

City Care Services Limited

City Care Services

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

City Care Services is registered to provide personal care to people living in their own homes. There were 123 people receiving personal care from the service when we visited. Personal care calls were being provided along with 24 hour live in care packages.

At the last inspection on 27 August 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

Two registered managers were in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff received training to protect people from harm and reporting any suspected harm. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce these risks. Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Appropriate procedures were in place and staff were supported and trained regarding the MCA

People were supported to access healthcare professionals and they were provided with opportunities to increase their levels of independence. Health risk assessments were in place to ensure that people were supported to maintain their health. People had adequate amounts of food and drink to meet their individual preferences and nutritional needs where appropriate.

People told us that their privacy and dignity was respected and their care and support was provided in a caring and a cheerful manner.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People could raise concerns with the management team and care staff at any time.

There were quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. People and their relatives were able to have their say in relation to the support and care provided and staff acted on what they were told.

There were links with the external community. A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance.

Further information is in the detailed findings below

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

City Care Services

Detailed findings

Background to this 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.

This announced inspection took place on 04 and 05 October 2017. The provider was given 48 hours' notice because the registered managers are sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that gives the provider an opportunity to provide key information about the service, what it does well and improvements they plan to make. We took the information in the PIR into account when we made judgements in this report.

During the inspection we visited the services' office and spoke with the registered managers, two coordinators, the 'live in' team leader, training coordinator and eight care staff. We spoke with 23 people using the service and four relatives by telephone. We also spoke with a pharmacist, a care manager, a social worker from the discharge and planning team and contacted a local surgery to gain their views about how people were being supported.

We looked at five people's care records and records in relation to the management of the service and the management of staff.

Is the service safe?

Our findings

People we spoke with said that they felt safe when staff provided care and support. One person said, "The staff are really good and I feel safe with the carers (staff) who come to see me." Another person said, "They (staff) never rush me and they take their time and make sure everything has been done before they leave." Relatives we spoke said that they felt their family members were safely cared for by staff.

The staff we spoke with confirmed they had received training regarding safeguarding people from harm and they were knowledgeable about safeguarding and knew about the reporting procedures. They described how to recognise and report any concerns in order to protect people from the risk of harm. One staff member said, "I would always report any incident of harm without hesitation to my manager." The registered managers were aware of the notifications they needed to send to CQC in the event of people being placed at the risk of harm.

People had individual risk assessments which had been reviewed and updated. Risks identified included maintaining a safe environment to prevent hazards such as falls, assisting people to move and with the management of their medicines. Staff we spoke with were aware of people's risk assessments and the actions to be taken to ensure that people were safely cared for.

Staff recruitment continues to be well managed. We saw a sample of three staff records and found that all appropriate checks had been satisfactorily completed. Staff we spoke with confirmed that their recruitment had been dealt with effectively and they had supplied the necessary documents that were required. This showed that there were effective processes in place to prevent unsuitable staff from being employed.

Staff told us there were always sufficient numbers of staff to meet people's needs. There were 'double up' visits where a person required two staff to safely mobilise. Staff told us that there was sufficient time given for each call so that they were able to safely assist people with their care and support needs in their home. Staff told us that they had time to socialise and chat with people whilst providing their care. One member of staff said, "I like to chat with people while I assist them with care - it's good to get to know people and how they want to be cared for." People we spoke with confirmed this to be the case. One person said, "The carers [staff] are really cheerful and we often have a laugh and a chat together." Another person said, "They [the staff] know me well and how I like things to be done."

The registered manager and coordinators monitored staffing levels to ensure that sufficient numbers of staff were available to meet people's care and support needs, and to also cover periods of staff sickness and holidays. Staff we spoke with said that they were supported by an effective 'on call' process [provided by the management team] outside of working hours to assist them if they had concerns or incidents occurred. Staff also added that the registered managers and the coordinators had been available to cover any shifts when the need arose.

The level of assistance that people needed with their medicine was recorded in their care plan. One person

told us that, "The members of care staff always make sure I receive my tablets when I need them." Where people's needs had changed we saw that this had been reviewed and updated in the person's care plan. Staff confirmed that they received annual medicine administration training and a competency check to ensure they safely administered people's medicines.

Is the service effective?

Our findings

People spoke positively about the care workers and felt that they knew their care and support needs very well. One person told us, "The carers (staff) are very efficient and they help me with whatever I need." Another person said, "The carers (staff) always ask me if there is anything else needed before they leave." A relative said, "The carers [staff] are very good and I am very pleased with the care my [family member] receives."

