Cambridge Nursing Agency Limited

Cambridge Nursing Agency

Inspection report

Colne House, 8 East Street
Bluntisham
Huntingdon
Cambridgeshire
PE28 3LS

Tel: 01487741127

Date of inspection visit:
02 March 2016

Date of publication:
20 April 2016

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?	Requires Improvement

Summary of findings

Overall summary

Cambridge Nursing Agency is registered to provide personal care to people living in their own homes. At the time of the inspection there was one person using the service. There was only one member of staff employed to provide care for the one person using the service.

This announced inspection took place on 2 March 2016.

At the time of the inspection there was a registered manager in place. 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 felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way. There were procedures in place which were being followed by staff to ensure that people received their medication as prescribed. Staff were aware of the action to take to reduce the risk of people having accidents.

There were enough staff available to meet people's needs. Staff received the support and training they needed to carry out their roles effectively.

Staff were kind and compassionate when working with people. They knew people well and were aware of their life history, preferences, and their likes and dislikes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified

People were provided with a choice of food and drink that they enjoyed.

There was a complaints procedure in place so that people could raise any concerns with the staff or the registered manager.

The registered manager obtained the views from people that used the service, their relatives and staff about the quality of the service.

The registered manager had failed to provide the commission with information requested prior to the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were following safe practices when they administered medicines which meant people received their medicines as prescribed.

Staff were aware of how to reduce the risks to people's safety.

Is the service effective?

Good

The service was effective.

Staff were supported and trained to provide people with individual care.

People were offered choices and asked to give consent to their care.

Is the service caring?

Good

The service was caring.

Staff were kind and treated people with dignity and respect.

People and their relatives were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care plans contained up to date information about the support that people needed.□

People were aware of how to make a complaint or raise any concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had an open culture and strong values about treating

peoples as individuals and with respect and dignity.

Information requested by the Commission had not always been provided.

Cambridge Nursing Agency

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 inspection took place on 2 March 2016 and was announced. This was because it is a small domiciliary care service and we needed someone to be available to us in the office. The inspection was carried out by one inspector.

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 improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about.

During our inspection we spoke with one relative of a person who uses the service, the manager, one member of care staff, and one member of staff who works in the office. We looked at one person's care records and their daily care notes. We also looked at the staff recruitment, training, supervision and appraisal processes. We also looked at records that related to health and safety. We looked at medication administration records (MARs).

Good

Is the service safe?

Our findings

The relatives of one person told us that their family member was supported to be as "Safe as possible" by the care staff. They also stated that if the care staff had any concerns for their relative's safety they came and discussed it with them straight away.

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm.

People had risk assessments completed before they started to use the service.. These were reviewed annually or sooner if peoples circumstances changed. We saw from one person's body map that they had sustained several bruises. The risk assessment identified that the person bruised easily. The member of care staff told us that they had moved furniture to prevent the person bumping into it to reduce the risk of more bruises. Any bruising had also been recorded in the person's daily notes and at their request their family member had been informed. We found that one person who was at risk of falls did not have a falls risk assessment in place. However the member of care staff who worked with the person was able to tell us of the actions that had been taken to reduce the risk of them falling. For example, rugs had been secured to the floor to prevent tripping over them. Staff were also given information about keeping people safe. An example of this included ensuring that a person had their lifeline pendant on them before staff left.

Although the registered manager had tried to introduce new staff to the one person they were providing a service to this had been refused by the person. The person was aware that if their carer was not available this would mean a service could not be provided. One relative told us that the member of care staff, normally arrived on time" and that they always, "Stayed the correct amount of time." They also told us that the member of staff checked, "If there was anything else they would like done before leaving." The member of staff told us that they had sufficient time to undertake the care that the person required in the allocated time.

Staff told us and records confirmed that when they had been recruited they had completed an application form and had attended an interview. References and criminal records checks had been completed before they commenced working for the service. This was to ensure that only those deemed suitable to work in the care field were employed.

People were supported to take their medicines in a safe way. The member of staff confirmed that they had received administration of medicines training. The MARS were returned to the office monthly to ensure they had been completed correctly and the person had received their medicines as prescribed. The MAR showed the name of the medicine but did not include what amount the staff should administer. This could lead to the incorrect dose being given. The completed MAR charts showed that the medicines had been administered as prescribed and recorded appropriately.

The registered manager had been no accidents or incidents during the previous 12 months. An accident and

incident policy was in place which stated that, "All accidents and incidents would be recorded, investigated and the appropriate action would be taken."

Good

Is the service effective?

Our findings

The relative of one person said, "I think the carer has the right training. She is very good."

People were cared for by staff who had the right competencies, knowledge and training. One member of staff told us that the training they received equipped them for their job roles. The training record showed that they had completed refresher training in June 2015 to ensure they had the knowledge they required. One member of care staff confirmed this. When new staff commenced working for the service they completed an "Induction and Orientation program". This included making them aware of company policies and procedures and shadowing staff until they were confident to work alone.

