

City Care

City Care

Inspection report

8 Austin Boulevard
Quay West
Sunderland
Tyne and Wear
SR5 2AL

Tel: 01915486503

Website: www.citycaresunderland.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 17 and 20 June 2016. This was an announced inspection. We last inspected the service in June 2014 and found the service met the regulations we inspected against at the time.

City Care is a domiciliary care agency which provides personal care and support to people in their own homes who have a variety of needs. The service is managed from an office located in Sunderland. At the time of this inspection 130 people were using the service.

The service had a registered manager. 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 using the service told us they felt safe when regular staff supported them. Some people had regular teams of care staff. This made them feel confident in the staff that supported them. Other people said they did not know which care staff would visit them and were not always told if they were going to be late.

Some people told us staff rotas sometimes created difficulties, for example when calls overlapped and people didn't receive the full amount of allocated time. One person said, "Sometimes they can be in a bit of a hurry." Other people told us rotas were fine and they received their allotted time. One person said, "They take their time. They don't rush and they take their time to get me to bed."

Most people and relatives we spoke with felt there were enough staff to carry out visits, and spoke positively about the service. One person said, "I have good carers. I get on with everybody, nothing is a bother." Another person told us, "I've never had a person who I haven't got on with. They are friends which is a great thing."

Staff received training in safeguarding vulnerable adults, and told us about their obligations should any concerns arise. Staff said they felt any concerns they had would be taken seriously. Safeguarding concerns, accidents and incidents were recorded and dealt with appropriately. They were also analysed so lessons could be learnt to prevent recurrence.

Staff had the knowledge and skills they needed to carry out their roles and responsibilities, so people received effective care. Staff completed an induction programme before providing care, and completed additional training at regular intervals.

Staff received supervisions and observations every three months and an annual appraisal which incorporated a personal development plan. Notes of supervisions contained good detail around what staff enjoyed about their job, feedback from managers and feedback from people who used the service.

People and relatives told us staff were caring and listened to what people wanted and needed. People said they had positive relationships with care staff. One person said, "They couldn't be more helpful if they tried." Another person told us, "The staff look after me well and we get on. Staff take me shopping and out for lunch. I like all the staff."

Staff had access to clear guidance about how to provide care and support to people, according to their individual needs and wishes. This guidance was set out in people's care plans which were reviewed and updated when people's needs changed.

Each person had a service user guide which contained the provider's statement of purpose and complaints policy in their care plan, which was kept in their home.

People's views about the service were sought by senior managers via telephone calls every three months. Comments from recent telephone feedback included, 'I'm happy with the service provided,' 'I'm happy with all the staff who look after me' and 'It has not been necessary to complain in five years.'

The provider ensured the quality of the service was assessed and monitored by carrying out regular audits of all aspects of the care provided.

Staff told us they felt supported by the management team and felt able to voice any concerns they may have. Staff told us there was a positive and open culture at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People told us they felt safe when regular staff supported them, but those who had a varied staff team felt less safe.

People also had mixed views about the timekeeping of staff and the duration of calls.

Staff had a good understanding of safeguarding adults and their obligations should any concerns arise.

There were recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults.

Is the service effective?

Good 

The service was effective.

People and relatives felt that staff knew what they were doing and were competent in carrying out their role.

Staff received training to help them care for people appropriately.

Staff received regular supervisions and appraisals. Observations of care happened regularly.

People were supported to meet their nutritional needs.

Is the service caring?

Good 

The service was caring.

People told us they were happy with the care they received.

People and relatives told us staff were caring and listened to what people wanted and needed.

People told us staff often did more than was expected of them.

People were provided with information about the service at

regular intervals.

Is the service responsive?

Good ●

The service was responsive.

People were given clear information about how to make a complaint.

People's needs were assessed before care was provided.

Detailed care plans were developed which were specific to the needs of individuals.

When people's needs changed this was discussed and care plans were updated to reflect this.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess the quality of care people received. Where issues had been identified, these had been acted upon.

The service had a registered manager. Staff told us there was a positive, open culture and they felt supported.

People's feedback was sought from telephone calls every three months and an annual quality survey.

Staff feedback was also sought from an annual survey. Staff told us they could approach the management team at any time.

