

Citytrust Investments Group Limited

CityTrust Healthcare

Alfreton

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

HQ is a care at home service providing personal care 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 this inspection there were seven people receiving personal care. Most of whom were living with a life limiting illness, whose personal care was an agreed element of a palliative or end of life care package via local health care commissioners.

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

The service was not consistently well managed. Operational care and management structure arrangements did not always fully ensure effectively informed or timely care. Related service improvements needed were not always either identified or assured in a timely manner. The provider had not always notified us of important events when they happened at the service, in timely manner.

The provider's staffing, risk management, medicines and safeguarding arrangements, helped to ensure people's safety when they received care. Recognised hygiene measures were followed for the prevention and control of infection. Health incidents and near misses were routinely monitored and analysed, to help inform or improve peoples' care and prevent any further reoccurrence when needed.

There were effective arrangements for the assessment, planned delivery and review of people's care. People were supported to maintain or improve their health and nutrition in consultation with relevant external health professionals, when needed for people's care.

Staff were trained and supported for their role. People were supported to have maximum control of their care and staff supported them in the least restrictive way possible. The provider's related policies and systems supported this practice.

People were supported by caring staff, who knew people well and how to communicate with them. Nationally recognised care values associated with adult social care, were established within the service and followed by staff, to ensure people's dignity, equality, choice and rights in care.

The provider was meeting the accessible information standard, to enable people to understand and agree their care, in accordance with their assessed needs. Complaints and regular feedback sought from people and others with an interest in their care were effectively informed, handled and used to influence any care or service improvements needed.

People were overall happy with their care and to recommend the service to friends and family. Personal care arrangements to support people's end of life care needs were effectively considered against nationally recognised care standards. This helped to ensure people's dignity, comfort and choice in any event.

Effective arrangements were established for communication, record keeping and information handling at the service; along with considered engagement and partnership working for people's care and safety.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 15/02/2016 and this is the first inspection.

Why we inspected

This was the first comprehensive ratings inspection of the service. The inspection was prompted in part due to concerns received about the service regarding management and staffing arrangements. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in our inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

CityTrust Healthcare Alfreton

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 was carried out by a single inspector.

Service and service type

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

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

This inspection was announced. 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. We also needed to ensure consent was obtained for us to contact people and their relatives by telephone, to obtain their views about the care provided. Inspection activity started on 3 December and ended on 14 December 2020. We visited the office location on 7 December 2020.

What we did before the inspection

We looked at information we held about the service to help us plan the inspection. This included any notifications the provider had sent to tell us about important events when they happened at the service. We also spoke with local health care commissioners involved in people's care at the service. On this occasion

we did not ask the provider to complete a Provider Information Return (PIR) before the inspection. This is information we may ask the provider to send us, usually at least once annually, to give some key information about the service, what they do well any improvements planned. However, we gave the registered manager opportunity during the inspection to give us any relevant updates from this.

During the inspection

We used a range of methods to help us understand people's care experience. We spoke with two people, two relatives and one person's chosen representative. We also spoke with the registered manager and four care staff, including a senior. We looked at three people's care plans to check whether they were accurately maintained and a range of other records relating to the management of the service. This included staffing, medicines, complaints, incident and safeguarding records. The provider sent us a range of information that we asked them to. This included the service guide and statement of purpose. It also included some of the provider's care policies, care survey results. and management audits.

After the inspection

We spoke with two external professionals involved in people's 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 for this registered service. This key question has been rated as 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 harm or abuse when they received care from staff
- Staff understood how to recognise and report the suspected or witnessed harm or abuse of any person receiving care. All were confident to do so in any event.
- People and relatives felt both they and their homes and possessions were safe when staff provided care. All were confident to report any personal safety concerns if they needed to.

Assessing risk, safety monitoring and management

- People's safety needs associated with their health needs, environment or any equipment used for their care were effectively accounted for.
- People's care plans showed the care steps staff needed to follow to reduce any risks identified to their safety, which staff understood.
- Staff understood their role and responsibilities for people's safety needs and also their own. This included procedures they needed to follow in the event of an emergency, such as a health incident, adverse weather and for lone working.
- People and relatives were confident staff knew how to support them safely. One relative said, "Staff certainly know how to keep [person] safe; [Person's] skin care is a key priority; Staff follow the care plan from the risk assessments and record everything."

