

City Care Solutions 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

City Care Ltd is a domiciliary care providing personal care to people living in their own homes. At the time of our inspection there were three people using the service.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks to individuals, staff and within people's homes were identified and well managed. People were protected from the risk of abuse and discrimination. There were safe systems for staff recruitment in place. Systems in place ensured people received their medicines as prescribed. Risks associated with COVID-19 were well managed.

Staff received the induction, training and support they needed to carry out their roles. Staff were well supported. People told us staff had good knowledge and skill.

All staff knew people well. They spoke with warmth, compassion and respect about the people who used the service. Everyone we spoke with told us the staff were caring, kind and very compassionate. People were treated with respect. One person said, "They are very kind, very caring. They make me feel special." The provider placed great importance on ensuring people were involved in decisions about their care.

People received personalised care that took account of their needs, wishes and preferences. Care records were very detailed, person centred and had good detail about what was important to and for the person.

The service was well managed, there was a range of detailed quality monitoring, auditing and oversight. The providers and registered manager had a strong commitment to providing a person-centred service. People spoke very positively about the staff and the way the service was run. One person told us, "I am very happy with them. It's the best agency I have had. They are just like friends. They take care of me."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection; Why we inspected

This service was registered with us on 15 April 2021 and this is the first inspection to provide a rating.

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.

City Care Solutions Limited

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 undertaken by one inspector and on the second day an expert by experience spoke with relatives of people who used the service by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was announced. We gave a short period of 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives. Both owners of the company were also care workers at the service. One was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the nominated individual, the registered manager and a care worker. We reviewed a range of records including three people's care documentation, two staff files and a sample of people's medication records. We also reviewed a range of records relating to the management of the service including audits and policies and procedures.

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

- People were protected from the risk of abuse and discrimination.
- Policies and information gave clear guidance to staff on the action to take should they have any concerns. Staff had received training in safeguarding and understood their responsibilities regarding keeping people safe from abuse.
- People told us they felt safe with staff from the service. One said, "Yes, I do feel safe with them."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to individuals, staff and within people's homes were identified and well managed.
- Records were kept of accidents and incidents.
- The registered manager monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences.

Staffing and recruitment

- There were safe systems for staff recruitment in place. All required checks had been undertaken prior to staff commencing employment.
- There were sufficient staff to meet people's needs. The provider was in the process of recruiting additional staff.
- People told us the staff arrived when they were expected and always stayed the time needed to provide their assessed support. One person said, "The time can vary but there is a time frame, they stay for as long as they need to but they never rush [the person who used the service]."

Using medicines safely

- Systems in place ensured people received their medicines as prescribed.
- Records of administration of medicines were fully completed.
- Staff had received training in medicines administration and regular checks of their competency were made by the registered manager.

Preventing and controlling infection

- Risks associated with COVID-19 were well managed. Staff received training in infection control and prevention.
- Staff had access to suitable personal protective equipment (PPE). There was a system in place for the management of risks of Covid-19 were suitable and met government guidance in place at the time of the inspection.

- We were assured the provider was using PPE effectively and safely.

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

- A detailed assessment of people's needs was completed prior to them using the service, to ensure the service could meet their needs.
- The assessments were used to develop person centred support plans and risk assessments to guide staff. People, and where appropriate their families, were involved in developing the plans.
- There was regular review of people's support needs and records were updated as changes occurred.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their roles effectively. Staff told us the training was good and helped them in their role.
- Staff received regular supervisions and attended team meetings. Spot checks of all aspects of the care and support provided were regularly undertaken by the registered manager.
- People told us staff had good knowledge and skills. One relative said, "They are very knowledgeable and know what [person who used the service] needs."

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

- People were supported to eat and drink and maintain a balanced diet. People lived in their own homes and could decide what they ate and drank.
- Care records identified people's likes, dislikes and preferences regarding food and drink. Staff helped prepare food for people and had received training in safe food hygiene practises.
- One relative told us the staff had been very good during the recent hot weather at encouraging their family member to take sufficient drinks.

