

City Care Welwyn Limited

City Care Welwyn

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 Care Welwyn Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection, the service was providing personal care to 52 people.

People's experience of using this service:

- At the last inspection on 30 June 2016 we identified people had not signed to give consent to care and treatment, risks associated with the support people received were identified by staff and effectively mitigated, however these were not evidenced in people's plan of care; and audits had not been always as effective. At this inspection on 7 and 8 March 2019 we identified the registered manager had made improvements to all areas and we were satisfied with their response.
- People continued to be safe as risk management plans identified known risks and gave staff clear guidance on how to mitigate those risks. Staff had sufficient understanding of how to identify, respond to and escalate suspected abuse. Staff received on-going safeguarding training.
- People's medicines were managed safely and administered as intended by the prescribing Pharmacist. Medicines were regularly audited to ensure any errors were identified quickly and action taken to minimise the negative impact on people.
- The registered manager deployed sufficient numbers of suitable staff to keep people safe. Staffing levels were adequate and people confirmed staff had sufficient time to sit and talk with them.
- People continued to be supported by staff that received regular training to enhance their skills and experience. Through regular supervisions and spot checks, staff reflected on their working practices.
- Staff were knowledgeable about and adhered to the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. People's consent to care and treatment was sought, documented and respected.
- People were supported to access food and drink that met their dietary needs and preferences where agreed in their care package. Where there were concerns about people's health and well-being referrals were made to healthcare professionals and advice given implemented into the delivery of care.
- People continued to be supported by staff that encouraged their independence, treated them equally and with kindness and compassion. People's dependency levels were regularly reviewed and support provided to reflect people's current needs.
- Care plans were person centred and gave staff clear guidance on the support people required in line with their wishes and preferences. Care plans were reviewed regularly and where possible people and their relatives were encouraged to develop these.
- People were able to raise concerns and complaints and there were systems and processes in place to ensure complaints were managed responsively and in a timely manner.
- People, their relatives and staff spoke positively about the registered manager. People and staff confirmed the management structure at the service was effective. People's views were regularly sought to drive improvements. An external organisation carried out a comprehensive quality monitoring process, to gather people's views. Issues identified were acted on in a timely manner.

- The registered manager carried out regular audits of the service to monitor the service provision. Issues identified during the audits were acted on swiftly and lessons learnt to minimise the risk of repeat incidents.
- The registered manager continued to encourage partnership working with other stakeholders and healthcare professionals.

Rating at last inspection: The service was previously inspected on 30 June 2016 and was given an overall rating of Good. We gave the service a rating of Requires Improvement in the key question, is the service well-led?

Why we inspected: This was a planned inspection in line with our inspection programme.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect the service sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

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 Welwyn

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 comprehensive inspection was carried out by one inspector.

Service and service type: City Care Welwyn is a home care agency. It provides personal care to older people living in their own homes who may be living with dementia, have a learning disability, and/or a physically disability.

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 service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 7 March 2019 and ended on 12 March 2019. We visited the office location on 7 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed information we held about the service, for example, notifications we received from the service and information shared with us from members of the public. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the human resources manager, training manager, quality assurance officer, deputy manager and the registered manager. We looked at five care plans, five staff files, the

complaints folder, quality assurance records and other records relating to the management of the service.

After the inspection we contacted seven people, one relative, two staff members and two healthcare professionals to gather their views of the service. We did not receive a response from either healthcare professional.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care and support from City Care Welwyn. One person told us, "They [staff members] are warm and caring and know what I need. There's no bullying and you just feel safe with them."
- Staff were aware of the importance of identifying, reporting and escalating suspected abuse. One staff member told us, "I would report any abuse, if the registered manager didn't do anything I would go to the directors. I would raise a safeguarding, I'm comfortable to whistleblow [if I saw bad practice]."
- Staff received on-going safeguarding training and at the time of the inspection there were no open safeguarding.

