meet people's needs. Peoples preferred time for their care 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 delays. People told us that staff arrived on time and completed the tasks that they required them to do. One person said, "I like that I have my familiar faces coming. It helps me build a bond with them and that is good." Another person said, "(Staff) Arrive near to times if possible. I realise things or circumstances do not always allow prompt timings."

When we looked at people's care and support plans we could see that the risks to them and others had been identified, and management plans with clear guidance for staff were in place. This included risks to staff working in the wider community and people's homes. Risks such as moving and handling were assessed in detail and clear guidance was in place that was regularly reviewed. If care workers managed people's personal monies records of all transactions were kept with signatures from both the person and member of staff recorded. This protected individuals from financial abuse and the staff from any accusations of financial impropriety.

Medicines were managed safely and service policies and procedures followed. As part of people's assessment it was determined what level of support was required. The medicines assessment tool in place was effective to guide staff and maintain people's independence where possible. If people were supported to take medicines by staff, these were signed for on the medicine administration record (MAR). There were

no unexplained gaps on the MAR. There had been no medicine errors made by staff at this service. All staff were trained in the administration of medicines and competency checks carried out. We observed staff administer medicines and sign for these. We also observed staff encourage a person to administer their own medicines as this was important that they took them regularly. One person told us, "They are great. They have helped me sort out my pain patches."

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. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

People received effective care and support that met their individual needs and preferences. Staff were well trained in areas which were relevant to people's day to day care. The registered manager informed us that there had been an increase from four days to five days training. This included The Social Care Commitment and Dementia Friends sessions. Staff told us that they had the training and support they needed to carry out their role effectively. Records demonstrated that staff received appropriate supervision and support. Supervision had increased to once every 12 weeks. These sessions were focused around developing the skills and knowledge of the staff team relating to such topics as medicines, safeguarding and The Mental Capacity Act. As well as identifying and agreeing additional training these sessions were also an opportunity to test and check staff competency.

One staff member said, "I had the five days induction and they are always asking about training needs." There was a programme of induction for new workers and an on-going training programme. Many of the staff were working towards level three of QCF. Only three of the 21 staff were not working towards this qualification because they had enrolled in college degree courses. This meant that staff had the appropriate skills and knowledge to start working with people who used the service. Staff were able to tell us about people's needs, demonstrating their knowledge of people, and there was written information in care and support plans for staff to refer to. This information also included matters of consent. People had consented to the care and support in place. One person told us, "I like to be independent and they listen to me." When asked, 12 people agreed with the statement: 'If I want them to, the care agency will involve the people I choose in important decisions'. The registered manager told us of the details of one person's lifestyle. This showed us that staff upheld principles of the Mental Capacity Act because people were supported and their rights respected to make potential unwise decisions. We saw that one person had their end of life wishes agreed in their care plan and had been appropriately consulted. Records were clear if anyone had a Lasting Power of Attorney in place for care and welfare or finances. We concluded that consent was sought in line with relevant legislation.

Where requested staff supported people to have sufficient to eat and drink. We observed staff prepare meals of people's choice and present them well. Following our inspection visit the registered manager sent us additional evidence of people being supported with food and drink to meet their individual needs. This included developing people's skills to cook independently and /or referring to healthcare professionals such as speech and language therapists. In one case staff visit times were altered to better support a person preparing meals to maintain their independence. Some staff and people using the service had recently attended a presentation from a company that supplied meals to people in their own homes. People told us how informative this was. Further staff were due to have training from this meal provider. One person explained that they did their own on line shopping that was delivered, but staff supported them in meal preparation and baking. The registered manager told us about people who had poor appetite, declined

food or had memory impairment that were provided with practical help whilst present. In some cases staff left high calorific foods to meet people's needs. We observed that staff made and offered hot drinks on each of their visits and left people with plenty to drink when leaving their scheduled visit.

There was evidence that people were supported to access appropriate health services. One person we visited had diabetes. They were sat on a pressure relieving cushion, to prevent sores developing. They had regular appointments with a chiropodist and were supported to attend regular appointments at hospital. They explained to us, "I get flustered on the phone to medical professionals, so they [staff] help me by calling and making my appointments." We could see this person had regular district nurse visits for wounds and staff supported the person to monitor and treat their diabetes for themselves. A different person was supported to maintain appointments with a specialist clinic and encouraged to drink cranberry juice as they were prone to urinary infections. We observed that staff were sensitive and understanding of people's health conditions that were clearly documented in care plans.

