

Review of compliance

City Care Services Limited City Care Services	
Region:	East
Location address:	Kingfisher House High Green, Great Shelford Cambridge Cambridgeshire CB22 5EG
Type of service:	Domiciliary care service
Date of Publication:	May 2012
Overview of the service:	City Care Services provides a domiciliary care service and is registered to provide the regulated activity of 'personal care'. The service is provided to people living in and around Cambridge and Cambridgeshire, and cares for younger adults and older people.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

City Care Services was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether City Care Services had made improvements in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 09 - Management of medicines
- Outcome 12 - Requirements relating to workers
- Outcome 13 - Staffing
- Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 30 January 2012, carried out a visit on 7 February 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People we visited told us that staff helped them with everything they needed help with and that staff were very good.

They said they were happy with the way care workers support them with their medicines.

They confirmed that staff were usually on time, although there continued to be times when staff did not arrive to provide care.

What we found about the standards we reviewed and how well City Care Services was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was not compliant with this outcome. Whilst most people experienced care

and support that met their needs, due to lack of guidance with assessments and plans not up to date, people were at risk of receiving care or treatment from staff that was inappropriate or failed to meet their needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was not compliance with this outcome. There was inadequate guidance and information available to staff to ensure reporting of abuse.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was compliant with this outcome. People can be assured that their medicines were handled safely and that they were given them as prescribed. However, improvements were needed in the guidance for staff on the safe use of some medicines.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The provider was not compliant with this outcome. Although improvements had been made, not all of the required recruitment checks were obtained, which does not ensure staff members were safe to work with people using the service.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was not compliant with this outcome. The provider was not able to provide adequate assurance that staff levels were accurately determined and there were not always enough staff available to meet people's needs.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was not compliant with this outcome. People were not protected from the risks of unsafe or inappropriate care due to inadequate records and lack of appropriate information.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with two people three people during our visit to their homes. They said that staff help them with everything they need help with and one person said staff were very good.

Other evidence

We were advised during our visit that actions to address non-compliance found at our previous review would not be completed in the timescale identified by the provider. Information provided since this visit showed a plan for ensuring every person using the service would have their care needs reviewed, although it was of concern that people with high level needs would not necessarily have their needs reviewed first.

We spoke with three members of care staff during our visits to people's homes. They displayed a good working knowledge of people's individual needs and an understanding of how to manage care needs that were not recorded adequate in the care records.

During this visit we examined care records for five people and found that information to guide staff was still missing from people's care plans. Assessments and plans to assist staff in reducing identified risks had not been reviewed or updated. This put staff members and people using the service at risk.

Our judgement

The provider was not compliant with this outcome. Whilst most people experienced care and support that met their needs, due to lack of guidance with assessments and plans

not up to date, people were at risk of receiving care or treatment from staff that was inappropriate or failed to meet their needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are moderate concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who used the service did not provide feedback about this regulation.

Other evidence

We spoke with the local authority safeguarding team who confirmed the agency had improved its reporting of possible safeguarding issues. Incidents had been reported in a timely manner and the provider worked with the safeguarding team to resolve issues and improve the service that was provided.

During our visit we were provided with a copy of the agency's safeguarding policy and procedure. The agency had adopted Cambridgeshire County Council's policy guidance and procedure. However, the council's policy had simply been copied in full and was difficult to follow as guidance in relation to a domiciliary care agency. For example, the document included guidance for safeguarding teams in assessing abuse, directed the reader to records used by these teams and guided them in investigating the abuse. The agency had not adapted the document for their purposes and it would not provide appropriate guidance for staff members with concerns about abuse.

The agency's abuse procedure provided very basic information to staff members, gave details of their own out of hours number or the emergency services number only. There was no contact information for the Care Quality Commission or the local authority safeguarding team. At our previous review we were satisfied that staff members were provided with adequate training to ensure they understood abuse and could recognise when it may have occurred. However, staff members at that time were reluctant to

report concerns directly to the local authority safeguarding team. A lack of clear guidance and information in the policy and procedure showed that staff did not have the information and were not encouraged to report in this way.

Our judgement

The provider was not compliance with this outcome. There was inadequate guidance and information available to staff to ensure reporting of abuse.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People we spoke with told us they were happy with the way care workers support them with their medicines.

Other evidence

At our review of compliance in November 2011 we had minor concerns as the service did not fully protect people against the risks associated with the unsafe use and management of medication and there were inadequate arrangements for the recording and use of medicines. Care plans contained insufficient detail to ensure some medicines are used appropriately. Following this review we received an action plan from the provider detailing the actions they would take to ensure compliance with this essential standard.

This review was to assess improvements the service had made to achieve compliance. We found that the records made when medicines were given to people by care workers had improved and demonstrated that people received their medicines as prescribed. Before the visit the provider told us that "we are monitoring to ensure all documentation is completed fully" and we found evidence to support this.

