

City Care Welwyn Limited

City Care Welwyn

Inspection report

Unit 16
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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 30 June 2016. We gave the provider 48 hour notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection. The service provided personal care and support to 50 people living in their own homes.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

Potential risks to people's health and well-being were identified by staff and they knew how to manage these effectively and protect people from harm. However risk assessments were not developed in people's care plans for auditing purposes. We couldn't see how people's needs changed and how risk assessments were reviewed or adapted to keep people safe.

People told us staff asked for their consent before providing care and support, however not all the care plans we looked at had consent to care forms signed by the people or their rightful representatives who received care and support.

People told us and their relatives and their relatives agreed that people were kept safe and well cared for when they were being supported by the service. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse.

Recruitment processes were robust and ensured staff employed to deliver care and support for people were of a good character and suitable to meet people's needs safely. There were sufficient numbers of staff available to meet people's individual needs, and the service provided was flexible.

People told us staff supported them to take their medicines in in time. Staff were trained in safe administration of medicine practices and had their competency regularly observed by the management.

People and their relatives were very complimentary about the abilities and experience of the staff who provided care and support. Staff received training when they were employed and regular updates to ensure they were up to date with their knowledge and best practice guidance.

Staff supported people to stay safe in their homes, and people were supported to maintain their health and well-being. Staff developed appropriate positive and caring relationships with the people they supported and their families, and feedback from people was consistently positive about the service they received.

People and their relatives where appropriate were involved in the initial planning of the care and support people received. People's personal information was stored securely and confidentiality was maintained.

People told us they felt the staff provided care and support that was delivered in a way that promoted their dignity and respected their privacy. Staff were knowledgeable about people`s preferred routines and delivered care that was individualised to the person they were supporting.

People told us they felt that staff listened to them and responded to them in a positive way. People and their relatives knew how to raise concerns and they were confident that the manager would take appropriate action to address any concerns in a timely way.

People were asked to provide feedback about the service they received regularly and we saw these were very positive. The registered manager contacted an independent company to carry out a survey which included people who used the service, their relatives, staff and health and social care professional to gather feedback about the service they offered.

People and their relatives were positive about the staff and the management of the service. The registered manager regularly audited the service any improvements needed were promptly actioned.

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 delivered care to people safely.

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.

People had their medicines administered by staff who had been trained in the safe administration of medicines and had their competency regularly checked.

Staff were trained and knew how to safeguard people from abuse and knew how to report concerns internally and externally.

Recruitment processes were robust and there were sufficient staff with the right skills and experience to meet people`s needs at all times.

Is the service effective?

Good ●

The service was effective.

People told us they were asked to consent to the care and support they were provided with, however not all the care plans we checked recorded and evidenced this.

People received support from staff who were appropriately trained and were able to meet people`s needs effectively.

Staff felt supported by managers, they had regular one to one meetings with the manager where they had the opportunity to discuss development opportunities.

People were offered the support they needed to eat a healthy balanced diet.

Staff contacted health care professionals if people`s health declined.

Is the service caring?

Good ●

The service was caring.

People developed positive relationships with the staff who supported them.

People were involved in making decisions about the support they received.

People were supported to retain their independence and live in their own homes for as long it was possible.

People were treated with dignity and respect and their privacy was maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was appropriate to their needs.

The service was flexible and adapted the support to people`s changing needs.

People were aware of how to make a complaint and felt their concerns would be addressed in a timely way.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There were systems in place to monitor the quality of the support provided and to drive improvement, however these had not always identified areas in need of improvement or development.

The manager had a clear vision about the service they provided and the promoted an open and transparent culture.

The manager sent regular surveys to people, relatives and staff to gather feedback on the service and actioned any shortfalls.

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 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 inspection took place on 30 June 2016 and carried out by one inspector. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

We were unable to observe care provision due to the nature of the service which provided personal care and support to people living in their own homes. However, we did speak with four people who used the service and four relatives who gave us feedback about the service.

We also spoke with five support staff, the training manager, the office manager and the registered manager. We looked at five care plans, five employment files and other relevant documents relating to how the service operated.

