

Citywide Care Agency Ltd

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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?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Citywide Care Agency is a domiciliary care agency providing care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of our inspection, 3 younger adults with disabilities were receiving personal care from the agency. No one with a learning disability was using the service. However, we have still assessed the service provision using the principles of Right support, right care, right culture.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

The service supported people to make choices, and have control and independence. The staff provided personalised care which reflected people's choices and needs. People were supported to pursue their interests at home and in the local community. People received their medicines safely and as prescribed. People's care was well planned and staff followed these plans.

Right Care

The staff understood people's cultural needs and respected these. Staff were kind, caring and compassionate. People's privacy, dignity and independence were respected. The staff understood how to recognise and report abuse. There was good communication with people using the service, staff and other stakeholders.

Right culture

People using the service and their relatives were happy with the agency. They liked the staff and had good relationships with them. Staff felt supported and had the training, support and information they needed. The registered manager knew people and staff well. They provided personalised contact and allowed people to express their views about the service.

For more information, please read the detailed findings section of this report. If you are reading this as a

separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 23 September 2021 and this is the first inspection.

Why we inspected

The inspection took place based on the date the provider registered the service with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Citywide Care Agency Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was conducted by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 December 2022 and ended on 13 December 2022. We visited the location's office on 13 December 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at the information we had gathered when the service was registered with us.

During the inspection

We spoke with 1 person who used the service and the relatives of 2 other people. We looked at the care records for all 3 people, including how medicines were managed. We looked at staff recruitment, training and support records and other records used by the provider for managing the service, such as audits and meeting minutes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems designed to safeguard people from the risk of abuse. The staff received training in these, and the registered manager tested their knowledge about recognising and reporting abuse.
- There were also systems to help make sure people were protected from financial abuse if staff needed to support them with shopping.
- There had not been any safeguarding alerts or concerns since the service started operating.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed, monitored and mitigated. The provider had assessed risks relating to people's health, needs and their home environment. Risk assessments were reviewed and updated as needed.
- There was information for staff about certain risks, using equipment and how to care for people safely.
- The staff received training to understand how to move people safely and the registered manager observed them and assessed their knowledge and skills in this area.

Staffing and recruitment

- There were enough staff to care for people and meet their needs. People were provided with support from the same regular care workers. They liked them and knew them well. They told us care workers arrived on time, stayed for the agreed length of time and completed all tasks.
- There were systems to help make sure staff were suitable when being recruited. These included checks on their identity and suitability, as well as an induction and training before they started caring for people.

Using medicines safely

- People received their medicines safely and as prescribed. There was information about people's medicines needs and the provider had assessed any risks relating to medicines management.
- Staff were trained so they understood about medicines and the registered manager assessed their knowledge and skills in this area.
- Staff completed records to show when they had administered medicines to people. The registered manager audited these records each month to check for and address any problems.

Preventing and controlling infection

- There were systems to help prevent and control infections. Staff were provided with personal protective equipment (PPE) and people told us the staff wore these, washed their hands and followed good hygiene practices.

- The provider had updated their procedures in line with government guidance during the COVID-19 pandemic.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. There were procedures for dealing with accidents, incidents and other adverse events. However, there had not been any at the time of the inspection.
- The registered manager told us they kept themselves updated with alerts and information from the local authority so they could learn from incidents and complaints experienced by others.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before they started using the service. They told us the registered manager had met with them to discuss their needs and to ask about the care they wanted.
- Care plans were developed to reflect these assessments and were regularly reviewed and updated when people's needs changed, or they wanted changes.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained, supported and experienced. All staff undertook a five-day training course before they started work. This covered essential care standards and gave the staff knowledge about the care sector.
- The registered manager assessed staff skills and knowledge through their induction and by undertaking regular spot checks to observe them at work.
- Staff were invited to attend team meetings where the service was discussed.

