Department of Community Services

City of London

Inspection report

PO Box 270
Guildhall
London
EC2P 2EJ

Tel: 02073321594
Website: www.cityoflondon.gov.uk

Date of inspection visit:
13 December 2016

Date of publication:
13 January 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an inspection of City of London on 13 December 2016. This was an announced inspection where we gave the provider less than 24 hours' notice because we needed to ensure someone would be available to speak with us.

City of London is a local authority based in the city of London. City of London has a re-ablement service providing personal care to the residents of city of London in their own home. The service offers support to people that had just left hospital or were recovering from a recent illness or injury. The service provides short-term, intensive support to help people with everyday tasks that includes personal care. At the time of our inspection there were three people who received personal care and support from two re-ablement care staff.

The service was last inspected on 2 September 2014 and was meeting the required standards at the time of the inspection.

The service had a registered manager in place. 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.

Risk assessments had been completed in full for most people that identified risks and provided information on how to mitigate those risks. Falls risk assessment had not been completed for one person at risk of falls. This was completed promptly during the inspection.

People were protected from abuse and avoidable harm. People and relatives we spoke with told us they were happy with the support received from the service and they felt safe around staff. Staff knew how to identify abuse, the different types of abuse and how to report abuse.

Staff had been trained on the Mental Capacity Act 2005 (MCA) and knew the principles of the act. Care plans detailed people's capacity and limitations to make decisions.

Internal audits were being carried out on care plans, which listed the findings and follow up actions required. Quality assurance meetings were held with management for service improvements.

Staff told us they were supported by the management team and had received regular supervision. Records confirmed this.

Team meetings were being held and recorded.

Staff had regular training in key area's to ensure knowledge and skills were kept up to date.

People we spoke to told us that staff communicated well with them and with their family members. People's ability to communicate were recorded in their care plans.

There were sufficient numbers of staff available to meet people's needs.

Pre-employment checks had been undertaken to ensure staff were suitable for the role.

There was a formal complaints procedure and a complaints booklet that was provided to people. Staff knew how to respond to complaints.

People were encouraged to be independent and their privacy and dignity was maintained.

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.

Risk assessments had been completed for most people. However, risk assessment had not been carried out for one person at risk of falls. This risk assessment was completed promptly during the inspection.

Staff knew the different types of abuse and who to report abuse to. People told us they felt safe around staff.

Recruitment procedures were in place to ensure staff were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

Staff only prompted people to take medicines and did not administer medicines.

Is the service effective?

Good

The service was effective.

Staff were trained in MCA and knew the principles of the Act.

Staff told us they received supervision and were supported.

Staff had received an induction. Records showed that staff had regularly undertaken mandatory training.

Staff knew the signs and how to support people if they were unwell.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and respected people's privacy and dignity.

Staff had good knowledge and understanding of people's background and preferences.

Is the service responsive?

Good

The service was responsive.

Care plans included people's care and support needs and staff followed these plans.

There was a complaint system in place. Staff were able to tell us how they would respond to complaints.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place to make continuous improvements.

Quality monitoring systems were in place that requested people's feedback on the service. The results were positive.

Staff were supported by management.

City of London

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 was carried out on 13 December 2016 and was announced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider.

During the inspection we spoke with the assistant director of people services, the service manager, the team manager (registered manager), a senior social worker, a senior occupational therapist, human resources manager and two re-ablement care staff. We looked at three care plans, which consisted of people receiving personal care in their own home and five historic care plans for people that used to receive personal care. We reviewed two staff files and looked at documents linked to the day to day running of the service including a range of policies and procedures.

After the inspection we spoke with two people and briefly spoke to one relative.

Good

Is the service safe?

Our findings

People and relatives told us that people felt safe around staff employed by City of London. A person told us, "They [staff] are very good" and another person told us, "We are very happy." A relative told us, "I know [relative] is very happy."

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. We looked at the provider's safeguarding procedure, which provided clear and detailed information on how to report allegations of abuse and the different types of abuse.

