City Home Care Limited

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Inspection report

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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 Home Care Limited is a domiciliary care agency providing personal care in people's 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 the inspection the agency was providing a service to 21 people. The agency is registered to provide a service to children, younger and older adults. People had a range of needs ranging from those associated with a learning disability, physical disability and dementia.

People's experience of using this service and what we found
We found that whilst there were mostly comprehensive risk assessments for people that covered a wide range of identified concerns, one risk assessment required more detail. Generally, medicine administration was thorough, and medicines were administered without error.

People and their relatives spoke positively about the care they received. They told us care workers always arrived on time. Their comments included, staff were very "friendly" and "kind."

People found the registered manager and office staff approachable and had confidence they would address any concerns.

People confirmed their care was provided as they wanted it to be done. They had person centred care plans with guidance for staff. Care plans were reviewed on a regular basis to ensure they were still relevant to the person.

People using the service felt safe.

People's diverse support needs were met by staff who respected people's choices.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected
This service was registered with us on 23 July 2018 and this is the first inspection.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

City Home Care Limited

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
One inspector carried out this inspection

Service and service type
City Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

We visited the office location on 23 July 2019. We made telephone calls to people and their relatives following the inspection.

What we did before 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 used all this information to plan our inspection.

During the inspection
We attempted to speak with 14 people who used the service or their relatives. We were successful at speaking with four people and two relatives about their experience of the care provided. We met the registered manager who was also the nominated individual during our site visit. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
We spoke with the registered manager, recruitment officer, co-ordinator assistant and one care worker. We reviewed a range of records. This included three people's care records and associated records such as daily notes. We looked at three people's medicines records. We viewed three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
Following the inspection we continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

● Staff received training to help administer medicines to people safely. One person told us staff gave them their medicines on time and as prescribed. We looked at a sample of medicines administration records (MAR) and found most MAR were completed correctly. When staff had not completed the MAR on a few occasions this had been identified through audit and addressed with the staff member.

● We noted one person had "when required" medicines for pain. However, we saw medicines had been administered regularly twice each day for a period of about three weeks in June. There were guidelines in place to state under what circumstances the medicines should be administered and the person had capacity to decide about their medicines. However, we brought to the provider's attention these 'when required' medicines were being administered daily and they told us they would bring this to the attention of the GP so a review could take place.

● We saw one person's care file listed medicines that were no longer prescribed if compared with their MAR. The person had a large amount of medicines that were frequently changed. Although we saw evidence staff had administered the person's medicines appropriately, the care plan was not always reviewed each time a change was made. The registered manager agreed to take action to address this matter.

Assessing risk, safety monitoring and management

●The provider had undertaken assessments to identify the risks to people. Risks identified included those associated with epilepsy, medicines, skin integrity, nutrition, isolation, moving and handling and falls. Where a risk was identified measures were put in place to minimise the risk of harm. For example, one person was at risk of falls. Their care plan prompted staff to encourage them to always wear their fall monitor so they could summon help if they fell.

●One person's safety was at high risk because of the nature of the epileptic seizures they had. Care workers had received first aid training that included epilepsy first aid. Face to face epilepsy training was also being arranged for staff working with the person. The person had an epilepsy sensor in their bed. There was a risk assessment and generic epilepsy guidance for staff.

●However, guidance did not describe the type of seizures the person had or how they might present. It was not stated what specific actions staff should take for that individual, for example when they should call 999. However, the person had regular care workers and following our inspection, the registered manager updated the care plan guidance and completed a more in-depth risk assessment.

Systems and processes to safeguard people from the risk of abuse

●The provider had systems in place to keep people safe from abuse. They monitored daily notes and spoke with care staff and people on a regular basis. They understood when a concern should be reported as a

safeguarding alert to the local authority and when CQC should be notified by law.
●People and relatives told us they felt safe with the care workers. One person said, "I do feel very safe with them." Care staff had received safeguarding adult training and were able to tell us how they would recognise and report possible concerns to the registered manager. One care worker told us, "Bruise, you have to report as it might be physical abuse. Financial abuse, you can see in their eyes if they have been crying or if they are shaking, see their reaction. Yes, I have to report it immediately."

