

City Carers Ltd

City Carers

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

About the service

City Carers is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection, the service provided care to three people whom received personal care. The Care Quality Commission (CQC) only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

People's experience of using this service:

Relationships between people who used the service and care workers had developed. Care workers were kind and respectful towards the people they supported. They showed respect for people's homes and personal preferences.

People received safe care and support from the service. Care workers knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The service followed safe recruitment practices.

Care plans were person centred and had been developed with the person and their representative. Care plans contained risk assessments. These mitigated any identified risks. Environmental risk assessments were also in place, which identified and reduced any environmental risks to the person and care workers.

People's needs were assessed prior to receiving support including their protected characteristics under the Equalities Act.

There were enough care workers to effectively meet the current packages of care for people's needs. Recruitment processes were in place. This ensured suitable care workers were working with people. Care workers were appropriately trained.

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.

The service had taken measures to prevent and control the spread of COVID -19 and other infections.

Care workers provided care and support that met people's diverse and individual preferences. The service had a policy on ensuring equality and valuing diversity.

The service had a system in place to assess, monitor and improve the quality and safety of the services provided. However, the service had recently started providing services to people and was in the process of implementing checks and audits which had not yet been embedded in practice. We have made a recommendation about the management of governance systems.

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

Rating at last inspection and update

The service was registered with us on 25 January 2021 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service. The inspection was prompted because the service has not had an inspection and a rating since it was first registered 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.

City Carers

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

The service had a manager registered with the CQC. 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.

Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 28 April 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the site visit we spoke with the registered manager and the nominated individual.

We reviewed a range of records. This included two people's care records. We looked at three staff files in

relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the service to validate evidence found. We looked at training data, quality assurance records, policies and procedures. We also contacted and received feedback from five care workers. We received feedback from one person who received care and two relatives of people receiving care.

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

- Systems were in place to ensure people were safeguarded from the risk of abuse.
- Care workers had received training in safeguarding people and knew how to report concerns. They told us they felt confident to raise concerns about poor standards of care.
- The service was aware of their responsibility to report safeguarding concerns to the local authority and CQC. At the time of the inspection no safeguarding concerns had been raised.
- When asked if they felt safe in the presence of care workers, one person told us, "Yes I feel safe with carers who support me." One relative said, "[My relative] feels safe with the carers coming to support. They treat her like their mother." Another relative told us, "They make sure that [my relative] is always safe and well cared for. [My relative] reports feeling safe and well cared for. I know that [my relative] is in good hands because both [care workers] will go the extra mile if the situation requires it."

Assessing risk, safety monitoring and management

- Risks to people were identified and individual risk assessments were in place for people which included moving and handling and personal care. Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained guidance for staff to follow to keep people safe.
- Environmental and COVID-19 related risk assessments were also in place for people.
- Care workers were trained to support people safely, for example they received training in moving and handling, first aid and fire safety.
- Feedback we received indicated that care workers were punctual and there were no issues with lateness or missed visits. One relative said, "The carers are always on time and if late more than 15 minutes we get a call both from the carer and the office."
- The registered manager explained that as the service provided care to a small number of people, they did not yet have an electronic system in place for monitoring timekeeping. Instead, care workers completed timesheets and we saw documented evidence of this.

Staffing and recruitment

- Recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.
- There were enough care workers to ensure that people received consistent care at a time that suited them. Feedback indicated that people had established a rapport and built trust with the care workers who provided their care.

Using medicines safely

- At the time of this inspection the registered manager advised us that they were not administering medicines to people. As a result of this, we did not look at how the service managed medicines as part of this inspection. However, we did look at what medicines systems the service had in place should people require medicines support in the future. The service had a medicines policy in place. Care plans detailed what medicines people were prescribed. Care workers had all completed medicines training and told us they were confident administering medicines should they be required to in the future.

Preventing and controlling infection

- The service had an infection prevention and control and COVID-19 policy in place. The service ensured an adequate supply of personal protective equipment (PPE) was available to staff. This was confirmed by care workers.
- Care workers completed infection control training and had up to date guidance to follow. Induction, training and spot checks on care workers helped to ensure they were following procedures correctly.
- Feedback indicated that care workers wore PPE and no issues were raised in respect of this.
- Care workers we spoke with told us that information was shared with them so that they were kept informed of COVID-19 changes.