Is the service safe?

Our findings

People and relatives told us they felt the service they received was safe and met their needs. One person said, "I feel very safe. I have a regular worker who comes and I trust them." A family member of a person who used the service told us, "I have never had any doubt in the safety of the care delivered to [person]."

Staff identified potential risks to people's health, welfare or safety and appropriately managed and mitigated risks to keep people safe. One person told us, "Staff is ever so good. They remind me how to do things so I have no accidents." One staff member told us, "I know the people I support so well and know if they are at risk of falls or anything else. I make sure I remind them to use their walking frame and clear any obstacles from their way." However people's care plans had no evidence of risk management plans developed to offer staff clear guidance on how to consistently manage and mitigate risks. The registered manager told us this was an issue identified by a contract monitoring visit they had from the local authority a few days before our inspection. They were working to improve this as a matter of urgency.

Staff received training about how to safeguard people from harm and were knowledgeable about how to identify any signs of abuse. They knew how to raise concerns, both internally and externally. One member of staff told us, "I know the people I look after very well. I am looking all the time for any signs of bruising or change in behaviour. I will report straight away to my manager if I suspect any issues." The registered manager ensured staff who were newly employed were introduced to people so people knew who was visiting them and felt safe when staff arrived at their homes. Information and guidance about how to report concerns, together with relevant contact numbers, was made available to staff in their staff handbook. This meant that the provider made all the necessary arrangements to ensure people were safeguarded from potential abuse.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. The registered manager conducted all the necessary pre-employment and identity checks before staff were offered employment. There were enough suitably experienced, skilled and qualified staff available at all times to meet people's individual needs. Staff received their planned Rotas for the week ahead on their work mobile application and discussed any changes with the manager. People had been allocated regular staff to promote continuity of care. One person told us, "I have one staff who comes regularly. Even if [staff name] is off I have the same person replacing them. So I know them [staff] quite well." Staff had their visits scheduled in the same areas as a result they were able to visit people at the agreed times.

People told us staff were on time and only rarely they were phoned by the office to let them know of a delay in the visiting times. One person told us, "They [staff] comes always on time. The only time I had a call to say they were late if they had an emergency. I am very happy." One member of staff said, "All my visits are in close proximity so I don't really need more than five ten minutes to get from one to the other. In case we [staff] have an emergency and we are delayed we let the office know and they either let the service user know or they go out and do the visit." One relative said, "I am very pleased with the service. The staff is always on time."

There were processes in place to monitor incidents and accidents when occurred. Staff was familiar with the reporting and recording procedures of these. Staff understood that reporting was important to ensure that steps would be taken to monitor and reduce identified and potential risks to people.

People who used the service told us that staff helped and supported them to take their medicines safely. Staff had been trained in safe administration of medicines and knew how to ensure people received their medicines safely. Staff had their competency regularly checked by the training manager.

Is the service effective?

Our findings

People who used the service and their relatives were very positive about the staff who provided care and support. One person told us, "They [staff] are really good. They know everything I need and they look after me well." One relative said, "[Person's name] can be difficult at times and refuse the care they need. Staff are knowledgeable and skilled to get [person] to accept the care. This really had a positive impact on our life."

People received care from staff who had been trained and supported to meet people's needs in a safe and effective way. We found that the management team and care staff were all knowledgeable about people's health, welfare and individual support needs. One relative told us, "This service is a 150% better than the one we had before. They really encourage [person] to eat well, mobilise and this is very good."

Newly employed staff members were required to complete a structured induction programme during which they received training relevant to their role and achieved nationally recognised 'Care Certificate'. They shadowed more experienced colleagues and were not permitted to work unsupervised until they were competent in their duties and were introduced to the people they were supporting. Staff received training in areas such as safeguarding, medicines, health and safety, infection control, moving and handling, food hygiene and first aid. They were also encouraged and supported to obtain nationally recognised adult social care vocational qualifications. One staff member told us, "The training is very good and we are scheduled to do training and refresh our knowledge."

