

City Care Agency Ltd

# City Care Agency Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 Care Agency Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger disabled adults. At the time of the inspection they were supporting eight people in the London Boroughs of Tower Hamlets and Newham. The provider changed the name of the service during the inspection process. It was previously known as Daallo Care Services.

People's experience of using this service:

- Relatives spoke positively about staff supporting their family members and told us they were kind, caring and patient and treated them with dignity and respect.
- People were able to communicate with staff in their own language which helped to keep them fully involved with the service.
- Relatives felt listened to and were positive about the person-centred service their family members received. Relatives told us the provider was flexible in accommodating their needs.
- Relatives were comfortable in approaching the provider. Although nobody we spoke with raised any issues or concerns, all of them were confident that the necessary action would be taken if they did have an issue.
- Relatives told us care workers were knowledgeable about their roles and knew how their family members liked to be supported. All of the feedback received highlighted confidence with the safety of the service.
- People were cared for by staff who felt valued and supported in their role.
- The provider had created links in the local area to help support people in the community. Relatives and health and social care professionals had confidence in the abilities of the registered manager and spoke positively about the service.

Rating at last inspection: We were not able to rate this service at the last inspection as the provider had only been providing personal care to two people for a limited period of time. This meant that although we were able to carry out an inspection we did not find enough information and evidence about parts of the key questions we ask about services, or the experiences of people using the service, to provide a rating for each of the five questions and an overall rating for the service. (Report published 30 August 2018).

Why we inspected: This was a planned comprehensive inspection based on the outcome of the previous inspection. We had been in regular contact with the provider to confirm if they were continuing to provide a

service to people.

Follow up: We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not always safe.

Details are in our Safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

**Good** 

# City 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 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This consisted of one adult social care inspector.

Service and service type: City Care Agency Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger disabled adults. At the time of the inspection the service was supporting eight people in the London Boroughs of Tower Hamlets and Newham. Not everyone using City Care Agency Ltd receives a regulated activity; CQC only inspects the service being 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.

The service had a manager registered with the Care Quality Commission. 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 provider 72 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

Inspection activity started on 28 March and ended on 4 April 2019. We visited the office location on 28 March 2019 to see the registered manager, office staff and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information we had received about the service, including a copy of the action plan they submitted to us after the previous inspection. We also contacted the local authority commissioning and contract monitoring teams. We used all this information to plan our inspection.

During the inspection:

- ☐ We reviewed four people's care plans
- ☐ Four staff recruitment files
- ☐ Staff training files
- ☐ Staff supervision records
- ☐ Audits and records related to the management of the service
- ☐ We looked at a variety of policies and procedures developed and implemented by the provider
- ☐ We spoke with six relatives as people were unable to communicate with us over the phone
- ☐ We spoke with eight staff members. This included the registered manager, two administrators and five care workers

After the site visit, we spoke with two health and social care professionals who worked with people using the service for their views and feedback.

# Is the service safe?

## Our findings

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

Requires Improvement: Relatives felt their family members were safe and protected from avoidable harm. Minor improvements were needed within records to ensure people remained safe.

### Assessing risk, safety monitoring and management

- Relatives spoke positively about the initial assessment at the start of the service. One relative said, "They certainly made us aware of a number of things that we had never considered. They noticed the smoke alarm was inactive and there was no safety chain on the door. It was thorough and very handy."
- Risks to people's health and wellbeing had been assessed at the start of the service. There was detailed information for one person about how to support them safely in the community. There were some minor inconsistencies as two care files lacked further information and guidance for behaviour that challenged the service and one person who was at risk of having diabetic blackouts. One care plan had not been updated in relation to support with blood sugar level checks.
- Moving and handling assessments for two people had not been completed, which the registered manager acknowledged. They explained that care staff were given verbal instructions and demonstrations had been carried out by an occupational therapist but said they would update the records with further information and guidance.
- Although one relative told us they were happy with how their family member's finances were managed, we saw samples of financial records for two people that had not been fully completed and care workers had not always signed the record. The registered manager acknowledged this and said he would discuss this with the care workers.

