

City Care

# City Care

## Inspection report

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04 February 2020  
05 February 2020

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

City Care is a domiciliary care agency providing personal care and support to people living in their own homes. 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 inspection 210 people were receiving personal care.

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

People and their relatives were very complementary about the service and the support provided by staff. Relatives told us how much a positive effect the staff had on people. One relative commented, "From [Person's name]'s point of view, the carers have improved her quality of life. She has more interaction, physically she is better... it means she can stay in her own home, which is where she wants to be. I cannot praise them enough."

Staff provided care and support to people which made them feel safe. Relatives told us staff were kind and caring with people. Staff knew people well and worked together to provide a continuous level of care. People were treated respectfully by staff.

People were encouraged to remain independent within their own homes. People were supported to access the local community and staff provided social interaction to remove the risk of isolation. Staff provided people with choices about their care and involved relatives with this.

Staff encouraged and supported people to have maximum choice and control of their lives, including supporting people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines continued to be managed safely. Risks to people had been fully assessed and mitigated. Care needs were assessed regularly, and people were consulted and involved in all aspects of their care. Staff continued to be recruited safely

Staff received regular training, supervisions and team meetings. There were enough staff to safely support people. Staff had their competencies checked regularly and were provided with an induction when they joined the service. People (where required) were supported to eat a balanced diet. People were referred and supported to access other healthcare professionals including their GP.

The registered manager and office staff were working on continuously improving the service provided. There were quality assurance systems in place to monitor the quality of care provided to people. This system was being reviewed to make sure all audits of the service were fully effective to drive improvement.

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 and update

The last rating for this service was good (published 31 August 2016).

There was also an inspection on 17 January 2019. However, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

#### Why we inspected

This was a planned re-inspection because of the issue highlighted above.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# City Care

## 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 and two 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 care service.

#### Service and service type

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 January 2020 and ended on 05 February 2020. We visited the office location on 31 January 2020.

#### 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.

We also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We also contacted the local Healthwatch for their feedback. 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 three people who used the service and 10 relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager.

We reviewed a range of records. This included seven 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.

# Is the service safe?

## Our findings

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

At the inspection on 31 August 2016 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training around identifying abuse and could tell us what steps they would take if they had any concerns.
- Policies and procedures were in place to help keep people safe. Any concerns raised were fully investigated and escalated to the local authority and notified to the Care Quality Commission.
- People told us they felt safe and relatives agreed with these comments. One relative commented, "I would say she is safe. I think if they saw anything relating to her safety they would contact me straight away."

Staffing and recruitment

- Staff recruitment continued to be safe and all staff had appropriate pre-employment checks in place.
- There was enough staff to safely support people. People were provided with rotas so they knew who would be visiting and when. One person told us, "The carers come on time. I get a rota on a weekly basis, so I know the times they are coming? in."
- Staff wore a uniform and identification badge, so people could easily identify them. A relative said, "Mum feels safe because the staff wear a uniform and name badges, so she knows who they are."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care records had personalised risk assessments for staff to follow to keep people safe. One staff member commented, "Everything is covered in the care plans for people and the risks are there too."
- Accidents and incidents were fully investigated. Actions from these were followed up and outcomes were shared with people, relatives and staff.
- Lessons learned from investigations were shared with staff to improve practice and the quality of care provided to people.

Using medicines safely

- Medicines were managed safely. Staff received training in safe medicine administration and had regular checks of their competencies. A staff member talked us through what was included in a competency check. They told us, "Check the MARS are correct, check the medicines and make sure the medicines are right in the Nomad, and make sure staff are supporting people right."
- People told us they received their medicines safely. Relatives confirmed this and one relative commented, "There is a Nomad tray in a locked cupboard, because she has dementia. The carers administer the medicines and they sign in the folder to say they have given it."

## Preventing and controlling infection

- Staff were aware of good infection control techniques and followed the provider's policy. One staff member said, "We've got personal protective equipment on hand, aprons and gloves. We carry them on us at all times."

# 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.

At the inspection on 31 August 2016 this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed initial assessments with people, this included people's physical, emotional and social requirements. One person told us, "City Care staff came to the house and asked me about health and safety. They gave me a booklet and asked me about how I wanted to be cared for."
- Staff training and support to people was delivered in line with best practice guidance.

Staff support: induction, training, skills and experience

- Staff continued to receive regular refresher training and supervisions. One staff member said, "Training is regular and there are always training opportunities that come up. If I need any I can ask, and they will put me on the right kind of training."
- New staff received an in-depth induction and shadowing sessions to make sure they had the knowledge and skills needed to support people.

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

- Some people were supported with eating and drinking to make sure they had access to a healthy, balanced diet. Risks associated with this, for example choking, were also fully assessed.
- If people were at risk of malnutrition, support was provided to access other health care professions, for example the GP or the dietician. A relative discussed how they work with staff to monitor what a person ate to make sure they were eating and drinking enough. They told us, "We have a nutrition and hydration chart in her plan, so they can log what has been left for her breakfast."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access other healthcare services. A staff member commented, "If I needed to refer someone, I would inform the family or support the person to contact the GP ... I would wait with the client to support them with the GP visit."
- Care records showed staff were involved with delivering support with other health care professionals, for example the district nursing team. Care plans included guidance and contact details for staff to use.
- The service worked closely with the occupational therapy team to help support people further with their mobility.