City Care

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.

The inspection took place on 17 and 20 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in. The inspection was carried out by one adult social care inspector and an expert 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. The expert by experience supported the inspection by telephoning people in their own home to gather their experiences of care and support being provided.

We reviewed information we held about the service, including the statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the local safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern from these organisations.

We spoke with 21 people who used the service and four family members. We also spoke with the registered manager, two directors, the acting care manager and 10 members of care staff. We looked at a range of care records which included the care records for nine people who used the service, medicine records for one person, recruitment records for seven staff, and other documents related to the management of the service.

Is the service safe?

Our findings

We received mixed views from people about the consistency of the staff providing their care. People told us they felt safe when regular carers visited their home. For the minority of people we spoke with there was no consistency in the staff who attended to them. People who did not have regular care staff said this sometimes created difficulties. One person said, "I don't like not knowing who is coming for certain." Another person told us they didn't feel safe because they didn't know who their key safe number had been given to.

When we asked the provider about this they said people who used the service sometimes received care from several different agencies which could be confusing for them. The provider said people were allocated a team of regular care staff and people were informed if there were any changes. The provider acknowledged it was not always possible to inform people of changes, for example if a change was made late at night. The provider told us they would inform people of the policy in place to protect people's information such as key safe codes.

Two people told us staff rotas sometimes created difficulties, for example when calls overlapped and people didn't receive the full amount of allocated time. One person said, "They used to be happy and have a smile. We used to laugh and sing. We don't do that anymore they don't have time. They try to do you in 20 minutes." Another person told us, "Sometimes they can be in a bit of a hurry." Other people told us rotas were fine and they received their allotted time. One person said, "They take their time. They don't rush and they take their time to get me to bed."

The provider told us that some people may feel rushed if their calls had been cut shorter due to funding issues.

Staff rotas were done in groups according to location to try and keep staff in the same area and reduce travelling time. The acting care manager told us staff were good at covering extra shifts due to sickness and leave, and they had never needed to use agency staff.

The acting care manager told us weekly rotas were available for people who used the service if they wanted them, so they knew which care staff to expect. Rotas could also be emailed to people or family members if they preferred. The acting care manager told us most people did not want a rota as they had a regular team of care staff they knew well. One staff member said, "The agency tries to keep continuity for people so that makes them feel safe and secure." Another staff member told us, "People we care for are safe. If they need anything staff pick this up, for example more care hours, shopping or housework."

Call times were logged in records kept in people's homes. Care staff were expected to contact the office if they were running late. The registered manager told us people who used the service were advised to contact the office if staff had not turned up after 15 minutes or so of their planned call. One of the directors said, "We emphasise in staff induction and on training that people need their full call. We ask people to give our staff a bit of leeway as sometimes they get behind when they're dealing with someone else."

People had mixed views about the time keeping of staff. Some people told us care staff were sometimes late to start their visits. One person told us, "Some nights they don't come until 10.30pm, a few nights I've phoned to see if anyone is coming. They don't bother phoning when they are late." When we asked the provider about this they were working to resolve this. Others told us time keeping was not an issue and understood that staff had to travel from one visit to another. One person said, "They are on time as well as they can be, very rarely they are late. If they are I know it is not their fault but traffic hold ups or other clients." Another person said, "They are always prompt and if they are going to be late they'll phone."

When we asked the acting care manager about consistency in staff teams and rotas, they said they would look into this in light of some people's feedback.

The service provided support to people 24 hours a day seven days a week. Most people and relatives we spoke with felt there were enough staff to carry out visits, and spoke positively about the service. One person said, "I have good carers. I get on with everybody, nothing is a bother." Another person told us, "I've never had a person who I haven't got on with. They are friends which is a great thing." A relative told us, "Yes my [family member] is safe. I've got no qualms about the staff at all."

Where people needed support with medicines, the agency assessed and recorded the level of assistance they required. For example, whether someone needed a verbal reminder to take their medicines, physical assistance only, or whether they needed full support. Where people needed full support to take their medicines a medicines administration record (MAR) was in place for staff to complete, in line with the local authority's medicine policy. Only one person who used the service required full support with their medicines. We viewed their MAR for the last three months and found it had been completed accurately. The care manager told us that district nurses supported people who used the service with prescribed creams and eye drops.