### Staffing and recruitment

- Relatives spoke positively about timekeeping and confirmed they had regular care workers. Comments included, "There is no problem with punctuality, they are absolutely fantastic. They come early before they have plans to go out in the community so we always leave on time" and "They are never late and always stay the full visit, sometimes staying longer if need be."
- All care workers told us they had travel time between calls, with some care workers only supporting one person.
- The provider had recently implemented a new electronic call monitoring (ECM) system where care workers logged in and out of visits through an app on their phone. This was monitored from the office and staff would receive an alert if a care worker had not logged in for a call. An office administrator said, "My key role is monitoring. I am checking up on the carers that they have been to their visits. We also discuss the importance of this at team meetings."
- The provider needed to make a minor improvement to ensure they followed safer recruitment procedures. Appropriate checks for staff had been completed and there was evidence of photographic proof of identity, proof of address and two references. However, full employment histories were not always recorded. The registered manager acknowledged this and said they would make sure this was recorded for all future applicants.

### Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt the provider made sure the service was safe and did not have any concerns about the support family members received. Comments included, "The support that we have had from the start has given us the reassurances we needed" and "The most important thing for us is managing their safety when they are in the community and I feel confident they are managing this."
- Staff covered safeguarding training during their induction and we saw it was discussed during team meetings and supervisions. Care workers were given a safeguarding guide about types of abuse and what they should do if they had any concerns.
- Staff we spoke with had a good understanding of their safeguarding responsibilities and were confident that any concerns raised would be followed up immediately. One care worker said, "As we work with vulnerable people, we need to make sure they are safe, but also consider our own safety. We also have procedures to follow if there are failed visits and we report any concerns."

### Using medicines safely

- The provider had made improvements in how they recorded the support people received with their medicines. Where people or their relatives were responsible for managing medicines, information, including the name and dose of medicines was recorded in care plans.
- Guidance was in place for care workers to follow to ensure they supported people safely. Care workers recorded people's medicines in daily log records or medicine administration record (MAR) charts. Records were checked to make sure people had received their medicines safely.
- One relative said, "I have no issues with how this is managed. They pick the medicines up for us and everything is recorded in the care plan."
- Staff completed training in medicines and care workers we spoke with felt confident with the training they received. We saw best practice had also been discussed at a recent team meeting.
- We did see records for one person that did not include information about support with inhalers, which a relative had told us about. The registered manager said they would update the care plan accordingly.

### Preventing and controlling infection

- People's care records highlighted any hygiene risks that care workers needed to be aware of.
- There was an infection control policy in place and routine spot checks looked at the cleanliness and hygiene of people's homes.
- Staff were reminded about the use of personal protective equipment (PPE), such as gloves and aprons, and we saw this was discussed during supervision meetings. One care worker told us they had access to PPE and could always pick it up from the office.

### Learning lessons when things go wrong

- There were procedures in place for the reporting of any accidents and incidents. We saw this was discussed with staff at a team meeting and during supervision sessions.
- Staff were aware of the procedures to follow if there were any incidents or accidents. One care worker said, "They are always concerned about this and they are always reminding us about our responsibilities and to report any concerns to safeguard our clients."



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 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. We checked whether the service was working within the principles of the MCA.

- The provider had made improvements in how they recorded people's consent to the care and treatment they received.
- Consent forms had been updated since the previous inspection to highlight if people were able to consent or whether their representatives had the legal authority to do so on their behalf. Best interests decisions could also be recorded.
- Guidance had been included from the MCA and capacity assessments had been completed. One relative, who was their family member's representative said, "They met with us to understand what support was needed, and discussed what was best for [family member]."
- Care workers received training on the MCA and told us they worked closely with people and their families and encouraged them to make their own decisions. One care worker said, "For my client, we make sure they are always fully involved and do what they want to do, including speaking with the family."

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

- People's needs were assessed before the service began to provide care and support. One relative said, "I was present at the initial assessment. It was very detailed and discussed what our needs were."
- The provider ensured staff supported people in line with best practice guidance. One person had guidance in place from the local authority related to behaviour that challenged when outside in the community. The provider liaised with the relevant health and social care professionals to make sure they could meet people's needs.
- One relative told us how the registered manager and care worker shadowed them providing support in the community before they started to help them get a better understanding of what support was needed. They added, "It went really well and I really appreciated it in the beginning."

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction and training programme before they started to work with them. Relatives spoke positively about the knowledge and experience of the care workers. One relative said, "As they are regular, they understand their needs and are very calm with any

challenging situations. They also follow guidelines to keep them safe."