The service employed two staff to provide personal care to people. People told us that staff turned up on time and the support they received was what they expected. They told us that staff always stayed for the expected time and made sure that they were happy before leaving. The registered manager told us that if emergency cover was needed, then agency staff were available to provide cover. The registered managed informed that agency staff were briefed about people before providing personal care and also had access to care plans. Agency staff also attended weekly team meetings and were updated on people receiving personal care and also potential referrals. People told us that there had been no missed appointments. Staff told us that they had no concerns with staffing levels and cover was in place if they needed time off.

Risk assessments were undertaken with people to identify any risks and provided information for staff to keep people safe such as on infection control, fire safety and falls.

People's risk assessments contained information for staff on how to prevent and control the risk of infection of known risks. There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. People who used the service were recently discharged from hospital, and therefore were often vulnerable to infection. We asked staff how they minimised the risk of infection and cross contamination. They told us they were supplied with personal protective equipment's (PPE) such as gloves, aprons and sanitisers when supporting a person. Records listed the types of PPE staff would require when supporting a person. Staff told us they disposed PPE in a separate bag when completing personal care. They also washed their hands thoroughly, according to guidelines and the provider's infection control policy. A person told us, "They [staff] always wear them plastic gloves and aprons."

The service had identified if people were at risk of falls. We went through all risk assessments for people that were currently receiving personal care with the registered manager. Records showed one person was at risk of falls and had a history of falls. This person had sustained an injury from falling prior to receiving personal care from the service. This information had not been included on the risk assessment to demonstrate the appropriate management of this risk in order to minimise them leading to serious health complications. The registered manager acknowledged the findings and acted promptly to ensure the falls risk assessment had been completed in full. The registered manager showed us evidence the information had been added to the person's risk assessment.

Records showed the service collected proof of identity, criminal record checks and information about the experience and skills of staff. We were unable to check references as this had been destroyed in accordance with the provider's retention policy as staff had been employed by the provider for a number of years. We spoke to the human resources manager who informed that the provider collected two references for all staff and if there were any concerns then this would be communicated with managers and a copy of the reference would have been kept on file with follow up actions. The human resources manager told us that references that were received with no concerns were destroyed after a certain time. The registered manager told us staff did not commence employment until pre-employment checks had been completed.

People currently receiving personal care were recognised as having the capacity to regain their independence following care and support provided by staff and were self-medicating. Records confirmed this; therefore people did not require support with administration. The registered manager confirmed that staff only prompted people to take their medicines when required and did not support with administration or record keeping. Staff and people we spoke to also confirmed this.

Good

Is the service effective?

Our findings

People we spoke to felt that staff had the skills and knowledge to meet people's needs effectively. A person told us, "The young ladies [staff] are incredibly helpful, I would not know what I would do without them" and another person commented, "I am more than happy with them [staff]." The senior occupational therapist we spoke to told us, "[Staff] are quite competent."

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.

We checked whether the service was working within the principles of the MCA.

The staff told us that they had received MCA training and training records confirmed this. The staff we spoke to were able to tell us the principles of the MCA. There was a decision making section on people's care plans. The plan described if people could make decisions and if there was any limitations to people's ability to make decisions.

Staff told us that they always asked for consent before providing personal care and if people refused then this was respected. People we spoke to confirmed that staff would always ask for their consent and permission before doing anything.

Records showed that staff had undertaken mandatory training, which included first aid, moving and handling, health and safety, infection control and food safety. The service had systems in place to keep track of which training staff had completed. Staff told us that they had easy access to training and had received regular training. They told us they found the training helpful to do their jobs. A staff member told us, "I do get regular training, it is very useful." Staff were also trained as 'Trusted Assessors' which meant they had specialist training to assess people for basic equipment such as commodes, bathing and toileting equipment, grab rails and bed raises. Staff told us that they would assess people's need for equipment's and order as necessary, which people were then able to keep.

