

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Cambridge Care Company

OFFICE C, SPL HOUSE, 3 STATION ROAD,  
Haverhill, CB9 0EU

Tel: 01440705589

Date of Inspection: 05 December 2013

Date of Publication: January  
2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Cambridge Care Company Limited
Registered Manager	Mrs. Nathalie Gilder
Overview of the service	Cambridge Care company provides a domiciliary service to people in their own homes and is based in Haverhill and the surrounding villages.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Management of medicines	8
Requirements relating to workers	9
Supporting workers	10
Assessing and monitoring the quality of service provision	12
<b>About CQC Inspections</b>	14
<b>How we define our judgements</b>	15
<b>Glossary of terms we use in this report</b>	17
<b>Contact us</b>	19

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

---

### What people told us and what we found

---

We inspected the service over three days and found this to be a well- run, well managed service which was safe and responsive to people's needs. There were systems in place to ensure only suitable staff were employed at the service and thorough checks were carried out before staff were employed. There were systems in place to support staff and ensure they were adequately skilled to fulfil their role. We met with staff and found their attitudes to be empathetic and caring.

There were systems in place to assess and monitor the quality of the service being provided to ensure it was of a consistently high standard.

People we met or spoke with over the telephone told us they had regular carers and received a reliable service. People said carers sometimes ran late or arrived early but this was within an acceptable timeframe. One person said, "She's as good as a daughter. The carers go that extra mile and know what's important to me and pay attention to detail." Another person said, "They are very good, I am very satisfied, they are all helpful, cheerful and can't do enough for you." People told us the service was provided flexibly around their needs and care calls were changed when required.

We looked at people's care plans which were person centred and people were asked to give personal information around the life experiences and history to help staff meet their needs. This information was optional. People told us their care plans were reviewed and we saw that carers wrote comprehensive notes to show what support they had provided to the person. This assisted the next carer coming in and meant that people's needs could be evaluated to see that the support being provided was effective in meeting their needs.

You can see our judgements on the front page of this report.

---

## More information about the provider

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

---

### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that intended to ensure people's safety and welfare.

---

### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care. The agency assessed people before providing a service to them to ensure they were able to meet their needs. Assessments from other agencies were also on file. Once the agency had agreed to provide a service to someone all the necessary paperwork was put in place which included a plan of care and relevant risk assessments for tasks the person required support with, such as medication. The paperwork clearly explained what the person needed support with and how staff should provide it. The documentation told us what the person was able to do for themselves and also where provided information about the person's life history. This gave staff an insight into the person's situation and background which would help them support the person appropriately. Records showed us that people had given their consent to the support being provided to them and people's needs were kept under review to make sure the support provided was both acceptable and relevant to the person's needs.

We looked at two care plans in the office and for five people we visited. People were aware of their care plans and who they should contact if the service fell short of their expectations. Daily care notes showed us what support had been provided and these were reviewed by the manager to ensure that people's needs were being met and staff were keeping appropriate records.

The agency were able to meet people's needs flexibly and everyone we spoke with told us they had been able to change the time of their support or request additional visits if required. One person had regular support and this was going to be extended to include an overnight stay to enable their carer to have a break. The agency were providing support to a number of people being discharged from hospital who needed intensive support and assessment for a set period of time. After this period the agency could continue with the care package all be it providing reduced support or pass the care over to an agency, in which they worked closely with to ensure the person's needs would continue to be met. This meant the service worked flexibly to meet people's individual needs and tailored the

service to support them.

We spoke with people about the service they received and they all told us that they had regular carers attending to them so could rely on them to know how to meet their needs. They told us that the service was provided mostly at the agreed times and they trusted the staff to let them know if they were running late. People told us that carers became like 'family members' and they 'trusted' and felt 'safe with carers.'

The provider may wish to note that several people told us they sometimes had trouble contacting the office out of hours. Staff told us this was because the person on call might also be covering care hours so were not able to answer the phone. This meant we could not be assured that there were always appropriate arrangements in place to cover emergencies. The provider may also wish to note that some people we spoke with did not have appropriate security arrangements in place which made them vulnerable to crime. Some staff told us of their own vulnerability when travelling late at night to isolated places. Some precautions like alarms and torches had been issued to staff but not all staff felt safe.

**People should be given the medicines they need when they need them, and in a safe way**

---

## **Our judgement**

---

The provider was meeting this standard.

People were protected against the risk associated with medicines because the provider had appropriate arrangements in place to manage medicines.

---

## **Reasons for our judgement**

---

Medicines were prescribed and given to people appropriately. The service had a clear medication policy which was available to all staff. Staff received appropriate medication training and their competence was assessed to ensure they could administer medication safely and were only permitted to do so from the original packaging. People's care plans clearly identified if a person required support to take their medication safely and specified what support they required. Details of who else was responsible for medication was cited, such as who would order and collect the medication and if family members administered medication. This meant that the responsibility for a person getting their medication safely was clearly established. People's records showed a full list of medicines people were taking and what it was for. Creams and eye drops were also appropriately prescribed and signed for when administered. This meant that people were getting their medication by staff trained to administer it safely. Medication recording sheets were transferred to the office and would be checked to ensure records were accurately completed and the manager also completed medication audits to ensure the level of stock tallied with the medication recording sheets. This meant there were systems in place to ensure people were receiving their prescribed medication.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