Staff had regular 'one to one' supervision meetings where they had the opportunity to review and discuss their performance. One staff member told us, "I have regular supervision and managers will come out and do 'sneaky' visits. They [managers] will turn up at the person's home and watch us how we support the person." They continued, "I think this is good practice. They show us [staff] that they [management] are interested in how we support people in the community." Staff told us they felt valued and supported by the management team. One staff member said, "The manager is very approachable. I feel acknowledged and valued. This is a lovely company to work for."

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Staff told us they obtained people's consent before they offered any support. One staff member said, "I always ask the people I support if they are happy for me to help them, where they want to be helped and what I can do for them."

Staff helped, supported and encouraged people to eat a healthy balanced diet that met their needs. We found that some people needed very little support from staff just to warm their food or prepare a snack, others required staff help to cook their food. One relative told us, "Staff is good, they always leave a cup of

tea and drinks for [person] before they go."

People's identified needs were documented and reviewed to ensure that the care and support provided helped them to maintain the best physical, mental and emotional health possible in all of the circumstances. Staff liaised with appropriate health and social care services if they felt there was a change in people`s condition. They also contacted family members or relatives involved in the person`s care. One relative told us, "Staff is very good and prompt in letting us know if anything is wrong. They contact the GP or district nurses if they notice [person] is not well. They leave messages on the book [care plan] for us to read and we can do the same."

Is the service caring?

Our findings

People who used the service and their relatives told us that staff provided support in a kind, compassionate and caring way. One person told us, "Staff is very nice; they are caring and very kind to me." Another person told us, "I am very happy with the staff, they are very nice." One relative told us, "Staff are very nice and have a very good relationship with [person]. [Person] has become quieter and quieter over the last few months but staff have often been able to get them singing and laughing and it was lovely to hear!"

People and staff told us they had continuity in supporting the same people over a period of time and this gave them the opportunity to learn their likes and dislikes and form good trusting relationships. One person told us, "I have the same staff coming in." One staff member told us, "I have my regular people I visit and support. It is very important to have a connection and trust." Another staff member said, "It is very important for vulnerable people and us [staff] as well to have continuity and trust each other."

Two relatives told us that staff enabled people to live independently for as long as possible in their own homes. They told us they were grateful for the kindness and dedication showed by staff. One relative told us, "Because of the care and dedication of the wonderful team [person] was able to live in their own home for a long time." Another relative wrote, "Thank you all [staff] for the support over the years. This meant that [Person] has been able to live in their own home for as long as possible which was there and my dearest wish."

People who received a service, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. One person told us, "I am involved in planning the care and support I receive." One relative said, "They [staff] came and assessed the environment before they started to support [person]. Then we sat down and discussed the care, times we needed them to come and other things."

Care records were not as detailed about people's wishes and views about what they expected from the service, however staff demonstrated an in-depth knowledge about everyone they supported. For example one staff member told us about a person who liked staff to visit them very early in the morning. The staff member told us, "If I am not there at the agreed times they will dress themselves and will not let me support them appropriately. I am always there in time and everything is fine."

People told us staff were respectful and protected their dignity and privacy. One person told us, "Staff is very nice. They are respectful and know I am a private person. They make me feel relaxed." One staff member told us, "I always ask people if they would like me to support them in their bedrooms or the bathroom. I give them enough time to make sure they feel comfortable and relaxed."

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

People who used the service received personalised care and support based on their individual needs and took full account of their preferences and personal circumstances. Staff were very knowledgeable about people's preferences and wishes. People we spoke with were all very complimentary about the service they received and about staff. One person said, "The care I receive is excellent. I could not wish for more. The staff is brilliant." Another person told us, "They come in and help me have a shower. Before they started helping me we sat down and discuss everything. How I want my shower, what time. I think this is very good."

People received a service user guide prior to using the service where they had all the information about the service. In addition they had a meeting with a member of the management team and they agreed the support they needed, how many visits, duration of the visit and what they wanted to achieve from receiving care at home from the service. Care and support plans were developed however these did not always capture in detail people's wishes and preferences.