Records showed that the service maintained a system of appraisals and supervision. Staff confirmed that they received supervision and support from management. Records confirmed this. A staff member told us, "They [management] have always been supportive" and another staff commented, "He [registered manager] is very supportive." Individual one-to-one supervisions were provided recently. Appraisals were scheduled annually and we saw that both staff had received their annual appraisal for 2016.

The registered manager told us that staff only prepared meals that had already been made and they did not cook meals from scratch. People were able to make their own meals and staff supported people to eat the meals, if required. People and staff we spoke to confirmed this. A member of staff told us, "They [people]

know what they want to eat."

People's care plans listed details of health professionals such as GP and included their current medical condition. Records showed staff had made contacts with a number of agencies and health professionals such as GP's and hospital staff. Staff we spoke with were able to tell us how they would identify if people were not feeling well such as a change in their behaviour, tiredness, response and body language. Staff told us depending on the situation they would report to family members, management or in serious situations would call a doctor or ambulance. One person told us, "I was not feeling well once and she [staff] looked after me and helped put me to bed."

Staff told us they worked with a number of health and social professionals regularly such as district nurses when required. The senior occupational therapist we spoke to told us that she was always available to support and give advice to staff when needed. Joint visits were also carried out with staff to assess people, review the suitability of equipment's and ways to effectively support people to ensure people were at best of health.

Good

Is the service caring?

Our findings

The people that we spoke with were happy with staff and spoke positively about their relationship with them. They told us that staff were caring and treated people as individuals. One person told us, "They [staff] give extremely good support" and another person commented, "Yes" when asked if staff were caring and kind. A staff member told us, "You have to have a caring attitude."

Staff we spoke with spoke fondly of the people that they provided support to, a staff member told us, "I enjoy helping them on their journey to get better." There was a hobbies and interests section on people's care plans that staff told us was useful to build positive relationship with people.

Staff we spoke with demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. They were able to tell us the background of people and the support they required and told us that the care plans helped them to get to know people better.

Staff told us they always encouraged people to do as much as they could to promote independence. Care plans described daily routines including information on what people would need support with. People's needs were reviewed regularly and care was planned and delivered in line with their individual care plans. People told us that they were able to make their own choices about what to do. A staff member told us, "If someone can do something for themselves, I will take a step back and encourage them." The service manager told us that they were looking at ways to prevent people receiving support with personal care and be independent as long as possible. This included speaking to people, doing regular welfare checks to ensure people were safe and what support people required to sustain their independence.

Staff told us that they respected people's privacy and dignity. They told us that they would always knock on people's door and wait for an answer before entering. A staff member commented, "Even though I have a key, I always knock when I am going to their home, it's their home." Staff told us that when providing particular support or treatment, it was done in private. People told us that staff treated people with respect and with dignity when providing personal care.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. They understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

The service had an equality and diversity policy. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated because of their race, gender, age and sexual status and all people were treated equally. People we spoke to had no concerns about staff approach towards them.

People told us that staff communicated well and took the time to make sure that they were involved in people's care. They felt that staff explained clearly before going ahead and carrying out any care tasks.

People's ability to communicate were recorded on care plans for staff to understand how people communicated.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. A person told us, "They [City of London] called us the other day to see how we were" and another person told us, "They [staff] help me well." A staff member told us, "We provide a person centred service."

The care plans we reviewed had a personal profile outlining date of referrals, reasons for referral and next of kin. The care plans also contained information on people's medical conditions, physical health, behaviour and types of medicines they took. The plans listed what people could do by themselves and the support they required providing staff with information so they could respond to people positively and in accordance with their needs.

People's care plans were personalised and person centred to reflect people's needs and preferences. Staff told us they get time to provide person centred care and to interact with people. There was a goals section on people's care plans that listed the support people would require weekly. The service provided short term support and care and the plans listed dates that people were expected to be fully independent.

Reviews were undertaken regularly with people, which included important details such as people's current circumstance and the progress being made to ensure people were independent without support.

There was a daily log sheet, which recorded key information about people's daily routines such as behaviours and the support, provided by staff and progress being made to ensure people were independent. Staff told us that the information was used to communicate between shifts on the care people received during each shift. Records showed that people were supported and encouraged to do things by themselves to ensure they progressed to becoming fully independent.