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with health care professionals to ensure people's needs were met.
- Relative's told us staff always informed them if they thought their family member was not well. They gave us examples of when staff had summoned medical support when needed urgently. One person said, "They are always checking with [person who used the service] and if [person] is looking well. They will let me know if they think [person] looks unwell."
- Care visit times were arranged to suit each person's needs and preferences.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The provider was meeting the requirements of the MCA.
- People's capacity to make decisions about their care and support had been assessed. Care records identified if people did not have capacity to make various care related decisions.
- People had signed to say they gave consent to the planned support. Where appropriate, their families were involved in all decision about their care and support and how it was provided.

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 treated well and their equal and diverse needs respected. All staff knew people well. They spoke with warmth, compassion and respect about the people who used the service.
- Everyone we spoke with told us the staff were caring, kind and very compassionate. People said, "For me it's the personal level of care that is quality; they fully engage with [person], and treat her with respect. Even when she is having a down day, they will talk to her and engage with her with warmth and compassion. They treat her like their own mum", "They really show care and you can see that; they are very hands on. I can't imagine it being better" and "They are very kind, very caring. They make me feel special."
- Policies and care records reflected a respect for people's individuality and a commitment to equality and diversity.

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

- People were supported to express their views and be involved in decisions. The provider placed great importance on ensuring people and their families, where appropriate, were involved in decisions about their care.
- The registered manager made regular telephone calls to seek people's views on the staff, and the care they were receiving.
- Everyone said staff took the time to listen to them. One person said, "They turn up with care and compassion. They talk about [person's] past and family."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Care records identified how people's dignity and independence could be maintained and promoted.
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

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; 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

- People received personalised care that took account of their needs, wishes and preferences.
- Care records were very detailed, person centred and had good information about what was important to and for the person.
- People's interests and hobbies were identified as part of the initial assessment. People told us staff encouraged them to do the things they liked. One person said, "They are fantastic. They are so aware of the things [person] enjoys, they know [person] likes classical music so they will play it. They are so positive they are happy, smiling, always upbeat. They try to make [person's] life enjoyable through conversation and let [person] know what they are doing."
- Relatives we spoke with told us staff fully respected people's choices and were very responsive and flexible in trying to accommodate people's requests. They said, "They think about their clients. They never say we can't do that - it's always 'let's have a look at what we can do'" and "[Person who used the service] has had a number of care providers and we found that City Care totally understand [person's] needs and how they can make her life easier."

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.

- The provider was following the Accessible Information Standard.
- People's communication needs were identified during the initial assessment.
- Policies were available in easy read and pictorial versions.

Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints.
- The service had not received any complaints.

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished.

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

- The providers and registered manager had a clear passion and strong commitment to providing a person-centred service.
- People spoke very positively about the service, the professionalism and caring attitude of the staff. One person told us, "I am very happy with them. It's the best agency I have had. They are just like friends. They take care of me."
- People told us they wouldn't hesitate to recommend the service. Relatives said, "I think it's first class as a care provider. They have employed the right people. The [registered] manager has the right background to understand how to treat people with care and respect, they are first rate. I would recommend them to everyone" and "It's really good and we would definitely recommend."

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

- The service was well managed, there was a range of detailed quality monitoring, auditing and oversight. Spot checks and quality assurance systems focussed on people's experience of the service as well as records and tasks.
- Records of daily care provided were regularly checked by the registered manager. There was evidence of very regular reviews and a focus on outcomes for people.
- People spoke positively about the nominated individual and registered manager. One relative said, "The staff are very personable and very caring. You can tell [nominated individual] really cares about [person who used the service]" and "[Registered manager] is really, really approachable and she listens and will try to support us with a plan."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views about the service were actively sought. Satisfaction surveys had recently been completed. Everyone had given feedback that was entirely positive about all aspects of the service.
- Relatives told us all the staff were approachable and helpful. They said, "We have a great relationship with them all" and "They are very contactable; always available. It's like a joint partnership and it works well."

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; Continuous learning and improving care; Working in

partnership with others

- Records confirmed the registered manager and the provider understood and acted on the duty of candour. People told us the staff were always open and honest with them. One said, "They are always very open and honest. They tell [person who used the service] what they are going to do which builds trust."
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.
- There was a service user guide to inform people about what they could expect from the service.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- We found there was a positive approach to ensuring continuous development and the service had a range of policies and procedures to guide staff on what was expected of them in their roles.