Staff told us they felt supported and had contact with the registered manager several times a week. This consisted of regular telephone calls and weekly face to face meetings. Formal supervisions were not carried out. The member of staff had received an appraisal which included their strengths and areas for improvement.

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.

The registered manager stated that at present no one needed a capacity assessment but that she was aware of the procedures to follow if they did. Staff were able to demonstrate an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards(DoLS) they were able to tell us how they sought consent and offered people choice. One member of staff stated, "I keep asking [name of person] how she would like things done. I try my best to do things right to make sure that [name] is happy and content."

People were supported to eat and drink sufficient quantities. The person's care plan we saw stated that staff should ask the person what they would like before preparing meals and drinks for them. A relative confirmed that staff asked their family member what they would like to eat and drink. One member of staff told us that if they had any concerns about people not eating or drinking or losing weight this was discussed with the person and the persons relatives. The care plan for one person included details such as they like to have their food served on a certain tray. The care staff were aware of this and told us they always made sure their food was presented as they had requested.

Staff described accurately and in a detailed way how a person's care and support was provided. Staff were aware of the person's health needs and informed them and their relative if they identified a change in the

person's health. This allowed the person and their relatives to contact a GP if required. We saw that any concerns were also recorded in the person's daily visit notes.

Good

Is the service caring?

Our findings

The relative of the one person receiving a service told us, "[Name] has a wonderful lady called[name of the care staff].She is very good. I'm full of praise for her." They also told us that they and their family member had been involved in the initial assessment of their needs and had agreed with the care plan.

We found that people's care was provided with kindness and their dignity and independence promoted. For example, one member of care staff told us how they always provided personal care in a private area and helped to keep the person covered up. They told us that they gave people the information they needed, such as whether it was a hot or cold day so that they could decide what they would like to wear. The member of care staff also told how they encouraged people to be independent by supporting them to do as much for themselves as they could.

Staff were knowledgeable about the things that were important to people. For example, they knew what food the person liked and how they liked it cooked. The service was only being provided by one member of care staff as the person did not want anyone else to support them. This meant that the member of care staff visited the person each day and had built up a close working relationship with the person and their family.

Support plans had been written in a way that promoted people's privacy, dignity and independence. For example, "[Name] goes into their bedroom and chooses what they would like to wear."

Although at present no one required an advocate the information was available if needed. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Prior to people starting to use the service their care and support needs were assessed. People and their relatives had been involved in these assessments. Care staff told us that they read the assessments and care plans and talked to the person if they needed any extra information. We found that the care plan contained good detailed and personalised information and staff were clear about the care that was to be provided. The care staff alerted the registered manager if the person's needs changed in anyway. The care staff discussed the changes with the person and their relative and updated the care plan. This meant that staff had the information that they required to meet people's needs in the manner that they preferred.

People's wishes were respected regarding how they would like to be cared for and by whom . For example, the one person using the service had stated that they only wanted one carer providing her support and no other care staff. The person's relative told us this was because, "They feel comfortable with the member of staff." They also confirmed that the care staff had the time they needed so that they could provide the support in the way the person preferred and was not rushed. For example, the care staff encouraged the person to do what they could for themselves when assisting with personal care.

A complaints procedure was in place so that people knew how to make a complaint or raise any concerns. One relative told us they had no concerns and were aware of the complaints procedure. The complaints procedure was included in the care folder that was given to each person. No complaints had been received in the last 12 months. The care staff told us that if anyone raised any concerns they would ask them if they would like to speak to the registered manager.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. The care staff that we talked to told us that they could contact the registered manager or member of office staff if they had any concerns and they would be dealt with.

During the induction of new staff, the values and beliefs of the service was discussed with them. The agency had always wanted to remain small so that they could offer a personal service to just a few people. The numbers had reduced so that they were only providing care for one person. The registered manager stated that if they stopped providing a service to that one person they would cease trading. Staff were clear about the values held by the service that ensured people were supported in the way that they wanted to be.

The registered manager had systems for checking if the people using the service were happy with the service they received. The registered manager said that they sent out quality assurance questionnaires once a year. This was to ask people if they were happy with the service being provided or if any improvements could be made. They also stated that they phoned people who used the service or their relatives once a year to check they were happy with the service being provided, but areas for improvement had been raised.

Policies and procedures were in place and had been reviewed. The member of care staff that we talked with confirmed that they were aware of the policies and knew where to access them if they needed to. This meant that staff had the information they required to carry out their roles effectively.

There was a whistleblowing procedure in place. The care staff told us that they were aware of the procedure and would not hesitate to use it if they needed to.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed CQC of significant events in a timely way which meant we could check that appropriate action had been taken. However the registered manager did not provide the CQC with the pre inspection information that was requested. This was discussed during the inspection and the registered manager was given a further opportunity to provide the information but this was not supplied.