Assessing risk, safety monitoring and management

- People continued to be protected against identified risks as the registered manager had developed risk management plans.
- Risk management plans identified the hazard, risk and control measure in place to mitigate the risk. Risk management plans included, for example, personal care, mobility, internal and external environments and nutrition.
- A staff member told us, "We [staff members] are all risk assessing as we go, to make sure there are no risks of falls or injuries. I would report any new risks."
- Risk management plans were regularly reviewed to reflect people's changing needs and shared with staff in a timely manner.

Staffing and recruitment

- People received care and support from suitable numbers of staff to keep them safe. One person told us, "They [staff members] do come on time, sometimes they can't help being delayed. The office will ring me and let me know if people are going to be late. They stay the whole time they're meant to." Another person said, "I have never ever had a missed call. And usually if my regular carer if they're going to be late I get a call from the office to let me know they're running late. Oh, they definitely stay the full visit."
- The provider deployed sufficient staff in a timely manner to meet people's needs. Staffing rotas gave staff sufficient travel time between visits. A staff member told us, "They [the service] could always do with more staff, as the people in the office have to cover shifts when staff go sick. It can run smoothly for several months, then when someone goes sick we will always help to cover. We never have to cancel anyone's visit."
- Staffing levels were flexible to ensure people's changing needs were accommodated.
- Prior to successful employment, staff underwent a robust pre-employment check. Staff files contained completed application forms, full employment history, interview record, proof of identification and a

Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.

Using medicines safely

- People's medicines were managed in line with good practice. One person told us, "[Staff member] will help with my medicines." A staff member told us, "I have had medicines training, it's done annually. I would report any [medicines] errors."
- Staff received medicines training and required their competency to be signed off prior to administering medicines.
- Medicine Administration Records (MARs) were electronic and gave staff clear instructions on how to safely manage and store people's medicines.
- We reviewed five MARs and found these detailed people's known allergies, the medicines to be administered, dose and route.
- MARs were regularly audited to ensure people received their medicines as intended by the prescribing Pharmacist. Key codes were used to identify when medicines were not administered and the reasons why, which was then reviewed by the registered manager and action taken if necessary.

Preventing and controlling infection

- People continued to be protected against the risk of cross contamination as staff had a clear understanding of infection control management.
- One person told us, "They [staff members] wear gloves and have a special uniform that they wear and they also have shoe covers." A staff member told us, "All the [equipment] is supplied and there's enough. If we run low we can go in the office and get more."
- Staff members had access to sufficient amounts of Personal Protective Equipment (PPE) to minimise the spread of infection.
- Staff confirmed they were familiar with the provider's infection control policy and had received infection control training. The provider's policy gave staff clear guidance on managing waste and effective hand washing techniques.

Learning lessons when things go wrong

- Incidents and accidents were managed in such a way that lessons were learned to minimise the risk of repeat incidents.
- Incidents recorded detailed, who was involved, who it had been reported to, action to be taken and any further outcomes.
- We reviewed the incidents and accidents folder and found there had been three incidents in the last 12 months. Records showed incidents had been managed effectively and where appropriate additional healthcare professional support and guidance sought. Guidance given was then implemented into the care provision.

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.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- At our last inspection on 30 June 2016 we identified that not everyone using the service had signed a consent to care and treatment form. At this inspection on 7 and 8 March 2019, we found consent forms had been signed.
- Records confirmed staff members received on-going training in the MCA, to ensure they were up-to-date with current legislation. A staff member said, "I would ask for people's consent, if they don't give it I don't do it. You can't force someone to do something they don't want to do."
- One person told us, "Yes, until [staff members] get used to me [they seek my consent], until they know exactly what I want. They learn quickly." Another person said, "[Staff member] tells me what she's going to do and I can say no if I don't want anything done."
- Care plans contained mental capacity assessments which were regularly reviewed.

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

- People's needs were regularly assessed through telephone monitoring and questionnaires.
- Service needs assessments provided by the local authority were documented. People's preferences in relation to the care and support was recorded in their care plans. For example, care plans contained a document called, 'What is important to me'. These detailed people's preferences in relation to how people wanted to be supported.
- Changes to people's needs were documented and shared with the relevant healthcare professionals and care plans updated accordingly.