Care staff we spoke with confirmed they had received an induction when they commenced employment with the service. Staff told us that they completed training during their induction period before providing care for people using the service. They told us this included training in topics such as safeguarding, first aid, administering medicines, MCA, infection control, and assisting people to move safely. Staff told us that they had shadowed an experienced member of staff until they felt confident in providing care. One member of staff said, "I received a variety of training before I cared for people and I also went out on shadow shifts with other staff which was very helpful." We saw that new staff were issued with a handbook and copies of the service's policies to aid their understanding and awareness of their responsibilities.

Care staff told us they continued to be provided with refresher training and additional training in topics such as peg feeding (a means of feeding when oral intake is not possible) and dementia awareness. We saw that that staff, as part of their induction, completed the Care Certificate [a nationally recognised qualification for staff working in social care]. This showed that staff were supported with further learning and to achieve nationally recognised qualifications. Staff told us they received ongoing supervision and an annual appraisal. This was to ensure that their work performance and development needs were monitored. Where refreshers in staff training were needed action was taken to book staff on courses.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They showed a good understanding of promoting people's rights, equality and independence. The registered managers were aware of the procedures when people's mental capacity to make certain decisions about their care changed. The registered managers were aware of the relevant contact details and local authority procedures regarding this area.

Where the service was providing any meals for people assessments of people's nutrition and dietary needs and food preferences had been completed. People told us that the staff had always asked them about their individual drink preferences and meal choices. One person said, "They [staff] always ask me what I would like to eat and drink when they prepare my breakfast and lunch."

People told us that staff supported them, when needed, with their health care needs and where necessary to access appointments with healthcare professionals, such as district nurses, GPs and occupational therapists. This showed that people were supported to maintain good health and access medical services where appropriate. The healthcare professionals who we spoke with were positive about the care and

support being provided by the service.

Is the service caring?

Our findings

People told us that staff were polite and respectful and preserved their dignity when they visited them to provide care. Relatives we spoke with confirmed this to be the case. One person said, "The staff are really excellent and are kind and caring." A second person said, "I look forward to seeing them - they are lovely to me and they [care staff] take their time and never rush me, and I can't fault them at all." A third person said, "I receive a weekly schedule (from the service) so that I know which carers (staff) are coming to help me which is very reassuring." Relatives we spoke with were complimentary about the care staff and one relative said, "They [staff] have really helped and made sure [family member] is well cared for." Another relative said, "Yes they do respect my [family member's] dignity and privacy. They are very kind and cheerful and I have no concerns at all."

The management team and care staff we met spoke with affection and enthusiasm about their work and the people they provided care for. One member of staff said, "I really love my job and I do my best to provide the best possible care." Another member of staff said, "I love helping people to remain as independent as possible so that they can stay living in their own home." Another member of staff said, "I really enjoy my job and getting to know people and I enjoy chatting whilst I provide care." People said that they usually knew which member of staff would be visiting and providing their care and that new members of staff were introduced to them.

We saw that the registered managers had taken steps to ensure, as much as possible, to meet people's individual preferences regarding whether they wished to be supported by male or female staff. People's preferred names were recorded in their care plan. People told us that their privacy and dignity was respected. Staff spoke with a good deal of warmth and about the people they cared for and they demonstrated an interest to get to know them better and make the care visit an enjoyable experience rather than just a task. This showed us that people's equality and choices were considered and acted upon.

People told us that staff had taken time in talking with them about things which were important to them in a respectful way. People told us they felt involved in decisions about their care and that their individual preferences were respected. One person said, "[The staff] are careful when assisting me and they help me to get washed and dressed, at my pace, and they also help me get to bed in the evening."

People and their relatives told us they were aware of their care plans and were involved in reviewing these. One person said about their care plan, "Yes we did talk about it, and I agree with what is written and the help I get from the care staff." A relative told us that they had regular contact with the provider regarding any required changes to their family member's care and support needs.

The registered managers told us that no one currently had a formal advocate in place but that information was made available as and when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People told us that staff had a good understanding of, and met, their care needs. One person told us, "My needs are met and the staff help me very well." A relative said, "They provide my [family member] with the care that they need and I am very grateful and happy with it." Another relative we spoke with said, "The staff really knows [family member's] needs and have got to know them well." We also saw a number of positive written compliments that had been received from relatives about the care and support that had been provided.

