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# Inner City Care, Lancaster House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Inner City Care is a domiciliary care service that provides care and support to 5 people living in their own homes.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

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

The service was not always well-led. Although they took immediate and appropriate action following our discussions, the registered provider had not always ensured that safe recruitment, governance and quality assurance procedures had been fully established in this relatively new service. We found no evidence during our inspection that people had been harmed by these actions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People knew how to complain and knew the process to follow if they had concerns.

People told us they felt safe when receiving care and support. Staff were aware of measures to take to prevent and control the spread of infection. There was a procedure to record and monitor any accidents/incidents which may occur, none had occurred in the last twelve months.

Staff were deployed in dedicated teams to visit people in their homes. This meant that people were supported by consistent staff who knew them well, allowing relationships to develop. People gave positive feedback about the caring staff team.

People were treated with kindness, respect and without discrimination. Staff supported people to maintain their independence and people were involved in decisions about their care.

Staff, people using the service and relatives spoke positively about the support they received from the registered manager.

### Why we inspected

This service was registered with us on 08/08/2018 and this is the first comprehensive inspection.

We have found evidence that the provider needs to make improvements, please see the safe, effective and well-led sections of this full report. The provider has taken immediate actions to mitigate the risk to people by ensuring that pre-employment checks were made.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was Caring.

Details are in our Caring findings below,

**Good** ●

### Is the service responsive?

The service was not always Responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Inner City Care, Lancaster House

## **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 one inspector.

#### Service and service type

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

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. 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.

Inspection activity started on 7 November and ended on 22 November. We visited the office location on 7 November. We contacted people, staff and relatives, for their views on the service, between 8 November and 22 November 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Before the inspection we reviewed information we held about the service and registered provider. This included any statutory notifications the service told us about. Statutory notifications are information the service is legally required to tell us about and includes significant events such as accidents, injuries and safeguarding notifications. We sought feedback from partner agencies and professionals. We contacted Healthwatch for information held on their database in relation to the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five members of staff including the provider, registered manager, administration assistant, and care staff.

We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke to one member of care staff.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 newly registered service. This key question has been rated Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Safe recruitment procedures were not always followed. Although there was a clear policy in place to ensure that only suitable staff were employed it had not always been robustly followed by the provider. There was no evidence of established procedures for the safe recruitment of all staff.
- We discussed our concerns with the provider and they took immediate actions to mitigate the risk to people by ensuring that pre employment checks were made, and to ensure they had a fully compliant process for recruitment in future. We were assured by their actions.

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

- The registered manager had ensured that all staff had received safeguarding training about how to protect people from abuse.
- Staff had access to policies which provided safeguarding guidance and during our conversations demonstrated an awareness of the type of concerns they would raise, who they would report them to and confirmed they would have no hesitation in doing so.

### Assessing risk, safety monitoring and management

- Detailed assessments were completed to mitigate specific risks associated with individuals. We discussed with the registered manager that they needed to be more person centred and reflective of people's specific health and social care needs. One person told us, "Yes, I do have a care plan, it meets my needs." Another person felt their care plan needed improving although we saw it had been discussed with them and reviewed.
- Environmental risks, including fire and safety risks and use of equipment, were assessed and reviewed regularly.

### Using medicines safely

- People currently using the service managed their own medicines. We saw that staff had been trained in administering medicines for people, should anyone require this service in future.

### Preventing and controlling infection

- Staff were provided with appropriate personal protective equipment (gloves, aprons, hand sanitizer etc.) to prevent and control the spread of infection and demonstrated a clear understanding of when this equipment was required. People told us that staff wore these when attending to them for personal care

visits.

#### Learning lessons when things go wrong

- There was a system in place to record and review accidents/incidents although none had occurred in the last 12 months.
- Should an accident or incident occur, all completed records would be overseen by the provider to identify any measures needed to mitigate the risk of reoccurrence. We saw that learning about this was shared with staff at regularly held meetings.



# 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 newly registered service. This key question has been rated Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had access to training and during our conversations were knowledgeable about the various topics. The subjects covered showed evidence of a broad range of subjects for staff to enable them to provide care and support to people using the service.
- Staff shadowed on visits to the people they would be supporting to receive a practical induction until they were sufficiently skilled to carry out their role independently and to the required standard.
- Staff told us they felt fully prepared for their roles. They had received guidance and support as to the individual requirements of the people they would be supporting until they felt confident in their role. One staff member told us they were happy with the development of their skills and being enrolled by the provider onto the NVQ 2.
- We received mixed comments from people using the service in relation to staff skills and training. One person told us, "Staff training isn't always up to scratch, staff don't know what my needs are. Training has improved but still needs further improvement going forward." While another person told us they felt everything was, "Okay."

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

- A full assessment of people's needs was carried out before they received the service.
- We had a mixed response regarding staff being on time for calls and their interaction with people. One person told us, "The staff are sometimes late, and they want to leave early. The time they are allocated they don't always utilise it effectively." Another person said, "They are punctual, sometimes before time and very good at communication." Although people told us they never felt rushed by staff, their calls were never missed, and they were always informed if a carer had been delayed.