Supporting people to eat and drink enough to maintain a balanced diet

- People who were supported with meals told us they were happy with this support. They said the staff offered them choices and understood their needs.
- People's nutritional needs were recorded if there was a need and this was part of their planned care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider collected information about people's healthcare needs and any support they required with these. This formed part of their care plans.
- There were information sheets about different healthcare conditions which accompanied the care plans to help give care workers extra information and guidance.
- Care workers knew to look out for changes in people's health or condition and alerted their families or healthcare professionals if needed.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was acting within the capacity of the MCA. They had assessed people's mental capacity to make decisions and had obtained their consent for care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and respected. They told us they had good relationships with their care workers. Some of their comments and those from their relatives included, "I am so grateful for them", "They are diligent and attentive", "I am really happy with the carer" and "We get on very well."

Supporting people to express their views and be involved in making decisions about their care

- People told us they could make decisions about their care. Care plans reflected their known preferences, and also explained that care workers should offer choices at each visit. People and their relatives told us they were given choices and their decisions were respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. They told us this, explaining care was provided in private and they were addressed by their preferred name.
- People were supported to be independent where they were able. Care plans explained what people could do for themselves. People using the service and their relatives told us the care workers encouraged independence and they worked together to make sure their needs were met.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support. They were happy with this and felt the service was responsive, flexible and met their needs.
- The provider had created care plans for each person, which outlined how they should be cared for. The plans incorporated their wishes and how to offer people choices.
- Care plans were regularly reviewed and people were consulted to ask if they wanted any changes to these.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and planned for. The agency had been able to provide a care worker who spoke the same language as a person. Their relative had explained they had previously been unable to find a care agency who could provide this. The person did not speak English, so this was important.
- The provider offered information in different formats if this was requested and needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The agency supported people to access community and social activities when this was part of their planned care. One person told us how the care worker took them to local shops and cafes. A relative explained the care workers had supported one person to go to a sports match.
- They also worked closely with people's friends and families. The registered manager told us, "My job is to support the whole family, not just the person." The registered manager helped one family member to take a holiday because they provided additional care for the person in order for the relative to feel they could safely leave the person. They also helped the person to stay in touch with the relative through telephone and messaging.

Improving care quality in response to complaints or concerns

- The provider had a procedure for dealing with complaints. Information about this was available for people using the service, their relatives and staff. They told us they knew how to make a complaint and felt

confident speaking with the registered manager about any concerns.

- The processes for dealing with complaints included investigating these and responding to the complainant. However, at the time of our inspection, there had not been any complaints or concerns raised since the agency started operating.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received a personalised service. They told us they had good relationships with care workers and the registered manager. They felt their views were listened to and they were provided with care which improved their lives and wellbeing.
- The diverse needs and characteristics of people using the service and staff were valued and respected. For example, the registered manager explained they hoped to be able to recruit more women from ethnic minorities to help them into the workplace and give them opportunities.
- The provider stayed in regular contact with people using the service and their relatives. They made regular phone calls to people to ask for their views and also asked them to give written feedback.
- The registered manager held regular staff meetings with the care workers to discuss the service. They also used a messaging application to keep staff updated and to ask for their views.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had procedures regarding duty of candour and dealing with complaints, accidents, incidents and adverse events.
- The registered manager was aware of their responsibilities under duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was appropriately experienced and qualified. They were also the director of the agency. They had undertaken a management in care qualification and had worked within the care sector before setting up the care agency.
- The registered manager was supported by external consultants who had helped develop and monitor the systems and processes. The provider had a range of policies and procedures which were regularly updated with changes to legislation and good practice guidance.
- The registered manager kept in touch with staff and updated them about the service and the requirements of their roles.

Continuous learning and improving care

- The provider had systems for monitoring and improving quality. These included audits of the care being

provided, records and medicines management. They also had regular contact with people using the service through written, in person and telephone reviews of their care.

- The registered manager was involved in providing care and worked alongside staff supporting people, so was familiar with how stakeholders felt about the service and when they needed changes.
- The provider undertook 'spot checks' of staff to observe them in the workplace and to make sure they were providing good care.

Working in partnership with others

- The provider worked closely with people using the service, their representatives and the healthcare professionals involved in their care when needed.
- An external consultancy company was providing guidance and support for the provider.
- The registered manager told us they wanted to develop their links with local organisations providing advice and support for people who use services. They had already supported some people to access services such as transport.