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 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 member of staff sat with a person applying cream to their legs and feet. Whilst doing so they took time to ask how the person was feeling. They listened intently and ensured good eye contact. The person told us, "They [staff] are brilliant. If I didn't have them visiting regularly I would have topped myself by now. They chat and make me focus on the positive."

A different person had a pet who had died recently. The regular staff member now took their dog to see the person to cheer them up. The person's face lit up when we asked about this arrangement and we could see the positive impact for the person who was unable to have a dog of their own. One relative told us, "I find the carers that come to my parents' home are all very caring and compassionate to their needs." One person fed back, "They are the most caring people I have ever met. I am so happy when they have been. To me (Cambridge Care) is wonderful. I highly recommend." Following our inspection visit the registered manager sent us additional evidence of people being supported by staff who were caring and not task focused. This included supporting people to go on holiday, a day trip to Belgium and enabling people to access facilities such as the beach and a local carnival.

People were routinely involved with their own care planning and in decision making. Care plans and files were kept in people's homes and they had direct access to any documentation relating to them. The agency supported people to express their views. The service had set up regular forums to proactively engage and seek the views of people and to drive improvements. The forums were in addition to the home visits, telephone quality assurances, spot checks, reassessments and the paper quality assurances that were posted. The information received was collated and an action plan was written to ensure that the registered manager acted upon what people told them. A learning disability forum was being planned. The registered manager told us that there was a great response from people as they wanted to play an active part of the forum by making the cakes and managing the social media page.

People were treated with dignity and their privacy respected. When we asked 14 people if their care and support workers always treated them with respect and dignity all agreed or strongly agreed. 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. We observed this in practice on the visits to people's homes. Staff were flexible in their approach and respected the wishes and preferences of people.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

The service continued to respond well to people's individual needs. One person said, "I know a good care company [Cambridge Care Company Bury] when I see one. I like to have a familiar face when I'm getting personal care." People knew where their care folder was and that staff wrote notes following each visit. There was evidence that care had been regularly reviewed. This was a mixture of formal reviews and telephone reviews that happened in between times. Care plans were clear in guiding staff as to what time should be spent with people and what outcomes should be achieved at each visit. At the back of each folder was a hospital passport that gave information about the person should they become unwell and need to stay in hospital. This stated people's care needs even at a time when they may not be able to express them and this agency may not be present. The registered manager gave good examples of people being supported to express their preferences, wishes and aspirations. One person was supported to follow their interests within football and they were enabled to independently make this happen.

Following the inspection the manager sent us information that showed a good example of technology used by a person in an innovative way. This enabled personalised care and support as staff were responsive to their needs due to communication aids in place within their own home.

We received feedback from a social worker who told us of a person who had found it difficult to receive care in their own home. They told us how the service had worked hard at resolving matters, "Cambridge Care has worked with [customer], built up a good rapport and understanding of [customer] and their care is now running smoothly. The care team have worked in a very professional manner at all times and I believe that without their commitment this customer's needs would not have been met."

The service routinely listened to people to improve the service on offer. The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. 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. One person said, "If I have a little problem I tell the carer and if it is a big problem I tell the office." Another person said, "I am satisfied. I have had to ask the carers to do things that I want. I only need to tell them once mind and they do not repeat it. I'm confident that the office would resolve things if I phoned them."

Is the service well-led?

Our findings

The service had a registered manager who was present during the inspection visit. 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. Statutory notifications received showed us that the manager understood their registration requirements.

The registered manager continued to promote a positive, transparent and inclusive culture within the service. We found the registered manager to be an exceptional manager who was motivated by their values to do the right thing at the right time for people. One example of their values in action was their recruitment processes that focused on exploring the values of candidates through assessment to find the right people with caring and compassionate values. This would mean that people would be supported by staff who provided a higher standard of care.

The registered manager actively sought the feedback of people using the service and found creative ways to bring people together. A social care professional told us of how a care coordinator had acted upon feedback, "He has listened to his carers and the customer and has managed to team up carers who work well with customer. He has arranged rotas and times to meet needs of customer." The impact was that this person and their family was able to accept care support coming into their home and was requested following a hospital stay.