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

- Some people received support to prepare meals to help them maintain a balanced diet. We saw that the level of daily support required was detailed in people's care and support plans. If people required a modified or special diet due to a specific health condition, this was clearly documented.
- One person we spoke to told us, "The staff help me with food, they make my lunch before they leave. They help me with everything."

Staff working with other agencies to provide consistent, effective, timely care

- We saw that people had accessed healthcare appointments in a timely manner. The service was working with occupational therapists, GP's and district nurses to ensure people were supported holistically.

Supporting people to live healthier lives, access healthcare services and support

- People using the service were supported by family and care staff to access healthcare services. Staff were aware of people's healthcare needs and liaised with family as and when necessary.
- As a new provider, the registered manager was building a network of contacts within the local area to ensure they were working effectively in partnership as they developed.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider demonstrated an understanding of the need to consider people's mental capacity in terms of making specific decisions and that any made on their behalf should be made in their best interests.
- People confirmed staff sought their consent before providing care.
- People had consented to all elements of the care they received at the point it was delivered. We saw that the registered manager had ensured people had signed and consented in their care and support plans.

# 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 newly 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

- People were treated with kindness. They said staff were, "Caring, kind, and they told us they felt safe with them."
- Staff spoke with genuine affection for the people they supported and their determination to make a difference. They said, "It's the quality of care and ensuring that people are supported in the way I would wish my family to be supported."
- People were treated fairly and without discrimination and characteristics protected by legislation were respected.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One person told us "They were a lot more mobile than they were previously, with the support of the staff."
- A family member told us the support provided gave them confidence that their relative was well supported at home.
- Staff were aware of the need to protect people's privacy and people told us their privacy was respected.

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

- People had been involved in decisions about their care. A daily recording book was completed by staff which provided an opportunity for people and/or their relatives to express their views about the service on an ongoing basis.
- People told us that staff supported them in a caring way and were on time for their calls. One person told us, "One staff member is enough, recently I have been in pain and need more time but they are always helpful."

# 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 Good.

This meant people's needs were met through good organisation and delivery.

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

- Each person had a support plan developed from the initial assessment of their needs. We discussed with the registered manager that there needed to be more detailed risk assessments relating to specific risks for people. For example, falls or diabetes. The registered manager implemented this into the relevant care plans immediately, and we were assured by their actions.
- Changes to people's needs were communicated to staff. The registered manager ensured that support plans were kept up to date and available in people's homes.
- Staff knew people well, including their likes, dislikes and preferences.
- People were allocated a specific team of staff to support them. This meant that people were supported by consistent staff who knew them well and relationships had begun to develop. One person told us, "There are two regular staff that come to see me. If I ring up the registered manager and ask if there are going to be any changes they will let me know."
- People told us they had flexibility with their call times to meet any requested changing needs.

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 carers.

- There was a policy in place to demonstrate how the provider would meet this standard as they developed.
- Sensory impairments were fully assessed and incorporated into people's support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain meaningful relationships with family and friends.
- The service was actively engaged in supporting people to attend a range of faith groups and places of worship in the local community.
- The service employed several staff who were skilled in a range of languages, so people using the service who did not speak English as a first language were supported effectively by staff who could engage and support them in their own language.
- Some of the visits provided by the service were for domestic support and to prevent people becoming socially isolated.

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to manage and respond to complaints.
  - People told us they knew who to speak with if they had any concerns and felt able to do so.
  - One person told us they had raised a concern which had been dealt with promptly by the provider.
- Another person we spoke with said, "I've not had to make a complaint, they would listen though, I could just ring up."

#### End of life care and support

- There was no-one receiving end of life care and support at the time of the inspection. The provider told us it was their intention to include end of life care in their overall training programme for staff in future.

# 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 Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created 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

- The provider acknowledged that they required significant improvements to be made to their recruitment procedures, auditing and governance processes, which we could see evidence they were working hard to improve and implement.
- The provider was establishing effective systems to assess and monitor the quality of the service. We saw there were some appropriate quality assurance procedures in place. These including auditing aspects of the service, such as reviewing care planning, staff supervisions, and carrying out spot checks on staff to ensure people were receiving care that met their needs.

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; Continuous learning and improving care

- The provider and registered manager reflected on the concerns highlighted during this inspection and were keen to implement the necessary improvements.
- They acknowledged they had been focussing on building the operational side of the business and needed to gain a deeper understanding of the requirements of their registration with CQC and therefore would be making the changes as noted above.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively and told us they felt well supported by the provider and registered manager. One staff member told us, "I feel really proud working here, I feel we are going the right way. It feels exciting. It is my first role in a care setting."
- One person told us, "There have been improvements since the new manager arrived, but still improvements can be made."

Working in partnership with others

- We saw that the service was working effectively with relevant health and social care teams to support people effectively.
- The registered manager worked with other domiciliary care managers to share best practice and training

facilities. They told us they were looking for opportunities to work with advocacy services and the wider health and social care sector in the local area as they developed.