Where people were prescribed medicines on a "when required" basis, for example, for pain relief we found that guidance for staff had improved to detail the circumstances these medicines were used but there were still some people for whom no guidance had been provided. Before the visit the provider told us that "we have included a body

map...to demonstrate what area...creams need to be applied to". We found this to be the case for some people, but not all care records we examined contained these.

We were told that only staff who have been trained and assessed as competent were authorised to handle medicines and we found evidence to support this.

Our judgement

The provider was compliant with this outcome. People can be assured that their medicines were handled safely and that they were given them as prescribed. However, improvements were needed in the guidance for staff on the safe use of some medicines.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are minor concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People who used the service did not provide feedback about this regulation.

Other evidence

We reviewed the files of three new staff members to check whether improvements had been made following our previous review. All but one of the required improvements had been made; there remained no evidence that gaps in employment history had been explored.

Our judgement

The provider was not compliant with this outcome. Although improvements had been made, not all of the required recruitment checks were obtained, which does not ensure staff members were safe to work with people using the service.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

There are moderate concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People we spoke with during our visit to their homes said that staff were usually on time, although one person confirmed that a staff member had failed to arrive for a visit twice in the two months preceding our visit.

Other evidence

In their report to us following our previous review the provider stated that if their staffing numbers were multiplied by the industry standard, this would provide adequate staffing levels for the number of hours work they were commissioned to provide. Information sent to us for this review showed how the provider took such things as geographical location into consideration when they determined staffing levels. However, there was no explanation of how people's individual needs or whether such issues as planned leave, days off or specific working hours were included in any calculation of staffing numbers.

The provider also informed us in their report that they had addressed staff sick leave by removing staff from the work for an additional three days following sick leave. They stated this had reduced the amount of staff sick leave by approximately half. The agency had procedures in place to cover the sudden inability to provide care, such as for late calls or missed visits, where they were informed this had occurred.

We spoke with the local authority contracts monitoring team who stated the agency continued to miss some calls to people using the service. Information provided to us since the inspection showed that the number of late and missed calls had reduced since the previous review, although missed calls were still occurring.

Our judgement

The provider was not compliant with this outcome. The provider was not able to provide adequate assurance that staff levels were accurately determined and there were not always enough staff available to meet people's needs.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are moderate concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this outcome.

Other evidence

During this visit we examined care records for five people and found that information to guide staff was still missing from people's care plans. For example, there was no description of one person's challenging behaviour, whether there were any triggers to the behaviour, or the specific actions staff members should take if the person displayed the behaviour. The staff member confirmed that there was not enough information to guide new or inexperienced staff. They also stated that they had not been provided with any information and had not been aware of situation prior to visiting the person.

There was information in people's care records to show moving and handling risk assessments had been reviewed since our previous inspection and these records contained a statement recording whether the person was at low, medium or high risk. However, most of the care records we examined in the agency office or in people's own homes did not contain the risk assessment to show how the level of risk had been determined. One person's care records indicated they had suffered a condition that commonly affects ability to walk and balance, although there was no information regarding any effects suffered by the person or any risk assessment. Two of the records we examined were for people requiring two or more care staff to attend to their needs, including moving them in and out of bed. Moving and handling risk assessments

were not available in either person's care records and had not been updated since before our previous review.

One person's records indicated they required three care staff to safely move them and this was supported by assessments from health and social care professionals. However, daily records indicated that only two staff members attended calls to this person. We asked the manager to explain how staff members were therefore able to safely provide care for this person and were told that the person's care needs varied depending how well they were. If the agency was not able to provide three staff members and the person required this number of staff to safely move them out of bed, staff members would leave the person in bed. There was no assessment to show how the risks of leaving the person in bed for prolonged periods of time could be reduced.

Our judgement

The provider was not compliant with this outcome. People were not protected from the risks of unsafe or inappropriate care due to inadequate records and lack of appropriate information.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	Why we have concerns: Improvements are needed in the guidance for staff on the safe use of some medicines.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: Whilst most people experienced care and support that met their needs, due to lack of guidance with assessments and plans not up to date, people were at risk of receiving care or treatment from staff that was inappropriate or failed to meet their needs.</p>	
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>How the regulation is not being met: There was inadequate guidance and information available to staff to ensure reporting of abuse.</p>	
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>How the regulation is not being met: Not all of the required recruitment checks were obtained, which does not ensure staff members were safe to work with people using the service.</p>	
Personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing

	<p>How the regulation is not being met: The provider was not able to provide adequate assurance that staff levels were accurately determined and there were not always enough staff available to meet people's needs.</p>	
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>How the regulation is not being met: People were not protected from the risks of unsafe or inappropriate care due to inadequate records and lack of appropriate information.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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