Learning lessons when things go wrong.

- A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely. We noted that no incidents and accidents had been recorded and queried this with the registered manager. He confirmed that none had occurred since the service started operating.
- We looked at the incident/accident form template and saw that this included details of the nature of the incident/accident, immediate actions taken, the outcome and any follow up actions and recommendations. We however noted that there was a lack of information about lessons to be learnt following an incident/accident. We discussed this with the registered manager who confirmed that the documentation would be updated to include such information.

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 as 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 were assessed, and this then formed the basis for care plans.
- Plans were reviewed by the registered manager. When people's needs changed, visit lengths and plans were updated accordingly.
- Care plans and risk assessments were person-centred and took into account people's individual needs and preferences. Details of people's needs, including their cultural, religious, dietary, and preferences were documented. Care workers were able to use care plans to ensure they provided care and services in line with what people wanted.
- People's care was based on current guidance and standards. The service had a set of policies, processes and procedures. These were based on relevant legislation, and standards and guidance from the government, and other national bodies.

Staff support: induction, training, skills and experience

- When new care workers joined the service, they completed an induction programme. The staff induction was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector.
- People were supported by care workers who were suitably trained. The service had a programme of training in place to ensure care workers had the necessary skills to support people. Training records showed staff had completed training. Care workers spoke positively about the training they received. The registered manager had oversight of the training completed so that he could monitor when updates were required.
- Care workers were supported by management and there were arrangements for supervision sessions. Care workers were not yet due an appraisal at the time of the inspection. The registered manager confirmed that these would be carried out in due course. Care workers told us that management were supportive and always available to help.

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

- At the time of this inspection, the service did not support people with their meals. People's support plans contained information about their dietary needs and preferences.

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

- Care workers were not directly involved in people's healthcare needs. However, care plans showed healthcare formed part of their initial assessments, which were taken into consideration before support started.

- The service monitored people's on-going health conditions and sought assistance for them as required. One relative told us, "Mostly I deal with appointments, but the carers are willing to do it and they always ask me if I needed extra help specially during the pandemic."

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 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. 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 service was working within the principles of the MCA.
- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service when they started providing support.
- Care workers had received training in understanding the MCA legislation and its implications for people living in their own homes. Training records confirmed this.
- Care workers understood they should seek consent before giving care and encouraged people to make choices for themselves.

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 supported with their individual needs. Care workers and management knew people's needs and routines well.
- The service respected people's diversity. Care workers had completed equality and diversity training.
- When asked if people were treated with respect and dignity, one person told us, "I am thankful that I get carers from my community who understands my culture and religion." One relative said, "Yes 100%."
- People were cared for by care workers that were kind, caring and patient. One relative told us, "They handle [my relative] with extreme gentleness, care and patience. [My relative] will not be rushed even if [my relative] is having a very bad day."
- Wherever possible, people were provided with consistent care workers who got to know them, and those important to them well. This resulted in positive communication between people, relatives and staff and helped to ensure people received care that was personalised. One person told us, "They are very much caring and listen to me." One relative said, "Both carers always smile and laugh with [my relative]. They are always upbeat and their smiles bring [my relative] great joy and make a great difference to [my relative's] wellbeing. [My relative] always looks forward to seeing them and her face lights up when they arrive."
- People's protective characteristics such as their age, ethnicity and disability were taken into account when providing support to them. People and care workers were matched according to their individual preferences as well as their language requirements. Some people that received care from the agency were Somali speaking and therefore where possible, the service ensured that care workers were able to speak people's first or preferred language so that they could easily communicate with them and talk about cultural topics.
- The service encouraged people and their relatives to be open about their personal needs in relation to religion and cultural background. For cultural reasons, people required care workers to remove their shoes when in their home and the service ensured that care workers respected this. The registered manager also explained that some people required assistance with their religious prayers and care workers were able to help people with this.

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

- Details of people's interests and important things in their life had been included in their care plans. Information documented was specific to each person.
- People and those acting on their behalf were encouraged to express their views about the care and support from the initial assessment through to care reviews and telephone calls. One relative said, "The care plan was designed by the care manager with me and [my relative]. They give respect to [my relative's] choice. Her favourite meals, the way she wants to dress and they take her out once a week if she needs it."

