

City Care Agency Ltd

# City Care Agency

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

City Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people, some living with dementia. It also supports people with physical disabilities and people with mental health needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection the provider was supporting 95 people across 5 London Boroughs with personal care.

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

People and their relatives were very happy with how their care and support was being delivered and felt staff kept them safe and had a good understanding of their care needs.

People's care was regularly monitored to ensure it was delivered within a specific timeframe and no visits were missed. People and their relatives did not highlight any consistent timekeeping concerns.

There were monitoring systems in place with regular opportunities for people and their relatives to give feedback about their care. This helped the provider to identify any issues with the quality of the service.

Where issues were raised, the management team worked closely with people, their families and the relevant health and social care professionals to resolve them.

People and their relatives were positive about the management of the organisation and told us the management team listened to them, were approachable and tried to be as flexible as possible. We saw samples of compliments that highlighted staff went above and beyond at times in the support they provided.

People were supported by staff who were very positive about working for the organisation and felt valued as part of the team. Staff told us they were well supported and were confident their issues would be listened to.

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

### Rating at last inspection

The last rating for the service was good (published 30 April 2019).

### Why we inspected

We received concerns in relation to recruitment practices, the reporting of safeguarding incidents, allegations of missed calls and the overall management of the service. This included concerns around staff pay, which was shared with the relevant government agency. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for City Care Agency on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# City Care Agency

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type

City Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the provider 2 days' notice because we needed to ensure they would be available to assist us with the inspection.

Inspection activity started on 6 March and ended on 3 April 2023. We requested a range of documents that were sent to us by the provider between 6 March and 16 March 2023. We visited the office location on 9 and 14 March 2023 to see the registered manager and to review further records related to the service. We made calls to people, their relatives and care staff between 15 March and 22 March 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. The provider was not asked to complete a recent Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning team and reviewed the previous inspection report. We also reviewed the information of concern that had been shared with us that led us to carry out this focused inspection. We used all of this information to plan our inspection.

### During the inspection

We reviewed a range of records related to 11 people's care and support. This included people's care plans, risk assessments, medicines records and 8 staff files in relation to recruitment. We reviewed records related to the management of the service, which included safeguarding incidents, quality assurance records, minutes of staff meetings and a range of policies and procedures.

We also reviewed electronic call monitoring (ECM) data for 87 people for the month of February 2023. An ECM system is where care workers log in and out of their calls, and the information is recorded.

We spoke with 6 staff members. This included the registered manager, the office manager and 4 care coordinators.

We contacted a number of care workers, via email and telephone. We also asked the registered manager to share a questionnaire with all active care workers to give them an opportunity to give us feedback about their experience of working for the service. We received feedback from 40 care workers.

We contacted 45 people and managed to speak with 12 people and 13 relatives. We also spoke with 3 health and social care professionals who had experience of working with the service.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at further quality assurance records, accidents and incidents, a service improvement plan and correspondence with a range of health and social care professionals related to people's care.

We provided formal feedback to the registered manager via email on 3 April 2023.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff were in place along with appropriate references and proof of identity. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider used an Electronic Call Monitoring (ECM) system and we reviewed and analysed 5957 calls for 87 people over the period of February 2023. Our analysis did not identify any major concerns or issues with scheduling, and staff logged in and out of a high percentage of calls.
- Feedback was positive about timekeeping and no concerns were raised. Comments included, "We have two carers four times a day and they are always on time" and "I'm really happy, I always have the same ones and they come on time." One person added that if they were running late, they would get a call to let them know.

### Assessing risk, safety monitoring and management

- The provider had systems in place to ensure risks to people's health were assessed before the service started or if any changes were observed in their support needs. Risk assessments were completed with guidance in place for staff to follow to support people safely.
- Areas of risk included epilepsy, skin integrity, diabetes, falls, including environmental and fire safety risk assessments. Where people had epilepsy, there were seizure action plans in place with guidance for staff to follow.
- Feedback from people and their relatives was positive about the support and felt staff knew how to keep them safe. Comments included, "They are good at their job and they know how to move me safely" and "They use a hoist to sit them in the chair. They are kind with how they do this."
- Whilst there were a wide range of risk assessments in place with all potential risks considered, we found the volume of assessments and the layout of the care plans difficult to navigate, which led to duplication and some minor inconsistencies across the records we reviewed. The management team acknowledged this and were currently looking to implement digital care records across the service.
- Despite this, staff had a good understanding of managing people's risks and told us how they kept people safe. They were positive about the level of training and support they received, especially when managing more complex risks. A health and social care professional told us they were confident staff understood risks associated with people's care and was confident their needs were being met.

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

- There were systems and policies in place to ensure people were protected from the risk of abuse. We

found no evidence there were safeguarding incidents that had not been reported or followed up. The registered manager kept a safeguarding log and discussed safeguarding responsibilities across the staff team.

- Where concerns were raised or incidents occurred, safeguarding procedures were followed with investigations carried out and shared with the relevant health and social care professionals. One health and social professional told us the provider communicated any issues and reported any incidents or concerns in a timely way.
- Staff completed safeguarding training and had regular opportunities to discuss safeguarding issues. Staff were confident the registered manager would take the necessary action if safeguarding concerns were raised. One care worker said, "Safeguarding plays a huge role in how I care for my clients. I visit them and make sure they are safe and look out for any signs of neglect or harm."