People had regular reviews where changes to the support they received were agreed in case their needs changed. For example we saw that a person requested a visit to be done earlier than initially agreed and this was accommodated. Another person when their needs changed needed staff to spend more time when visiting. This was agreed and staff were supporting the person appropriately spending enough time with them to meet their needs. We saw that people gave very positive feedback to managers when they carried out the reviews and they were very happy with the service. One person said, "Very happy with everything." Another person said, "I have a nice rapport with the staff. I am very happy with the service." This meant that the service acted promptly to people's changing needs and adapted the support they offered to people.

The registered manager organised a social gathering twice a year where they invited all the service users they supported and family members. They arranged transport for the people who were not able to travel on their own. This was an event which had positive impact on people's life as many of them after attending these felt the need to socialise more and looked for day centre facilities to pursue their hobbies and interest and socialise with other people. We read testimonials and compliment cards from people and relatives following an event organised recently. One relative wrote, "A big thank you to you and the team for the party. [Person] had a fantastic time and talked about it a lot this week." We found that this person had not been out from their home for a long time. After attending two of the events organised by the registered manager they felt able to look for more socialising opportunities and were looking to attend a day centre. Another relative wrote, "Thank you for the lovely party. We all had a lovely time." This demonstrated that the registered manager and staff were committed to meet people's social care needs and they understood the importance of offering people the opportunity to engage with others in similar situations and promote inclusion.

There was a complaints procedure in place and people told us they knew how to raise concerns. There were no complaints received by the service. People and their relatives told us they had no reason to complain and if they had anything to discuss this was sorted out promptly by staff and the registered manager. One relative told us, "Anything I need to request or ask I will phone the office. They were always quick to resolve

anything I asked so I had no reason to complain."

Is the service well-led?

Our findings

The registered manager carried out checks and audits in a range of key areas in order to monitor the quality of services provided and reduce any risks that had been identified. This included areas such as staffing arrangements and performance; they carried out regular spot checks, training, complaints, the planning and delivery of the care and support. The information gathered from the audits was used to improve the service. However these audits had not been always as effective. For example they had not identified that care plans developed for people lacked in detailed risk assessments for staff to have clear guidance and supporting documentation in how to manage risks consistently. They had not identified that people had not always signed to consent to the care and support they received and their wishes and preferences were not always captured in their care plan. This had been identified by the social care professional who carried out a recent contract monitoring visit. The registered manager was working on an action plan to address these shortfalls and improve the governance system they were using. However this was still an area in need of improvement.

People and their relatives were complimentary about how the service was run and they felt the registered manager was approachable and available. One relative told us, "I am more than happy with how they [manager] lead their team. When minor issues have needed ironing out they quickly fed information throughout their team so that [person`s] wishes and mine are taken into account."

Staff told us that the registered manager was approachable, effective in their roles and gave them clear and consistent leadership. This meant that staff understood and were clear about their roles and responsibilities. One staff member said, "I feel valued by the managers and I take pride in what I do." Another staff member said, "The manager is approachable and they make me feel valued. They always listen to us."

The registered manager was very knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. They ensured that staff had the tools, resources and training necessary to meet people`s needs at all times. The management team and staff were very clear about the values and the purpose of the services provided. One staff member said, "I love working for this company, they are really about the people and staff. I have no stress here."

People's views about the quality of services provided were actively sought by the manager. Their relatives were also encouraged to have their say and voice opinions about the service and how it was managed and operated.

The registered manager used monthly surveys to obtain feedback from people and gather their views on different aspects of the service. We found that people`s feedback was very positive and there were very few or no actions identified in improving the service. However the registered manager contacted an independent company who carried out a thorough survey to gather people, relatives, staff and health and social care professionals' views about the service provided by City Care Welwyn. When we inspected the service we reviewed the results of the survey and found that this was equally positive as on the surveys carried out by the registered manager. The registered manager was working on an action plan to address

the few recommendations made by people, relatives and staff and improve the service provided.