Respecting and promoting people's privacy, dignity and independence

- Care workers took account of the need to preserve people's independence as much as possible. People and their families appreciated that people had as much control over their care and support as possible. One relative told us, "They do encourage [my relative to be independent which is a good thing I guess."
- People's support plans included guidance to promote and support their independence.
- The registered manager was aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. Care records and files containing information about staff were held securely in locked cabinets in the office and electronically on the computer. We observed in the office that computers were password protected to ensure only those authorised to do so could access them.

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 that met their needs. Staff understood people's individual needs and wishes on how they wanted to be supported.
- Care workers supported people in line with their care plan in ways that met their needs and reflected their preferences. Care plans were individual to people and contained information about their preferences. Care workers had the information they needed to support people according to their needs and understood their wishes.
- Care records included people's life histories, important relationships, their likes and dislikes. Care plans focussed on promoting people's independence and supporting them to achieve their goals as well as how they preferred their care and support to be given.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care support plans contained information which showed how people communicated and how staff should communicate with them.
- There was an AIS policy in place. The registered manager explained that they were able to tailor information in accordance with people's individual needs and in different formats if needed. He explained that documents could be offered in bigger print or braille and could be translated.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The registered manager advised that the service had not received any complaints since it was registered with the CQC.
- The complaints policy included information about how to make a complaint and what people could expect to happen if they raised a concern. This included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- Feedback indicated that people and relatives knew how to raise a complaint and felt confident any concerns would be listened to and acted upon by the management team. One relative told us, "The service make themselves always available and approachable. They welcome feedback and are happy to discuss [my relative's] changing needs and requirements and adapt the care provided, accordingly."

End of life care and support

- At the time of this inspection, the service was not providing end of life care to people. Records showed that staff had received appropriate training and the service was able to provide such care and support if required.

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 that the service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of the inspection, the service was small and the registered manager was able to have overall oversight over how the service operated. He explained that they had only recently started providing care to people and were in the process of formalising checks and audits. We found that audits and checks were not yet fully established. We noted that management carried out some checks which included daily records, training records and care plans. However, these had only recently been carried out and had not been embedded in practice.

We recommend that the service seeks advice from a reputable source about implementing and developing robust audit systems.

- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- The registered manager encouraged a culture of openness and transparency. He told us that he had an 'open door' policy which meant that staff could speak to them if they wished to do so.
- Spot checks on staff were carried out to monitor how they were providing care, their timeliness and professionalism. We saw documented evidence of this. However, we noted that these were not always dated so it was not always clear when these were carried out. We raised this with the registered manager who confirmed that they would ensure these were dated in future.
- Care worker performance was monitored through regular one to one supervisions and spot checks.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us he genuinely welcomed feedback and would use this to make improvements to the service.
- Care workers spoke positively about their working environment and said they enjoyed working at the agency and felt valued.
- The registered manager explained that he had plans to expand the service on a larger scale gradually. He wanted the agency to grow responsibly and had plans to implement electronic monitoring systems in preparation of expansion. He also explained that continuity of care was an important aspect of the service

provided and they would ensure they continued to do this whilst expanding.

- Care workers told us they were happy working at the service and felt supported by management. One care worker said, "[The registered manager] is approachable for any issues we have whether at work or outside of work." When asked how the registered manager supported care workers, one care worker said, "By listening to me and giving me the opportunity to develop my career."

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

- The registered manager demonstrated their knowledge of what type of events they needed to notify us about. There had been no notifications received by the CQC to date.
- The registered manager promoted and encouraged candour through openness. He encouraged care workers to speak to him about any queries or concerns. When speaking about the registered manager, one person told us, "[The registered manager] has been to my house a few times and also calls occasionally to check my welfare. We are grateful to him and his team." One relative said, "I am extremely happy with the manager and I have dealt with many care managers over the years and I can honestly say that this manager is a cut above the rest. He is prepared to go the extra mile. A very rare quality indeed, which makes this manager a rare find."
- As the service had not yet been rated, there was no current requirement for them to display any ratings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service obtained feedback from people and relatives about the service through telephone calls and review meetings to improve the service where needed.
- Where required, the service communicated and worked in partnership with external parties which included healthcare professionals such as GPs.