---

### Our judgement

---

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

---

### Reasons for our judgement

---

Appropriate checks were undertaken before staff began work. We looked at two staff records and asked the manager about the recruitment procedures. Job adverts were placed locally or online and successful candidates were interviewed by senior staff. If successful a candidate would only be offered employment if all the necessary checks were completed and satisfactory such as a minimum of two written references, including the last employee, a criminals records check, proof of identification and eligibility to work in the country, proof of address, medical clearance and application form. On receipt of satisfactory information new employees would be subject to a probationary period of three months which would either be successful, extended or lead to termination of employment. These checks meant the service was only recruiting suitable staff to work with vulnerable people.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

---

## Our judgement

---

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

---

## Reasons for our judgement

---

Staff received appropriate professional development .We spoke with five staff and looked at their training records. We spoke with the manager and the provider and saw that there was a comprehensive training programme in place for staff which extended beyond staffs induction. Staff were encouraged to continue with their professional development and attend courses relevant to the needs of the people they were supporting. The provider and manager had completed an enhanced adult protection course and medication course. Staff had completed medication training up to level 3 which would enable staff to administer more specialised medication such as via a PEG. Staff received specific training for this via the district nursing service or the nurse specialists and were assessed as competent before being able to administer medication. This meant staff had the necessary skills to deliver the care. Staff spoken with told us training was a mixture of face to face training and e-learning which was refreshed at appropriate intervals and gave them enough knowledge to meet the requirements of the job.

Staff were appropriately supervised through face to face training, direct observations of their practice every three months and one to one supervisions. Team meetings were also held although some carers told us it was not always possible to attend the meetings because of their shift patterns. A weekly newsletter was circulated to staff to keep them up to date with any changes to the service and changes in policy. This meant that staff were supported and given all necessary information to fulfil their role.

The provider had worked continuously to maintain and improve high standards of care by creating an environment. We saw examples of additional areas of study the provider was involved in and encouraging staff to participate. For example of number of staff were completing a dementia coaching course so they could become dementia champions within the service to support people living with dementia, their families and other care staff. Staff had attended workshops and seminars and we saw evidence that staff had completed training on long term specific conditions, such as multiple sclerosis and parkinson's. Staff had received training on supporting people with learning disabilities, epilepsy and end of life care. This mean staff had an understanding of people's needs and care was personalised to the individual. The provider told us that all staff had completed or were working towards a nationally recognised vocational course in care which enhanced their

knowledge and professionalism.

New staff completed a detailed induction where they completed a number of shadow shifts, where they were supervised by more experienced staff. They also completed their mandatory training and a recognised induction programme. During this period they would be supported through observation and supervision to make sure they were able to meet the requirements of their role.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

---

### Our judgement

---

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and make sure risks to their health and safety are effectively managed.

---

### Reasons for our judgement

---

The provider had an effective system to regularly assess and monitor the quality of service that people receive. Annual surveys were circulated to people using the service and relatives asking them for feedback on the services performance. This enabled the provider to see what they were doing well and where they needed to improve. The provider might like to note that surveys were not circulated to professionals which might be a good source of feedback. The provider might also wish to note that results from the survey were not collated and fed-back to stakeholders and people using this service. This information would help people see how well the agency were performing and what actions they were taking to improve the service.

The provider stated that people's needs and feedback about the service provided was monitored continuously throughout the year, with regular, three monthly telephone reviews and a home visit twice a year. Staff told us they were required to complete daily notes recording the time they arrived and left and what tasks they completed. These would be transferred to the office and monitored, as were medication records. Staff said there was a need to know form which would be completed if there were any concerns or changes of a person's need. This would be completed and immediately taken to the office so any changes to the support and support plan could be actioned. This meant the service was identifying and acting on changes to people's needs. Staff said they also completed body maps for any marks, injury or red skin observed which would enable staff to monitor people's well-being.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We looked at five care plans in people's homes and two in the office and saw that records were comprehensive. Risk assessments had been completed both for the environment the care which took place and for activities of daily living and areas where the person was to be supported, such as medication. These were reviewed every six months or sooner if there was a change in circumstances. Risk assessments described the control measures in place to reduce the

risk and keep people safe. There were detailed manual handling plans in place to ensure people were appropriately supported throughout any transfer and we saw correct equipment was in place and staff had been trained to use it. Staff carried out visual checks on equipment and tested people's pendant alarms where they used them to make sure they were working effectively. This meant that equipment was in place and safe to use.

We saw on the computer system that calls were planned throughout the day and where a call was time critical this was indicated on the system. The manager told us they had not had any missed calls and generally the service worked well because carers had regular visits to make and any changes would be communicated to carers in a timely way. The service had additional staff on duty who could pick up calls where necessary to cover staff sickness or if carers were running late. This meant the service was well planned.

The provider had a record of complaints, showing only one which had been satisfactorily resolved and the agency kept a record of any safeguarding concerns reported to the local authority. This might be where a person had been identified at risk or harm and required support to keep them safe.

There were systems in place to support workers and this was recorded on the computer. The manager could see at a glance when staff required refresher training and other key data which enabled the manager to ensure staffs knowledge and support was kept up to date.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

---

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---