People told us that care staff were generally on time. People also told us that they were informed if staff were running late due any unforeseen circumstances. People said that staff always made sure that everything had been done and that they were comfortable before they left.

People's care needs were assessed prior to them receiving care and support. This helped to ensure that staff could effectively meet people's needs. These assessments were then used to develop care plans and guidance for staff to follow. Assessments and care plans included information about people's health, physical, mobility, personal history, medicines and nutritional needs. They also included information about what was important to the person and how the person preferred their care needs to be met. For example, the meals and drinks that they preferred.

Care plans provided information for staff to follow to assist people with their personal care needs. Examples included assisting people with bathing and dressing and assistance with their medicines. The staff we spoke with were knowledgeable about people's care and support needs and preferences. They also said that they felt that the care plans provided them with sufficient guidance regarding the care to be provided during a person's visit and were made aware of any changes and updates. Staff involved people and, where appropriate their relatives, in writing care plans. People and relatives we spoke with confirmed that they had been involved in planning and reviewing the care and support being provided so that care was accurately recorded and summed up their needs.

People and staff told us, and records showed that care plans were updated regularly and promptly when people's needs changed. We saw that there had been reviews completed regarding the care and support that was being provided. Additional information was added in care plans where the person's needs had changed. This included when people's mobility or where there had been a health care change. Staff told us they read people's care plans and the records of the last few visits to see if there were any changes or significant events. This ensured that staff were up to date with any changes in people's care. The registered managers monitored the reviews of care (which included discussions with people who used the service and their relatives). This ensured that people received care and support that met their current needs.

People told us they knew who to speak to if they had any concerns or complaints. One person told us, "I would tell them, [the care staff], or the manager [registered managers] but I have never needed to make a complaint." Another person said, "I have no complaints at all but I would always talk to the staff if I was not happy about anything." A third person said, "I did raise a concern with the manager [registered] and it was

swiftly dealt with to my satisfaction." We saw the complaints log and saw samples of correspondence which demonstrated how people's concerns had been resolved to their satisfaction. The registered managers told us that any concerns and complaints were always taken seriously.

The registered managers and management staff said that they were in regular contact with people and their relatives any concerns or issues were promptly dealt with as part of their regular contact to monitor satisfaction with the service. This was confirmed by people we spoke with and one person said, "I see them [members of management team] quite often and they are always keen to know that I am happy with everything." A relative said, "I have phoned the office and spoken to [management team] and they have sorted out any concerns I may have had about my [family member's] care.

Is the service well-led?

Our findings

There were two registered managers in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People made positive comments about the service they received and the way it was run. Several people complimented on the quality of the service they received and said that staff met their needs satisfactorily. One person told us, "I would recommend [the service] to others." Another person said, "She [the provider] has often come to see me and asked me if everything was going okay."

The registered managers were responsible for the day to day management of the service and the care and support being provided for people. Staff had a good understanding of their responsibilities and were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if ever they needed to do so. One member of staff said, "If I saw any poor practice I would immediately report it to my manager – I have reported a concern in the past and it was properly dealt with." Another member of staff said, "I feel that I would be confident in reporting any concerns to my manager [registered manager]."

Staff confirmed that there was an open culture within the service. They told us that they felt the service was well managed and that the registered managers and management team were responsive and very approachable. Staff said they felt well supported both informally and through regular supervision sessions. We saw that unannounced spot-checks of staff's competence were undertaken by management staff to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with.

The registered managers and management team continued to undertake regular audits of the service. These included: medicines, staff training, recruitment, care planning and complaints monitoring. The registered managers and members of the management team regularly contacted people to gauge their satisfaction with the service. This was through speaking with people, their relatives, staff and health care professionals and their views were sought regularly. An analysis of the 2016 surveys showed that those who had responded were satisfied with the care that was provided by the service. People and their relatives we spoke to confirmed that they had regular contact with the management team and that their opinions about the care and support being provided were sought. The registered managers told us that that a survey for 2017 was soon to be sent out to people and staff in the next few weeks.

This showed that the registered manager had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

The registered managers were aware of their responsibilities in notifying the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC as required. A notification is information about important events which the provider is required to

send to us by law. This demonstrated the registered manager's understating of their legal obligations as a registered person. The service worked in partnership with other organisations and this was confirmed by health care professionals we spoke with. Comments we received were positive and indicated that communication with the service regarding any issues and queries were responded to professionally and promptly.