#### Using medicines safely

- There were procedures in place to ensure people received their medicines safely. People's care records contained information about their medicines and the level of support required.
- The provider's monitoring system ensured people received their medicines on time. We observed how alerts were received in real time when medicines tasks had not been completed and how the provider followed up on them.
- Staff had their competency assessed and completed medicines training before they started supporting people with their medicines. Staff who supported people with their medicines confirmed this and were positive about the training they received. This included regular reminders along with discussions in team meetings.
- Where we identified 2 minor discrepancies related to the accuracy of people's support within their care records, the registered manager acknowledged the records would be updated immediately.

#### Preventing and controlling infection

- There was an infection and prevention control (IPC) and COVID-19 policy in place and staff had completed IPC training to ensure they knew how to keep people safe and reduce the risk of any infections. IPC procedures were also discussed at team meetings.
- Staff told us they had access to sufficient supplies of personal protective equipment (PPE) and had been kept regularly updated with advice and guidance throughout the pandemic. Staff told us they had been well supported, especially during challenging periods.
- One care worker said, "I make sure I perform regular hand hygiene after any contact with people and make sure I dispose of my PPE after removing it. We were kept updated about best practice and reminded about testing when we had to do it."
- People and their relatives confirmed staff followed safe IPC protocols when they were in their home and wore the necessary PPE. No concerns were raised. One person said, "They wear their gloves, masks and aprons, and also put covers over their shoes."

#### Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and staff had a good understanding of any procedures to follow. Staff told us there was a supportive culture to ensure incidents were reported. A care worker said, "We have opportunities to learn and have training on how to prevent any future incidents from happening."
- We saw an example where learning was shared across the service in relation to the management of pressure sores. The provider had liaised with the community district nursing team and shared reminders in team meetings for staff to be aware of best practice.



# 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.

At the last inspection we rated this key question good. The rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- The registered manager was aware of their responsibilities regarding notifiable incidents as part of their regulatory requirements. They understood when notifications had to be submitted and all incidents had been submitted in a timely manner. The registered manager had also contacted the CQC regarding any notifiable incidents and asked for advice if needed.
- Monthly senior management meetings discussed a range of topics across the service to ensure the provider had a clear understanding of how they were performing. This included discussions around new referrals, updated assessments, client updates and outstanding actions to ensure targets were met.
- Staff confirmed they were regularly reminded about their key responsibilities to ensure people's needs were met and were following best practice. One care worker said, "They support me and have helped me progress in my role, by offering training and helping me with a lot in general."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was committed to providing a person-centred service to people to help them to be as independent as possible and achieve positive outcomes. Feedback about the management of the service was positive, and people and their relatives told us they would recommend the service to others.
- Comments included, "They do all that I ask and sort it all out for me", "I have never had any problems and recommend them" and "They are really good, I always get the same staff and they always answer the phone when I call."
- We found no evidence related to the concerns we received about the management of the service and allegations around a lack of support for staff. Feedback from over 40 staff members praised the management of the service.
- Care workers were very positive about the inclusive working environment and culture of the organisation. Comments included, "There is a fair and open culture. They make me feel very welcome and listen to any concerns that are raised" and "The environment is friendly and I feel comfortable knowing that I'll receive fair treatment, with constant interaction with management."

Continuous learning and improving care

- The provider had systems in place to monitor the service to help them identify where improvements could be made and to ensure people were receiving the care they needed.
- There was a range of quality assurance audits in place to monitor the service which picked up any issues

with the service. This included people's daily logs and MARs, which was reviewed monthly. Findings were discussed with staff, either in supervision, meetings or via memos to ensure they understood the correct procedures.

- Home visit spot checks and telephone monitoring calls were carried out to observe levels of care and get feedback about the quality that was provided. This included checks to monitor staff competencies. One care worker also said, "We can also complete surveys to voice our opinions so that management can learn."
- Staff meetings also gave care staff opportunities to raise any concerns with the care coordinators about people's care and support, which could be followed up. The registered manager said, "We have invested heavily in office staff and the care coordinators. Along with myself, having a presence and knowing the service users, these relationships help to reduce any safeguarding issues."

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

- People and their relatives told us they had opportunities to be involved in the service and were able to give regular feedback about their care. The provider had regular engagement with people to understand their experience.
- Feedback from people and their relatives was positive. Comments included, "They are very good. They ask if I am happy with the care, they are nice people" and "They were brilliant during COVID-19. The manager visited me twice to help out."
- Staff said they felt very well supported and were given opportunities to develop and improve their skills. A care worker said, "I feel very confident working here as they call to check on me and my wellbeing, provide the relevant training and supervision when needed."

Working in partnership with others

- The provider worked closely with a range of health and social care professionals to discuss people's health and wellbeing and ensure their needs were met. We saw examples where referrals were made when any issues or concerns were raised. We also saw referrals made to the London Fire Brigade if people were deemed to be at risk.
- The registered manager was involved with support organisations, including local authority and registered manager forums for further advice, support and networking within the sector. The provider also had close links with voluntary and charitable organisations through work with the local community centre.
- Health and social care professionals were positive about the relationships they had built with the registered manager and felt communication was a key factor in their working relationship. One health and social care professional felt the provider had managed to stabilise a number of challenging care packages where previous providers had struggled.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities to be open and honest with people if something went wrong with the care they received.
- Health and social care professionals told us they had confidence in the management team, felt they were open and kept them updated with any issues that occurred across the service. They also felt the registered manager worked closely with people and their relatives to address any shortfalls before they escalated.