Staffing and recruitment

- Staffing and recruitment arrangements were sufficient to ensure people's safety.
- Staff were mostly safely recruited. However, gaps in employment history were not always accounted for before staff were offered employment to provide people's care. We discussed our findings with the registered manager, who subsequently provided us with written assurance regarding their action taken to rectify this for people's safety.
- Staff pre-employment checks were obtained before any offer of employment, to ensure they were safe to provide people's care. This included checks via the national Disclosure and Barring Service and the obtaining of suitable employment references.
- Overall, the provider operated effective staff planning and deployment measures for people's safety. This included an electronic communication and monitoring system, which had been recently revised for the timeliness, co-ordination and ongoing management of scheduled care calls.

Using medicines safely

- Staff were trained and competency checked to support people to take their medicines safely when

needed.

- Staff we spoke with understood nationally recognised guidance concerned with the safe handling and administration of medicines.
- People or their relative confirmed they were supported safely to take their medicines, when they should, as agreed with them.

Preventing and controlling infection

- We were assured the provider followed recognised government guidance to help prevent and control the spread of an acquired health infection when staff provided people's care.
- We were assured the provider had commenced testing for Covid 19 in line with government guidance for care at home services.
- Staff confirmed they were provided with sufficient personal protective equipment (PPE) and understood safe use.
- People and relatives were happy staff used PPE safely when needed.

Learning lessons when things go wrong

- The provider's arrangements for the monitoring, analysis and review of any health incidents or near misses helped to ensure people's safety.
- Related records we looked at identified remedial management actions where needed, either made or in progress; to help ensure people's safety within the service, including to help prevent any reoccurrence.

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 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 received consistent and informed care, as agreed with them.
- Staff understood people's care needs, which were regularly reviewed and accurately recorded in people's agreed care plans
- People and relatives were satisfied with the care provided. One person said, "My care staff know what I need, they follow the care plan I can't fault them." A relative told us, "There were a few hiccups at first, but they took time to understand and get to know [person]. They've definitely got it right."

Staff support: induction, training, skills and experience

- Staff were trained and supported to provide people's care.
- Staff received a full care induction and any necessary competency checks before they provided people's care.
- Staff confirmed they received the training and support they needed for people's care, which related records showed. Staff comments included, "Training and support has been really good from the start and ongoing." "I received a very thorough induction; even though I am well experienced." "There's a lot of training ongoing and continuous national guidance and care practice updates."

Supporting people to live healthier lives, access to healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Working with other organisations to deliver effective care

- People were supported to maintain or improve their health and nutrition when needed.
- Staff understood people's health conditions, how they affected them and their related personal care needs. This information was recorded in people's care plans, which were regularly reviewed and kept up to date for staff to follow.
- The service consulted with external health professionals and followed any related instructions for people's care when needed. For example, to support effective skin care and nutrition.
- Key care information was appropriately shared, in the event of a person needing to transfer to another care provider. Such as a sudden hospital admission. This helped to ensure people received consistent, informed care as agreed with them.

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. 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.

- Staff understood and followed the principles of the MCA to obtain people's consent for their care and ensure their best interests.
- People's care records showed how decisions were made and agreed with them or their representative for their care, which staff understood. This included any decisions legally authorised to be made by another, on a person's behalf, such as decisions about people's finances or health and welfare.
- People and their relatives said staff always explained what they were going to do before they provided care and checked people were happy.

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 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; Respecting and promoting people's privacy, dignity and independence.

- People received care from staff who knew them well, what was important to people for their care to ensure their dignity, choice and rights.
- People's care plans were individualised and detailed their known choices and preferences for their care and daily living routines.
- People and relatives said staff were kind, caring and respectful of people's dignity, choice and independence needs when they provided care.
- We received highly positive feedback from people and relatives regarding the caring attitude and approach of staff. This included, "I am very happy with the service, my care is personal to me." "The care staff are amazing, lovely, caring people, I can't emphasise enough the really good quality care staff give."

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

- People were actively encouraged to make decisions and express their views about their care.
- Staff understood the importance of establishing effective relationships with people and knew how to communicate with people in the way they understood.
- Key service information was provided for people, to help them understand what they could expect from the service for their care. This could be provided in alternative formats, to help people understand, if needed. Such easy read, large print or in a different language.
- One person said, "I couldn't get any better; staff are always checking with me and asking me if I'm happy, comfortable and that I've got everything I need." A relative told us, "Staff are always considerate and take time to ask and they listen and act on what is said."

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 Requires Improvement. This meant people's needs were not always met in a timely manner.