Staffing and recruitment
● People and relatives confirmed care workers arrived on time and had not missed care calls. They said the agency had continued to provide a good service throughout the summer months. Although their regular staff had taken holidays other care workers had been available to provide cover.
● The registered manager told us they had 28 care workers on a zero hours contracts and including the registered manager there were five members of the office team. They told us they had enough staff to provide cover and if they were referred new people who required a service.
● The provider practised a safe recruitment process. Prospective staff completed an application form and attended an interview to help ensure they had the aptitude to work as a care worker. The provider carried out various checks including staff's right to work in the UK and their proof of identity. They undertook previous work references and criminal record checks to ensure staff were of good character.

Preventing and controlling infection
● Staff received infection control training during their induction. The provider gave care workers adequate supplies of personal protective equipment to support them to help avoid cross contamination. The provider checked during spot checks that staff were using protective equipment appropriately.

Learning lessons when things go wrong
●The registered manager told us they were developing the service and learning from incidents. They described they now recorded all the contact details for equipment suppliers, not just the hoist and wheelchair providers. This was because one person had an electrically operated bed that broke down and it took time to find the correct company.
● They also gave an example of a complaint that resulted in a meeting with social care professionals. As an outcome of the meeting they spoke with all staff about keeping professional boundaries when working with people. They now stated in induction, "Stay to your professional job and watch what you say to people."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated good.

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
● The provider assessed people's needs prior to offering them a service. Some relatives and people described an assessor from the provider coming to meet with them and check what care and support they wanted. One relative said, "Assessor was kind on the first day," they had welcomed their support and described them as, "accommodating."

Staff support: induction, training, skills and experience
● Staff received induction training prior to commencing work as a care worker. Staff we spoke with found the training thorough and helpful. One care worker told us, "It's a great improvement to my knowledge." Training included, safeguarding adults, medicines, infection control, dementia awareness, moving and handling, health and safety, equality and diversity and MCA.
● New care staff shadowed more experienced workers and were assessed by the registered manager to determine if they were competent. For example, in moving and handling. They were rostered on "double up" care calls with another staff member at first so they could build their expertise and confidence.
● Care workers received supervision. One care worker told us, "The co-ordinator asks to speak with me every three weeks for supervision. They ask if I have any problem. They call me for training as well."

Supporting people to eat and drink enough to maintain a balanced diet
● The provider assessed to check if people were at risk of poor nutrition. The registered manager told us currently no one being supported was at high risk of malnutrition. They said, "We have no one who is at high risk. If we did, we would refer to the dietitian."
●People's care plans detailed the staff support they required to make their meals. If family supported people by buying food or cooking meals this was also stated. Care workers supported people to have their choice of meals. No one using the service required support to eat at the time of inspection.
●Care plans prompted staff to ensure people remained hydrated by providing them with their choice of drinks. For instance, offering one person milk when they were retiring to bed or leaving another a flask of tea and biscuits. We saw the provider had reminded staff in team meetings of the importance of supporting people to remain well hydrated.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
●The registered manager told us they would expect the care workers to call a GP or ambulance should they observe people were unwell. The assistant co-ordinator told us, "If someone was ill I would call 111 or the

GP. If it was serious I would get an ambulance." However, the situation had not yet arisen where it was necessary to do this. .

●One relative told us how the occupational therapist had visited their family member and the care worker had supported this visit by being present. The care worker had assisted when their family member had suffered a seizure.

●We saw evidence that the registered manager had flagged concerns to the relevant health or social care professional. For example, when people refused care from care workers the local authority was informed.

●The provider ensured care workers had access to information to support them to understand and support people with specific conditions such as dementia. As such, there was information displayed in the office about dementia and dementia drop in services.

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.

●People who had capacity, signed to consent to their care and treatment as stated in their care plans. It was stated in one person's care plan they did not have capacity about their care and treatment. Their relatives had signed on their behalf. We saw that the provider had requested proof from the relatives that they held Lasting Power of Attorney (LPA). A lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

●Following the inspection, the registered manager sent us further evidence the relatives' Court of Protection application was being processed as they had stated.