- Training topics included safe moving and handling, first aid, safeguarding, fire safety and understanding dementia. One care worker said, "The induction and training was good. I've learnt a lot from it and has helped me to give better care to my client so it is beneficial."
- Where training topics had not been completed for some care workers, the registered manager told us that they were scheduled for the next training cohort. A training matrix was in place but the registered manager acknowledged that it needed to be updated.
- Although formal supervision records had not been completed since November 2018, all the staff we spoke with confirmed they had regular discussions with the registered manager and felt supported in their role. One care worker said, "They call me all the time and we get to discuss any issues with my clients or any support or training needs."

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

- People were supported to eat and drink if this was part of their agreed care. Dietary requirements and food preferences were recorded in people's care plans. Instructions were also included if people needed specific support or had a preferred routine at mealtimes.
- Relatives spoke positively about the support that was provided. Comments included, "I discuss food choices with the carer and they know what they like. The food they cook is like from home" and "When they take them out for the day, it is important for them to stay hydrated and the carer is aware of that need and makes sure they have water and regular breaks."

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

- People were supported to maintain their health and relatives told us they were regularly updated if there were changes in their family member's health and wellbeing.
- One relative said, "One of the care workers highlighted some concerns about their tablets and they came out to visit. They keep me informed and update me if there are changes in their health. I am very happy with this."
- Care workers knew what procedures to follow if they had concerns about people's health. One care worker said, "If my client is unwell or there is a change in their needs, we have to follow a process and report to the office and also speak with their family or call the GP."
- A person profile form included contact details for relevant health and social care professionals, such as people's GPs, district nurses and occupational therapists.

# 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

Good: 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

- Relatives spoke positively about the kind and caring attitude of staff that supported their family members. Comments included, "The most important thing is that they are kind and patient and I can see they really want to learn how to support and engage with them", "They care for my [family member] and are always asking if there is anything else they can do" and "I have found them to be fantastic, so patient and understanding when it can be challenging at times."
- People had regular care workers and relatives told us this had helped to develop positive relationships. One relative said, "I feel they have a good rapport and my [family member] is getting used to them being around. They are happy when the carer is here." Another relative whose family member had recently started using the service said, "They are so much happier having the same carer and I can see they are more at ease."
- Care workers were aware of the importance of gaining people's trust and respecting them to help build caring relationships. One care worker said, "We do discuss this and we are aware that everybody is different but we treat everybody the same and make sure they are happy."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff were respectful and took the time to listen and understand what support their family members wanted. One relative said, "Not only did they ask about health and care needs, they asked about their abilities and what they could do so they could be supported to stay independent." Another relative said, "They work very well together, do all the necessary tasks and respect my [family member]."
- Care workers understood their responsibilities to ensure they respected people's privacy and dignity. One care worker said, "We do discuss this and they make us aware. I always make sure I talk with my clients during personal care, keep them covered up when I need to. We need to respect people's wishes and make sure they are happy with what we do."
- Records from recent telephone monitoring calls to people and their relatives showed positive responses that people's wishes and personal choices were respected

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

- Records confirmed people using the service and their relatives were involved in making decisions about their care and support.
- Positive comments from relatives included, "I was present at the assessment and found it very helpful. I have been involved since it started" and "They always keep me informed with any decisions."
- Relatives spoke positively about how they and their family members were able to communicate with both the office and care staff in their own language which enabled them to be fully involved and understand the decisions made about their care. One relative said, "[Family member] can now call the office if they want to

discuss anything rather than going through me. It has made it so much easier for all of us." A health and social care professional highlighted the person they worked with was happy that there were no communication or language barriers.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained a profile of people's needs and more personalised information had been included since the previous inspection. 'All about Me' forms had been completed, including input from relatives to get an overview of people's life histories, interests, preferences and wishes.
- One relative said, "They came to the house and we had a long assessment, met us all, discussed all the care needs and safety aspects. Even specific things like textures of food. It was detailed." Another relative told us this was their first experience of using care services and it had been a positive experience, where the registered manager had been kind and helpful and took the time needed to go through everything.
- The provider listened to people's preferences about how they wanted staff to support them with their cultural or religious needs. One relative said, "They talk with each other in their own language and my [family member] finds this really helpful." Another relative told us they were able to provide their preferred gender of care worker for religious reasons. A third relative told us how their care worker was able to cook culturally specific dishes from their local area. They added, "They know the cuisine they like and how to cook it. It is really nice." This information was recorded in people's care records so care workers were aware of what was important to them. We saw one person was supported to visit the local mosque every week.
- Relatives spoke positively about how the provider listened to them to understand and meet their family member's needs. Comments included, "We work out what hours we have but we have a flexible arrangement and they work around us to meet all of their needs" and "They have been so helpful. They are able to reschedule calls so we can attend appointments."
- The provider met the requirements of the Accessible Information Standards (AIS). The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. One relative said, "As they can't see properly, they communicate with them and understand the importance of this. We have given information about this and are confident they understand what needs to be done."