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.

- Consent to care was sought and this was accurately reflected in people's care records.
- People's care was delivered in line with MCA and best practice guidance. A member of staff told us, "Choice and opportunity is given to all clients."
- Staff had received training around MCA and could tell us how they would assess someone's capacity to make decisions.

# 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.

At the inspection on 31 August 2016 this key question was rated as good. At this inspection this key question has remained the same. 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 very happy with the support they received from staff. One person told us, "I'm extremely happy with them, things couldn't be better, after not thinking I needed help at first."
- Relatives discussed their positive experiences of the service and staff who provided support. A relative commented, "I think her main carer has become a friend and I am very impressed with her, she is really thoughtful and kind."
- Equality and diversity policies were in place at the service to make sure everyone was treated as an individual. Staff had completed training around respecting equality and diversity.

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

- Care plans were created after people had their needs assessed by staff. People had made choices around their support needs. One person told us staff supported them exactly like they had requested. They told us, "The service is consistent, and I know what they are going to do when they are here."
- Staff discussed any changes in support needs with people and their relatives during reviews. A relative told us, "They explain to him if there are any changes."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be as independent as possible within their own homes and positively engaged people. A relative commented, "They give her a little encouragement to walk about the house instead of sitting in the chair. They give her assistance in getting up and try to give her confidence."
- People told us staff treated them respectfully. A person said, "They (staff) are respectful. When I have a bath, they always make sure the door is closed."
- People told us staff support allowed them to stay in their homes and maintain their independence as much as possible. One person told us, "I have a lift for the bath and I am a bit nervous about getting in and out of the bath. They always ask me if I mind if they stay in the bathroom while I am in the bath."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the inspection on 31 August 2016 this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff knew people well and were able to provide person-centred care. We did find that not all care plans were individual and person-centred. The management team confirmed they were looking at further developing these. They had already reviewed people's mobility care plans to make sure they had step by step instructions for staff to follow.
- Staff completed initial assessments for people which included their social, physical and emotional needs. A relative told us, "My sister and I were there when the care package was set up by City Care. We tried to include my mother's views in that. At all stages, things were discussed and written up in the care plan."

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.

- People had their communication needs assessed as part of their initial assessments and these were regularly reviewed. Staff were aware of AIS and could tell us of different ways they communicated with people. One staff member told us, "People who have hearing aids, we make sure they are in. I speak clearly and loudly and then they can hear me."
- Relatives provided examples of staff adapting communication styles and how they supported them. One relative told us, "She has limited vision in her right eye, the carers leave the furniture exactly where it is so that she has a clear passage. Everything is put where she can get hold of them. Everything is in easy reach for her."

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 by staff to access the local community and to maintain social relationships. One staff member told us, "We do companionship visits to support people in the community. We go for a walk into town and a chat."

Improving care quality in response to complaints or concerns

- The service investigated all complaints and concerns fully and shared the outcomes of these with people, staff and relatives. At the time of inspection, no one we spoke to had any concerns. Outcomes from investigations were used to improve the quality of care provided to people.
- People and their relatives told us they knew who to contact if they had a concern. One relative said, "They

(staff) wrote down all the telephone numbers that you can contact if you have any sort of query or concern. It was all explained when they set it up. I would ring the office if I had a complaint."

#### End of life care and support

- At the time of inspection staff were delivering end of life care. Staff had received training around this and were aware of the support required to care for this person.
- Relatives we spoke to were positive about the approach of staff whilst supporting people with end of life care. They told us the care was being provided with compassion and dignity, and they felt fully supported by the agency.

## 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 inspection on 31 August 2016 this key question was rated as good. At this inspection 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.

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

- Staff told us there was a good culture within the staff team and they enjoyed working at the service. A relative told us, "They (staff) are consistent and they seem to have a positive attitude when they go in to see him. I think that is important for him. They have a good attitude to care."
- The management team were in regular contact with staff and worked with them to provide an open, honest and supportive staff culture. Staff told us, "We get great support from the management team."

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

- If things went wrong the registered manager investigated all incidents and provided apologies to people.
- Outcomes from investigations were shared with staff during training sessions and supervisions as lessons learned, to help reduce the risk of similar incidents happening in the future.

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

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the Care Quality Commission for significant events which had occurred at the service, for example any accidents and incidents.
- There was a quality and assurance system in place which measured the quality of care provided to people. The management team were looking at ways to improve this and drive improvement throughout the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff were asked for ways to improve the service. One staff member told us, "We were asked for our views during evaluations and meetings regarding what we can improve to help the service."
- People told us their views and feedback were regularly requested by the service. One relative told us, "They rang last month for my opinion on the agency."
- People told us their views were listened to and were implemented within the service. One person commented, "I would say the registered manager tries to improve the service because she looks into things and she has changed things".
- Feedback, investigation outcomes, lessons learned and the results from the quality and assurance system, were used to improve the service and highlight opportunities to develop the quality of care provided.

### Working in partnership with others

- Staff worked closely with other health care professionals. People's care records showed involvement and guidance from other agencies, for example the district nursing team and GP.