No complaints had been received since the last inspection. People told us that they did not have any complaints about the service and felt they could raise concerns if they needed to. When we spoke with staff about how they would manage complaints, they told us that they would record the complaint and inform the management team to investigate. People received a complaints booklet prior to receiving a re-ablement service, which provided information on how to make complaints.

As the service provided a re-ablement service for a short period of time, people were able to do activities by themselves. People confirmed this. Staff told us that activities were carried out with people if needed that may improve their health. One staff member told us that they did light exercise with a person to help with their mobility and another staff told us that they took a person to the shops to help with their shopping as they were unable to go out by themselves. This meant that people received personalised care according to their needs.

The senior social worker and staff told us that people could be referred to a befriending service if they were at risk of social isolation. This service assigned a befriender to provide friendly conversation and companionship to people who were referred. Records showed that referrals to befriending groups were

made for people who had previously received a re-ablement service.

Good

Is the service well-led?

Our findings

Staff told us they were happy working for the Reablement Team. A staff member told us, "It's a great service." Staff were positive about management. One staff member told us, "They [management] are approachable." Another staff member commented, "[Registered manager] is fine, he is very supportive."

Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. There was a clear management structure that clearly showed reporting lines and line management. Staff told us they could speak with their line managers and members of the management team when they needed to and felt that their comments were listened to. All the staff we spoke to told us that they worked well as a team. We observed that the registered manager, senior occupational therapist and social workers sat close to each other. All the staff we spoke with told us that this ensured that they could support each other when required or speak to a member of the team for advice.

There were systems in place for quality assurance. The provider's quality assurance procedure listed that audits should be carried out every quarter. These were to review care plans through self-audits by staff and by a member of the management team. Records showed that these audits were carried out on June 2016 and follow up actions had been recorded. We noted that an audit had not been carried out this quarter that may have identified the issue we found with risk assessments. The registered manager told us the audit would be carried out and this was due to a manager leaving recently. After the inspection the registered manager sent us evidence to show the quality assurance procedure had been revised. This was done to include audits of care plans which would be completed when carrying out supervision with staff.

The registered manager told us that he had to authorise the closure of a case when a person does not require personal care and a re-ablement service. This involved looking at people's care plans to ensure information were accurate and had been recorded in full.

The assistant director of people services told us they accompanied staff occasionally to observe their activities. Due to the nature and size of the service, spot checks were not being carried out. Supervision records showed staff were performing well and no concerns had been raised by people about staff when we spoke to them. We discussed the possibility of carrying out spot checks with the registered manager and assistant director of people services when staff provided personal care to people. This would help ensure high quality care was being delivered at all times and identify area's that may help develop staff knowledge and skills further. After the inspection the registered manager sent us evidence to show the quality assurance procedure had been revised to include spot checks.

The service had a quality monitoring system which included questionnaires for people when the re-ablement service came to an end. We saw the results of the recent questionnaires, which included questions around dignity and respect, service, staffing and safety. The feedback was very positive. Comments from the survey included, "I am happy with the service I received", "The morning carers were outstanding", "Very good service" and "I and [relative] deeply appreciate the help we have received. We were very apprehensive as

how we would cope with help. Now we feel we can find our way."

Team meetings took place, which consisted of senior occupational therapist, senior duty social worker, re-ablement staff, agency staff and the registered manager. At these meetings staff discussed people that received re-ablement support and potential referrals. Records showed that these meetings were being held regularly. The service also held a quarterly quality assurance group meeting. This involved the service manager, registered manager, re-ablement staff, senior duty social worker and a commissioning officer to discuss ways to improve the re-ablement service and quality of service. Minutes of the meetings showed that audits, concerns and surveys were discussed.

The service had recently introduced a service improvement board, consisting of senior management that would meet to discuss service improvements against the CQC five key line of enquiries, Safe, Effective, Caring, Responsive and well-led. This meant that continuous improvements could be made to ensure high quality care was being delivered at all times.