Staff had a good understanding of safeguarding adults and their role in preventing potential abuse. Staff completed training in safeguarding vulnerable adults as part of their induction training and then at regular intervals. Staff knew how to report concerns and were able to describe various types of abuse. Staff we spoke with said if they had any concerns they would raise them immediately with the management team. One staff member said, "I would go straight to my supervisor if I had any concerns. I would have confidence in the managers to deal with matters appropriately."

A safeguarding log was kept which showed appropriate and prompt action had been taken. The service had also taken appropriate disciplinary action where necessary.

Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support vulnerable adults. The service had requested and received references, including one from their most recent employer. Background checks had been carried out and proof of identification had been provided. A disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Risks to people's health and safety were assessed, managed and reviewed regularly. These included an assessment of the safety of the person's home and equipment, and any potential risks relating to falls, mobility, medicines, skin care and nutrition. The risk assessments were regularly checked to make sure they were still relevant. Any accidents or incidents that occurred during the delivery of care were reported by care workers to the office staff so that these could be logged on the agency's computer system. In this way these events could be checked for any trends.

Is the service effective?

Our findings

People and relatives felt that staff knew what they were doing and were competent in carrying out their role. One person we spoke with said, "They are all brilliant." Another person said "They are really good. They know what they're doing."

People received effective care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. New staff completed an induction programme which included training on first aid, moving and assisting, safeguarding vulnerable adults and infection control. Staff completed further training at regular intervals on issues such as dementia, diabetes, end of life care and the Mental Capacity Act 2005. Training records we viewed confirmed staff received regular training. The provider had a computer based system in place to ensure training was kept up to date.

Staff told us they had received enough training to do their job. One staff member told us, "They're always onto us about training but we understand we need to keep up to date." Another staff member said, "We've had plenty of training. I feel confident in what I do because of that. I found the training on dementia particularly useful."

Staff received supervisions and observations every three months and an annual appraisal which incorporated a personal development plan. The purpose of supervisions and observations was to promote best practice, offer staff support and identify any areas for development. One staff member said, "I don't mind them checking on me." Records showed supervisions and observations were planned well in advance and were up to date. Notes of supervisions were meaningful and contained good detail around what staff enjoyed about their job, feedback from managers and feedback from people who used the service. Observations checked if staff were patient and caring, respected privacy, dignity, choice, completed records accurately and promoted independence and reablement.

Staff told us they felt supported. One staff member told us, "I feel supported here with everything. They're great with sorting the rotas out and will do anything to help." Another staff member said, "They always ask you if there are any problems and reassure you that you can go to them any time."

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 Act.

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with MCA legislation.

Staff told us most people they supported had capacity to make their own decisions, although they did support some people living with the early stages of dementia. Staff received training in MCA and understood the concept of ensuring people were encouraged to make choices where they had capacity to do so. Staff told us if there was a doubt over someone's capacity they would discuss the matter with the person's family and social worker. This meant staff knew how to seek appropriate support for people should they lack capacity in the future.

Each person who used the service had an assessment about their nutritional well-being. People received support with nutrition and making meals as part of their individual care package, where people had needs in this area. The care plans about this were personalised and included details of people's preferred way of being supported. For example, one person's care plan stated, 'I like to have a hot lunch, this normally tends to be a microwave meal. I enjoy a varied diet.'

Is the service caring?

Our findings

People and family members said the agency provided good care, and people were happy with the care and support they received. People and relatives told us staff were caring and listened to what people wanted and needed. People said they had positive relationships with care staff. One person said, "They couldn't be more helpful if they tried." Another person told us, "I can't speak too highly of one of the co-ordinators. They are thoughtful. They pop in every so often. They are great with my husband as well. They are like a friend." A relative said, "They are fantastic. The staff listen and try their very best to understand [family member's] needs."

In a recent provider survey conducted in January 2016 96% of people who responded said staff showed compassion and were kind and thoughtful to people's needs. In the same survey 96% of people who responded said staff maintained people's dignity and treated people with respect. Staff had a good understanding of the importance of treating people with dignity and respect. Staff described to us how they ensured people were respected by explaining to them what was happening, being discreet, and keeping people covered when supporting with personal care. A staff member said, "We're in someone's house when we go to do care and we must always respect that."