Improving care quality in response to complaints or concerns

- Relatives felt comfortable to raise any concerns they had and were confident any issues would be dealt with. Comments included, "I've got nothing to complain about so far. I'd happily contact the manager if we had to" and "He is very approachable and I have his number if I ever need anything." Another relative told us they always felt listened to and this was the most positive part of the service.
- There was a complaints procedure in place and a copy was given to people when they started using the service. There had been no formal complaints since the last inspection. Any issues or concerns were recorded in the office diary.
- The provider had received a compliment from a health and social care professional where they had praised the care and support and were extremely satisfied with the service being provided.

End of life care and support

- At the time of the inspection the registered manager told us that they were not currently supporting anybody receiving end of life care. Initial assessments recorded if Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions had been made.
- Care workers had covered a death, dying and bereavement training topic as part of their induction training.

# 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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives spoke positively about the management of the service and how the provider worked with them to ensure person-centred care. Comments included, "There should be more agencies like this to help people from our community. It really is great and we are all very happy" and "They made sure we were happy with everything before starting and keep us updated. It has been really good."
- All staff we spoke with told us they were happy working for the provider and felt valued for the work they did. Comments included, "We have a good work ethic and we all work well as a team. It is good to know we are supporting people from our community" and "They care for us as well, they are very open and welcoming and there is a positive work environment."
- Care workers spoke positively about the communication across the service. They told us the registered manager was always available and would deal with any issues they had. Staff felt comfortable approaching them for advice and guidance.

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

- Although no notifications had been submitted, the registered manager had a good understanding of their registration requirements regarding statutory notifications. They were aware of the challenges they faced within the sector and had worked to create links within the community to tell people about their service.
- Staff we spoke with had a clear understanding about their responsibilities and spoke positively about the support they received. One care worker said, "When I started, he went through everything with me, explained everything and gave me a good overview. I always get the correct information I need."
- A health and social care professional felt the registered manager was proactive in dealing with any issues. They added, "His responses are always timely and able to accommodate my requests, including arranging home visits with myself."

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

- The provider sought people's and their relative's views about the level of care and support they received. We reviewed samples of completed surveys which were all positive. One comment stated, 'Good service and great carers. I couldn't ask for any more.' One relative said, "[Registered manager] regularly contacts me about the service and asks what he can do to make it better."
- Staff also completed a survey and eight that had been completed were all positive. Comments from staff included, "I get a call from the manager every week and the office check up on me every day" and "It is

fantastic working here, they are a responsible employer and very caring."

#### Continuous learning and improving care

- There were team meetings which discussed the daily procedures that care workers had to follow and focused on what improvements could be made. We saw that daily log records had improved after being discussed at previous meetings.
- Call monitoring and spot checks were carried out to assess the quality of service being provided. One relative said, "They have been out to visit three times and are always asking about the service, asking about the support. They check the home and we are happy with this." Relatives also confirmed they received regular calls to check they were happy with the service provided. One telephone review that had taken place two weeks after the service had started said, 'Everything is fine and going well. The carers have been so helpful and understand their needs.'
- One care worker said, "I have had spot checks, they don't tell us, they can come at anytime to check on us. They look at how we work with the client, check our records and if the client is happy. I'm happy that they check on us."
- Daily logs were checked during spot visits and we saw any issues or gaps in recording were picked up and discussed with staff.

#### Working in partnership with others

- The registered manager had created links with a local Somali day centre and discussed ways of reducing social isolation within the community. They had also provided advice and guidance to people in the community who were unaware of how to liaise with social services and what support they were eligible to access.
- The registered manager attended local provider and registered manager forums within the local community.
- One health and social care professional told us the registered manager had been very helpful in exploring solutions to help a person access facilities in the local community. They added he had developed good relationships with people and worked well alongside social services.