●One care -worker told us, "I don't assume they lack capacity, because even when they have dementia they can still decide a lot of things…We always check if relatives have full LPA and ask for proof."

● Staff told us they asked people's permission before providing care. They told us, "If they say 'no shower' I say ok I will give you tomorrow. I explain why it is good to have one but say we do it tomorrow. We are not forcing. I would report every day, but we cannot judge them."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● All people and relatives we spoke with described staff as, "friendly" and "kind." One person said, "They are very friendly, they greet me and say, 'Good morning' and 'Good afternoon', we have a little joke and a chuckle." Some people and relatives spoke about specific staff members who they were especially pleased with. They said for example, "Two were absolutely amazing, nothing but praise for them" and "Well my [family member] is very pleased with the service…has got a regular nice carer, really pleased."

● The staff demonstrated they had received equality and diversity training and they spoke about working with people on their own terms. Their comments included, "Everybody you have to respect because you are a carer. You help each person and respect them," and "They know you care, you work slowly and give them time."

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

●One person told us, "We understand them, and they understand us. We are fine with that. No complaints here!" One relative told us they found most care workers were very skilled at communicating with their family member, however some cover staff's spoken English, whilst adequate for completion of tasks was not always good enough to have high quality interactions with their family member.

●The provider told us, "We try where possible to match the language, Asian, English or Somali as well. Communication is very important. If staff can't communicate how can you give a good service." They described they were trying to recruit a staff member who had specific language skills for one person who had requested this.

●Care plans detailed people's preferences and staff told us how they promoted people's decision making. One care worker said, "First of all they choose their clothes. When I give a shower, I bring a choice of clothes and they say, 'that one'. I take them to the fridge, they look and choose foods they like to eat. I offer coffee or tea?"

●Information was provided to people in a service user guide. This was clearly printed and information was well presented. There was an easy read safeguarding information form. The registered manager told us they planned to introduce an easy read guidance for complaints.

Respecting and promoting people's privacy, dignity and independence

● People told us care workers supported their dignity and privacy by closing doors and curtains before providing care. They described care workers supported with tasks they could not manage themselves. One person said, "They do things as I want it done. I've only got to ask, and they do it."

●Staff told us how they worked with people in a manner to promote independence with tasks where possible and in a manner that promoted their well-being. One care worker told us, "[Service user] is a nice person. I show them honesty. I ask what they want. I help them but don't rush. Get them chatting because they like to chat.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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

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

● People had care plans in place that gave guidance to staff about how they wanted their care provided. One person told us, "They're lovely, they do things, everything I ask them to do." Care plans contained a schedule of the care and support required covering all activities of daily living. The person's routine was well recorded. For instance, if in the evening they liked the lights switched off or if they liked to read.

●We saw that the provider reviewed the initial care plan six months after the service had been in place. They explained following the six months review they would review yearly involving the person and their relatives. Where possible they would ask a social care professional to attend.

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's care plans stated how they communicated and understood information. For example, their preferred language, if they had a cognitive impairment or a hearing loss. They gave staff guidance about how to communicate with people. Care plans prompted staff to remember to communicate with people whatever they were doing.

●People's comments were positive about staff communication. Written feedback from a questionnaire by one person using the service read, "Carer has good communication skills and understands my religion and culture." We saw this was displayed in the office, "How to talk with people who have Alzheimer's or dementia." These included strategies such as, "never reason, instead divert," and "reinforce" what you are saying and "encourage and praise."

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

●Care plans documented people's cultural and religious practices and beliefs. This included for example, washing prior to prayers and culturally preferred foods.

● A member of the management team told us, "We always ask initially what their religious and cultural support needs are." The care plans reviewed contained guidance for staff about how people wished to be supported to continue to practice their faith and cultural activities.

●Staff told us they would support people whatever their backgrounds including those from the lesbian, gay bisexual and transgender plus community (LGBT+) and talk with them about their diverse needs. They said, "Of course we welcome people, their choice, they choose, we support them and respect them…we have diversity training."
●People's care plans identified if they had friends or family who visited and if they took part in activities in the community. It was documented some people were at risk of isolation and care workers were prompted to spend time talking with them and to encourage conversation. Care plans contained some details about people's personal history and their interests so care workers knew what might engage people.