People's comments from the annual survey included, 'I have a good relationship with my carer, they're very sensitive,' 'Staff do the little extras that make a difference,' 'I cannot praise the care I have received enough. The company is not just a service provider but a valued friend' and 'Excellent care – thank you.'

One person told us, "Staff go over and above." A relative said, "The staff are so caring. They go out of their way to do extra things like changing the bedding. I couldn't ask for better carers for my [family member]."

Staff told us they liked to go 'above and beyond' where possible. One staff member told us, "We do over and above where we can such as picking people's prescriptions up or doing a bit of shopping." Another staff member said, "It's no problem doing extra things to help people such as little jobs around the house that are a big issue to them."

Staff spoke proudly about the standard of care they provided. A staff member told us, "We provide good care here. I often sit with clients in my own time or do some housework for them as sometimes we're the only people they see. When people pass away it's sad and staff feel it." A second staff member said, "We provide care to the person I support 24 hours a day and I'm their keyworker. I don't think of it as work, they're like my family. I love them to bits." A third staff member said, "I enjoy helping and reassuring people. One of the people I care for regularly tells me I'm the daughter they never had, which is lovely."

One person told us, "The staff look after me well and we get on. Staff take me shopping and out for lunch. I like all the staff." During our visit two people who used the service attended with their support staff for a coffee and a chat. The support staff knew the needs of these people well and people were relaxed and happy with the staff that supported them.

The service had received several thank you cards from family members. Comments included, 'Would you please convey my thanks to all your staff who came to my home to care for [family member]. The care and respect they showed them in their last few weeks was beyond measure' and 'Thank you so much for the care you gave our [family member] and the kindness you showed to us while looking after them at home. We can't thank you enough.'

Each person who used the service had a copy of the service user guide and the provider's statement of purpose in their care plan. These were kept in people's homes so they could refer to them at any time. At the time of our inspection this was not being produced in other formats such as easy read format or braille, but one of the directors told us it was available on request. The service user guide contained information about all aspects of the service, including how to access independent advice and assistance such as an advocate from a national charity. Although nobody at the service had an advocate, this facility was available and advertised.

The agency kept people informed of staff changes and other developments by sending a newsletter every three months. The agency also had its own page on social media for people and their families to use. A coffee morning had been held for national carers' week at the registered office for people and their families to attend and staff organised an annual charity night.

Is the service responsive?

Our findings

People and family members told us individual needs were assessed before the service was provided. Senior staff told us they met with people and their family members and completed an assessment of the person's needs. This ensured the service was able to meet the needs of people they were planning to support.

Each person's needs were then set out in care plans which included clear guidance for staff about how to support people with their specific needs, such as mobility, personal care and medicines. Care plans were quality checked by the acting care manager and were reviewed and updated regularly. Care plans were 'person centred' which meant they included guidance for staff focused on the person's wellbeing and what they wanted to achieve from their care package. People kept a copy of their care plans in their own homes so they and their care workers could refer to them at any time.

Care plans were well written and contained information about people's daily routines and specific care and support needs. For example people's care plans included guidance for staff on whether the person liked a shower or bath and at what time, what they liked to eat and how they wanted to be supported. This meant staff had appropriate guidance on how to provide person centred care to people.

One person's care plan included their religious needs. It stated, 'A vicar from the local church attends the house to give [person] communion.' This meant staff also had information about people's spiritual needs.

Staff responded to changes in people's needs quickly and appropriately. For example, when staff had concerns about a person's mobility they contacted their social worker and the occupational therapist to arrange an assessment. When staff noticed a person's needs had increased when they were supported to go to bed, the length of their bed time call was increased. A staff member told us, "If a person's needs change we ring the managers in the office straight away, contact the family and get their needs reassessed." All contact with other agencies was documented on the provider's computer system.

Most people felt the service was responsive to their needs and they felt able to contact the office about their needs. One person said, "I have worked with a lot of care agencies and it has never really worked. I can't fault the service from City Care and they always try to accommodate my care. I can have that flexibility that I want. Sometimes if I go out I can ask if the girls can be twenty minutes later, it makes it a lot better. They have always adapted to my changing needs, listened to me and involved me in decision making."