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

- People's care was individualised but not always timely.
- Before this inspection, concerns were shared with us regarding late or missed care calls from the service.
- At this inspection, we found the provider had acted to prevent any further missed care calls. However, improvements were not yet fully demonstrated as assured ongoing.
- Staff were trained and supported to ensure an individualised approach to people's care. All staff we spoke with understood people's individual care needs, choices and their related daily living and lifestyle preferences.
- People and their representatives were overall happy with the quality of care provided by staff at the point of delivery, which met their needs and preferences. All confirmed recent and significant improvements in the timeliness of people's care calls, with no ongoing compromise to their safety; but felt the timeliness was not yet fully ensured.

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 carer's.

- The provider was meeting the AIS for people's care.
- People were provided with key service information, to help them understand what they could expect from their care. This included any alternative formats necessary to achieve this. For example, large print or a different language.
- People's communication needs were assessed and agreed with them. Staff we spoke with knew people well and how to communicate with them in the way they understood.
- A relative said, "All of the care staff understand well how to communicate with [person]. They understand each other really well."

Improving care quality in response to complaints or concerns

- The provider's arrangements for complaints handling helped to inform and improve people's care.
- People and relatives knew how and confident to make a complaint or raise any concerns about the service, if they needed to.
- Records were kept of complaints received and for their handling and response. This included any resulting improvements made for people's care and safety when needed.

- One person said, "They always discuss any concerns with me; I am generally happy with the service. A relative told us, "They definitely respond and take complaints seriously, which I am impressed with; It's better now, but not 100% yet with the call arrival times.

End of life care and support

- People received personal care to support their end of life care needs, as agreed in consultation with them, relevant authorities and external health professionals involved in their care.
- Staff were trained and understood recognised principles concerned with end of life care, to ensure people's dignity, comfort and choice in relation to their care.
- People's care plans showed if they had made advance decisions about their care and treatment, or whether they had legally appointed others to make important decisions on their behalf.
- People and relatives were happy with the care they received from the service, to support for their end of life care arrangements. One person said, "My care staff are so kind and caring; they are always checking my comfort."

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 as Requires Improvement. This meant the service management and leadership was inconsistent and did not always support the delivery of high-quality, person-centred care.

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

- Staff understood their role and responsibilities for people's care but related care procedures were not always localised to fully ensure the quality and safety of people's care.
- The provider used a set of externally produced care policies; standardised with electronic links against recognised national guidance and legal requirements for people's care. However, localised written procedures for staff to follow, were not always identified from these when needed for people's care. Such as, for their medicines support and infection prevention and control.
- The provider had not notified us about an important incident, when it happened within the service, to help us check the safety of people's care. The provider explained this was a management oversight on their part. Otherwise, the provider had consulted with relevant external authorities to help ensure people's safety.
- The provider's arrangements for staff training, performance monitoring and supervision helped to ensure this helped to inform and support staff to undertaken their role and responsibilities for people's care.

Continuous learning and improving care

- The provider's governance framework, including their operational management checks, helped to ensure the quality and safety of people's care. Although service improvements identified from this were not always completed in a timely manner.
- Examples of recent service improvements either made or in progress, included care planning, data management and care call monitoring improvements.
- The provider's management structure was under review; to support increased service capacity and the timely delegation of related management tasks, including care improvements for the quality and safety of people's care. However, this was not yet fully embedded or assured.

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 acted in consultation with people, their representatives and care commissioners involved in people's care when things went wrong at the service for people's care and safety.
- Management records provided comprehensive account of any incidents, near misses or care complaints received. This included for their analysis, investigation and any improvement actions either taken or in progress as a result to ensure the quality and safety of people's care.
- People, relatives and local authority care commissioners were satisfied the provider acted to consult with them in an open and honest manner when needed for people's care and safety.

- A relative said, "They (registered manager) takes things seriously; I'm very impressed by that; they always keen to get it right."

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

- The provider's arrangements for engagement and consultation with people, staff and others with an interest in the service, were effective and equitable.
- People, staff and relatives were kept informed and regularly consulted, to help inform and agree people's care and any related service planning or improvement. For example, through regular meetings, care and staff surveys.
- All we spoke with, were happy with the arrangements for their consultation and involvement and to recommend the service to family and friends. One person said, "Probably not a first; as there were a few hiccups, but things have quickly settled. We are really pleased with the care; Great relationships from all levels and good care."

Working in partnership with others

- The provider consulted with relevant authorities and external health and social care professionals when needed for people's care.
- We received positive comments in relation to effective partnership working. Examples included, "The provider has kept us well informed and they were proactive in ensuring the care to meet [person] needs." "The provider liaised very quickly with the district nurse when they needed