The development of the forums (a regular face to face group meeting) was a key way of listening to people and seeking their views whilst spending time with them outside of the contracted care support hours. The manager told us, "The information we receive is collated and an action plan is written to ensure that we act upon what people tell us." In addition to this the service also sent out regular surveys with questions for people. We saw the most recent sent out in April 2017. The responses were positive. The manager had developed an action plan with potential solutions. People were truly involved and were able to influence this domiciliary care agency. People were kept up to date with any developments and changes within the organisation because there was a regular newsletter sent out to people. We saw the March 2017 edition. This had photos and introductions from new staff. Photos from a recent event and community information. We heard of several events where people had been supported to be part of their community. This type of community inclusion sought to enable people build a network of friends in addition to support workers. Examples included a charity walk and an upcoming group event which was a trip to Felixstowe.

Staff told us they felt involved and consulted in the running of the service. They believed their views and opinions were sought, listened to and acted upon. For example, staff said they didn't think it was fair that staff with less experience or time with the company were paid more than them. As a result the provider chose to use their increase in funding from a local authority and changed the way staff were paid and all staff now have a pay grade. They have also introduced monthly bonuses to motivate staff to go above and beyond their role. We found that staff were highly motivated. The upcoming staff meeting agenda included;

values, sharing good practice and promoting and celebrating success. Previous successes of staff had been posted on a large board in the office to recognise their achievements when going the extra mile for the benefit of people using the service. One person had fed back, "Carers are all very nice and supportive. Not just to me but my family too and go that extra mile." This showed us that staff were consulted and actively listened to with the appropriate resources put in place.

The service had clear aims displayed on their website, social media and in documents available to people. They stated, 'The aim has and will always be to build a well-trained team who provide the quality of care to others that we would want for ourselves and our family.' This was to be achieved by 'Promoting and enabling independence to the people they supported in their own home.' A staff member told us, "This is a brilliant company to work for. There is always someone available. The training is really good quality." This linked to one of the three key objectives set by the service, 'to provide comprehensive training'. The service had enhanced the experience and qualifications of key staff to develop champions of dignity and dementia. They worked to provide support, training, advice and guidance to the staff team when supporting people that live with dementia. The registered manager told us, "Since the coaches were introduced three years ago we have seen that the way we are able to support people with dementia has improved as our staff team have the skills to support and the knowledge." Senior staff and office based staff have undergone extended safeguarding training provided by two different local authorities. This level of commitment to staff development showed us the managers drive to make sustainable improvements to people's experience of care.

There was a system in place to maintain quality and improve the service. We saw that there were quality audits completed on a regular basis. They were proactive with audits completed on a weekly basis. Care Coordinators had a monthly workload target spread sheet to plan for the month ahead that set out all the checks such as 'spot checks' and care plan reviews. The area manager reflected on the data to ensure that the targets were realistic and achievable. This allowed for identification of any areas that they may need to provide additional support. The registered manager had recently revised some of the audits to make them more effective. The registered manager was in the process of developing the website to make this more effective and developing a new care system that could be accessed securely remotely by staff. This showed us that systems in place were continuously under review to ensure development where possible to ensure people received a more reliable quality service.

As the Suffolk County Council Support to Live at Home provider for Bury St. Edmunds and Sudbury the service had a very good professional relationship with the local authority. They had monthly meetings with the area managers from the council. The meetings focused on the people being supported and how best they could support them. Therefore people were at the heart of all planning. In addition to the monthly managers meetings they had meetings with the contracts managers to review their key performance indicators (KPI) data. They were proud of their achievements to date of being fully compliant with all their KPI verification. This showed that the service was externally monitored and achieving a very high standard that people could benefit from.

The service had a history of obtaining nationally recognised awards from the care industry. In 2015 they were awarded Great British Care Awards Care Team of the Year and Registered Manager of the Year. This year they are finalists in the Managers Award, The Peoples Award and the Lord Rix Supporting Older People with a Learning Disability Award. This demonstrated that the service was achieving and maintaining high quality care for people. The manager told us to get this far in the awards, "Demonstrated that we treat everybody as equal and work to ensure that the people we support know that we will work hard to ensure that they have a 'good life' and that their disability does not stop them achieving whatever it is they set out to." The manager was keen to enable staff to receive recognition for the consistent quality work they

achieved.