Staff support: induction, training, skills and experience

- People continued to be supported by staff that received on-going training in key areas to enable them to deliver effective care and enhance their skills and experiences.
- One person told us, "[Staff members'] are definitely trained. I know they have to go to the office and go on training sessions. I know a couple of them are doing some modules." Another person said, "Yes [staff

members are] trained well, they know what they're doing."

- Training included, for example, moving and positioning, safeguarding, MCA, medicines safe handling, infection control and food safety.
- At the time of the inspection the registered manager confirmed the service had supported specific staff members to become dementia, falls and wound champions.
- Staff received a comprehensive induction program in line with the Care Certificate. The Care Certificate is an 'agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.' Staff were required to be observed in their work and have their competencies signed off prior to working without direct support.
- A Staff member told us, "I went for a week's training, it was very good training. I know that [newer staff] now have the Care Certificate. I did lots of shadowing calls. I asked for more shadowing and was given it."
- Staff continued to reflect on their working practices through regular one-to-one supervisions and annual appraisals. Records confirmed this was a further opportunity for staff to share any concerns and discuss what has gone well over the previous months. During the inspection we identified not all staff were given goals to achieve in the coming months. We discussed this with the registered manager who told us, this would be addressed and staff would receive achievable goals going forward. We will review this at our next inspection.

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

- Where agreed in people's care package, people were supported to access food and drink that met their dietary needs and requirements.
- One person said, "[Staff members] cook my lunch and it's absolutely to my taste." Another person told us, "[Staff members] definitely help me get my food. They always ask me what I want and sometimes I can't be bothered to think and they'll give me a surprise. They know what I like so well."
- Care plans clearly detailed people's dietary requirements and staff were aware of these. For example, one care plan highlighted that someone was a diabetic and required additional support with their meals.
- At the time of the inspection one staff member was receiving training to become a Nutrition Champion. Staff continued to receive training in food hygiene.

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

- People continued to be supported to access healthcare professional services, to monitor and maintain their health and wellbeing.
- People's healthcare needs and diagnosis were clearly documented in their care plans.
- Records confirmed the registered manager sought guidance and support from healthcare professionals and where appropriate referrals were made. Care plans detailed guidance provided were implemented into the delivery of care.
- Risk management plans detailed the support people required to stay healthy, for example, in relation to one person who had Diabetes and risks identified with the condition.
- Staff were aware of the importance of contacting healthcare services to seek guidance and support when there were concerns around people's health. Medical information was available to staff who could share this with appropriate healthcare professionals if required.

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; equality and diversity

- People spoke positively about the care and support they received at City Care Welwyn. One person told us, "If you want something ask, there's nothing too big or small for them [staff members] to do for you." Another person said, "I'd be absolutely and totally lost without [the staff members]. They are smashing and so lovely."
- Staff spoke compassionately about their roles and the people they supported, with one staff member commenting, "I would be happy for my relative to receive care here."
- People continued to be treated equally and had their diversity respected. One staff member told us, "I support one person who follows a faith. I'm very mindful and accepting of people's beliefs."

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

- People told us they were encouraged to make decisions about their lives and had their decisions respected.
- The service sought people's views to drive improvements in line with good practice.

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were supported to maintain their privacy and dignity. One person told us, "They [staff members] help me have a wash. They keep things private and shut the door."
- Staff were aware of the importance of encouraging people to remain independent.
- Care plans detailed people's dependency levels and care and support was tailored to reflect their support needs.

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

- At our last inspection on 30 June 2016 we identified that people's wishes and preferences were not always captured in their care plan. At this inspection we identified the registered manager had made improvements to the personalisation of people's care plans.

- People received care and support that was personalised to their individual needs. Care plans detailed people's health, medical and social needs and gave staff clear guidance on how to meet people's needs.

- One person told us, "They [office staff] come once a year and ask me many questions. I've not had to make any suggestions." A staff member told us, "All the care plans are on our phones. If there's something I'm not sure of I can look on my phone to find out. We are usually called and told of any changes and the electronic system will highlight new tasks to complete. We can't miss as we have to check it to say it's been completed." During the second-day of the inspection, office staff were visiting one person to update their care plan.