Improving care quality in response to complaints or concerns
● People and relatives told us how they would phone the registered manager and make a complaint if they wanted to. They all said they had the telephone number and felt confident to raise a concern.
●One person told us they had complained in the weeks following our inspection. They said, "I have complained to the office…I can tell them they don't mind." They continued to say they found the registered manager approachable and were waiting to hear from them about the outcome of the complaint.
●The registered manager showed us they had a complaints procedure and aimed to respond with a complaint within five days. They had received five complaints since registration. However, they explained that most complaints were quick to resolve. They had a spread sheet where they kept an overview of concerns to monitor if there were trends in the service.

End of life care and support
● The registered manager told us no one was currently receiving end of life care. People had a section in their care plan for their funeral arrangements. Two care plans reviewed contained some basic information.
●Some care staff had received basic end of life training in preparation should this type of support be required. The assistant co-ordinator told us if someone had end of life care needs they would put in place a plan that would reflect the person's wishes. They explained they would support the person and their family by working with the palliative care nurses to deliver a good service.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated good.

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 supported by office staff who had clear responsibilities. There was a recruitment and training officer who had oversight of staffing requirements. A part time administration officer provided support for office systems and processes. Two part time assistant co-ordinators had oversight of care workers in their designated local authority where the agency was currently providing care.

● The registered manager and office staff completed monthly audits of a sample of care records and all medicines administration records and daily notes. We saw daily notes were audited carefully and any concerns such as poor use of language was addressed with staff. An action plan from shortfalls found were recorded to be addressed within certain time scales.

●The registered manager also used a six-monthly best practice indicator audit. This audit reviewed aspects of care using the CQC key questions. Audit in January 2019 included for example, respect, privacy, independence, equality and diversity, social inclusion, communication and safeguarding adults.

●The registered manager and the office staff undertook monthly telephone monitoring to get feedback from people and relatives. They asked questions that included, "Do you feel safe?" with the service provided and checked if staff were using personal protective equipment appropriately. Feedback from people reviewed was positive. The provider undertook random spot checks for staff attendance and to check good work practice.

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 registered manager was able to demonstrate to us they knew when by law they were required to notify the CQC. They had flagged to the local authority when there was a concern such as a person refusing care.

●The registered manager had liaised with the CQC on several occasions throughout the past year. They had been open and honest in their communications.

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

●There were good lines of communication in the service. The registered manager and office staff phoned people and their relatives on a regular basis to check people were happy with the service they received. People and relatives told us communication was good between the office and themselves. Their comments

included, "They phone now and then. Once every three weeks to see how I'm doing," and "Spoke to [Registered manager] the other day, constant communication."

● The office staff used a mobile phone application (App) to communicate with each other and staff. Staff were able to share information through the App and received their rota and any changes by email.

●Staff told us the registered manager was approachable and they were able to share problems and concerns with them. One care worker told us, "The [Registered manager] is nice, they ask me if I have any problems…if there is a problem with the client I cannot hide a problem. I have to share."

● The registered manager demonstrated they monitored staff recruitment to ensure they were an equal opportunities employer. They met with new staff during induction to give a talk about the company to promote their aims and values. The values of the company were stated in the service user guide for people's information.

●The registered manager met with the office staff most weeks either formally or informally to discuss management of the business. Staff meetings usually took place each month. Minutes reviewed showed that approximately 14 or 15 staff attended each time. Topics discussed included, encouraging people to eat and drink, duty of care, wearing ID and respecting people's privacy and dignity.

Continuous learning and improving care; Working in partnership with others

● The registered manager continued to update their own knowledge and learning. They had attended Skills for Care managers' training that had included medicines administration. They had also attended epilepsy awareness training to equip themselves to understand a person's support needs.

●They attended the local authority registered manager's network and had been elected Chair of the meetings. At these meetings health and social care professionals were invited to speak and share their knowledge. Relevant topics such as auditing the quality of the service was discussed by reviewing three different audit approaches and identifying best practice.

●The registered manager told us they found these meetings helpful in developing good networking with other registered managers and professionals. They stated it was good to learn from each other for the benefit of the people receiving a service.