One relative told us how the service was also responsive to their needs. They said, "The staff are great at caring for my needs as well as my [family member]. City Care are flexible to my needs so I can pursue my hobbies. They'll change the times of the calls to [family member] no bother." A staff member told us how they arranged for repairs to be carried out on a person's roof and guttering with their family's permission. Two staff members told us how they helped people get in contact with family members they had lost touch with for a number of years via the internet.

Staff members told us how being responsive to people's needs had a positive impact on them. For example,

one staff member told us how they supported a person who used the service adopt a healthy eating plan and become more active. This resulted in the person losing weight and enjoying better health.

We checked complaints records since the last inspection. This showed that procedures were in place and could be followed if complaints were made. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. Complaints that had been made since the last inspection had been dealt with appropriately.

Most people who used the service told us they knew how to raise concerns, but two people said they didn't. One person told us, "I don't know how to complain but I would ask my family if I had any problems. They sort things like that out for me." Another person said, "I wouldn't know what to do to complain, but I can't complain because there's nothing to complain about." Other people's comments included, "If I have any problem they are quite happy to come out. You just ring and they'll come," "I've never had any complaints, but if I do I only have to tell them about anything minor and something is done about it straight away" and "I would feel comfortable if I had to complain." A relative said, "I've only needed to raise an issue once when I asked to change a member of staff for [family member]. This was sorted straight off." Records of complaints showed that the provider had dealt with issues appropriately and in a timely manner.

Is the service well-led?

Our findings

The agency had a registered manager who, together with the directors and acting care manager was responsible for the day to day management of the service. The registered manager was also supported by two supervisors, two care co-ordinators and support staff. The management team which consisted of the registered manager, directors and acting care manager told us they worked occasional care shifts. They said, "We like to still do hands on care." Statutory notifications had been submitted to the CQC as required.

People's views about the service were sought by senior managers via telephone calls every three months. Comments from recent telephone feedback included, 'I'm happy with the service provided,' 'I'm happy with all the staff who look after me' and 'It has not been necessary to complain in five years.' The provider also sought people's feedback in an annual quality survey. In a recent annual quality survey 96% of those who responded said their care package met their needs. Issues from telephone feedback and the annual quality survey were followed up by senior managers and acted on appropriately. The acting care manager said, "I enjoy going out to speak to people in their homes."

Most people we spoke with felt the management team were approachable. One person told us, "They will always address anything you need or you are unhappy with. If you don't gel with someone they will listen." A relative said, "I've known [registered manager] for years. They're a great lass. All the managers are good. I get on with them all."

Staff feedback was also sought in an annual survey. Staff comments from a recent survey included, 'I feel that City Care is an excellent company to work for. All staff are very approachable and I feel I could speak to them at any time if I have a problem' and 'Lovely company to work for.'

Staff told us the registered manager and the management team as a whole had an open door policy and they could go to them at any time. A staff member said, "It's great this company. We can come in the office at any time to ask questions, the door is always open for staff." Another staff member told us, "Anything you need you only have to ask. I wouldn't be here if I didn't love it."

Staff we spoke with said the management team were friendly and approachable. A staff member said, "They're wonderful bosses. They really listen to you." Another staff member told us, "The managers really care about people who use the service and they're professional. They care about the staff too. Most staff have been here for years which speaks for itself."

The provider had a computer-based management system to record any events that could be used to monitor the quality and safety of the service. These included, for example, complaints, accidents, staff training deadlines and supervisions. In this way the agency aimed to check for any gaps or areas for improvement in the service.

The provider ensured the quality of the service was assessed and monitored by carrying out regular audits of all aspects of the care provided. Provider audits of complaints, call logs and care plans were carried out

every three months. The acting care manager audited people's daily notes regularly. Where action was necessary this had been taken promptly. For example, further training in medicines was identified for a staff member and new moving and assisting equipment was obtained.

Weekly management checks included day to day operational issues, complaints, accidents, safeguarding, health and safety, rotas, care files, feedback from people, spot checks on staff and risk assessments. The agency's computer system enabled the management team to plan their quality assurance schedule so all checks relating to people who used the service and staff were carried out on time.