- Care plans also had one section titled 'what is important to me'. This document detailed a clear picture of people's personal history, hobbies, family history, pets and preferred social activities. It also included information about what people would like to achieve from receiving care at home. For example, to remain in their own home; and what they would like support with.

- Care plans were regularly reviewed to reflect people's changing needs and where possible people and their relatives were encouraged to participate in the development of their care plan.

Improving care quality in response to complaints or concerns

- Complaints continued to be managed effectively to reach a positive outcome for all involved wherever possible.

- One person told us, "I've never had to [make a complaint], but I assume I would phone head office." Another person said, "I would ring the office and speak to the registered manager. I can write a letter if it's really bad, but I really don't have anything to complain about."

- Staff were aware of the importance of documenting an escalating complaints in line with the provider's policy.

- The provider's complaints policy detailed what action people should take and what to expect should they wish to raise a complaint.

- At the time of the inspection there had been no complaints in the last 12 months.

End of life care and support

- At the time of the inspection the service were not delivering end of life care.

- The provider had an end of life policy in place should end of life care be required. The policy followed the five principles of end of life care. Individualised assessment, co-ordination of care, delivery of high quality

services, care in the last days of life and care after death.

- Where people had been asked about their end of life wishes, details were recorded. Staff received end of life 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; and how the provider understands and acts on duty of candour responsibility

- People and their relatives spoke positively about the management structure at City Care Welwyn. One person told us, "She's [the registered manager] very nice and sometimes when they have been short staffed she will come and support me." Another person said, "It's [the service] run perfectly, it's excellent."
- Staff also spoke highly about the registered manager. One staff member told us, "She [registered manager] is a good enough manager. She's approachable, but I tend to speak to the other office staff. I'm happy working there." Another staff member said, "She's [registered manager] fine, no problems. She's definitely approachable, not like others I've had before. She's hands on as far as I know."
- The registered manager's values were evident throughout the two-day inspection and shared by all staff we spoke with. The numerous values of the service included for example, promoting people's independence, treating people as individuals through an inclusive and transparent partnership.
- Throughout the two-day inspection we observed staff contacting the registered manager for guidance and advice. The office environment was relaxed, supportive and welcoming.

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

- There was a clear management structure within the organisation where staff members were aware of their roles and responsibilities.
- The registered manager regularly carried out audits of the service. Audits included, for example medicines records, care plans and risk management plans. Issues identified were acted on in a timely manner and additional action taken where appropriate.
- The registered manager had clear understanding of their role and responsibilities in line with the Health and Social Care Act 2014. The registered manager submitted statutory notifications to the Commission in a timely manner.

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

- People's views of the service continued to be sought to drive improvements. People confirmed they received both telephone calls and visits from office staff to ascertain their views.
- In addition to the spot checks and telephone monitoring, the registered manager had instructed an external organisation to gather people's views through a quality monitoring questionnaire. We reviewed the findings of the completed questionnaires and found, the majority of results confirmed people were satisfied with the care and support received. Comments included, 'Every carer I have has been superb, friendly,

caring, not pushy and willing to help me in any way' 'The carers greet us like friends, they are always the same, they give good care and support and that gives us confidence' and 'City Care always speak to me like a person, not a client.'

- Issues identified following the questionnaires, were acted on in a timely manner. For example, one action point was to consider medicines refresher training for staff, which had been completed.

Continuous learning and improving care

- The registered manager confirmed they were keen to continuously improve the service. Records confirmed the registered manager was proactive in moving the service forward and seeking positive outcomes for those using City Care Welwyn services.

- Feedback received from people, their relatives was acted on in a timely manner and where appropriate implemented into the delivery of care.

Working in partnership with others

- The registered manager continued to encourage partnership working with other healthcare professionals and stakeholders to drive improvements.

- The registered manager confirmed she worked in partnership with the local authority, G.P, district nurses, dietician, day centres and occupational therapists.

- Records confirmed the registered manager had sought guidance from healthcare professionals and advice given was implemented into the delivery of care.