

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## City Care Services

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Cambridge, CB22 5EG

Tel: 01223842100

Date of Inspection: 23 August 2012

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

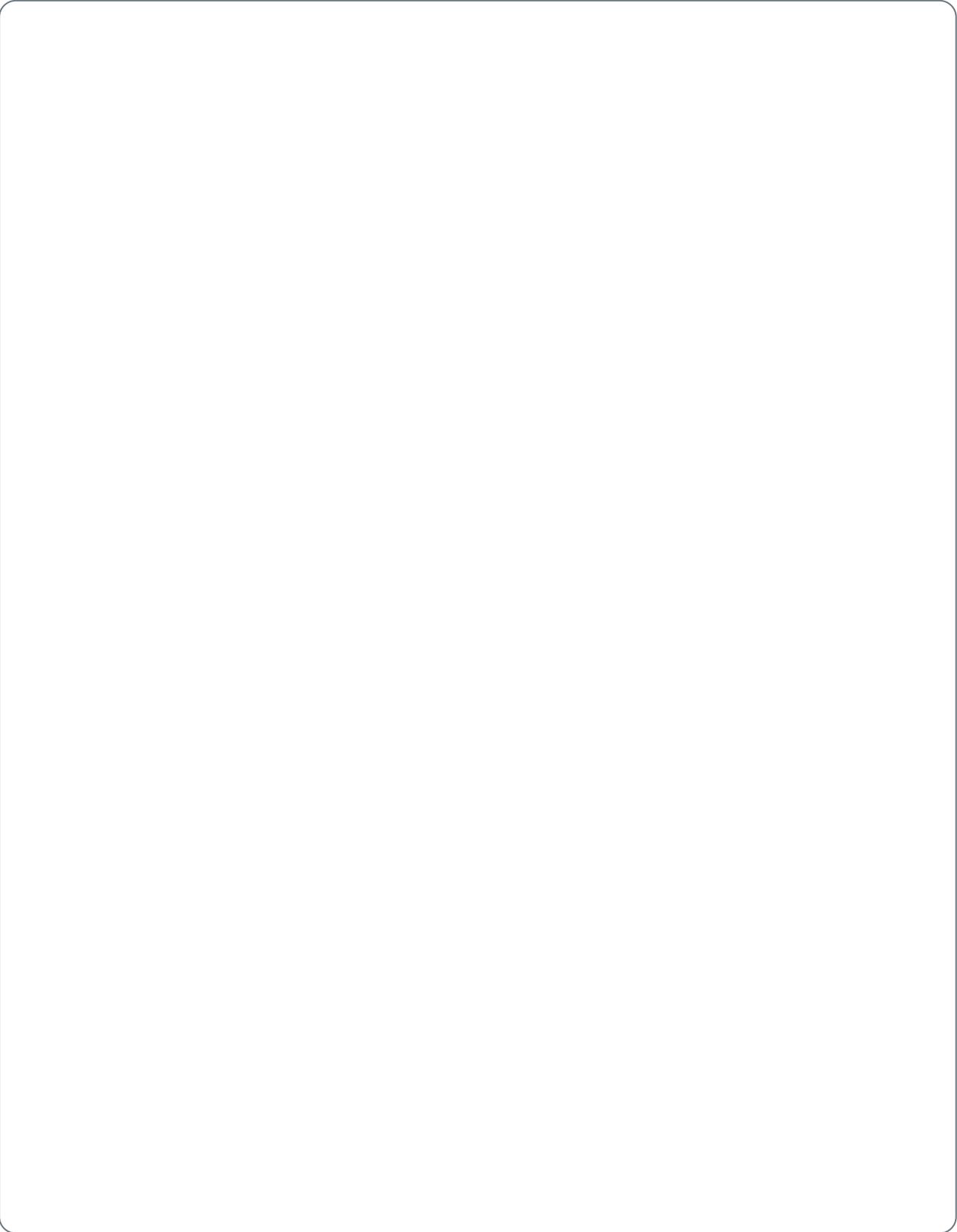
|  |                     |
|--|---------------------|
| <b>Care and welfare of people who use services</b>     | ✓ Met this standard |
| <b>Safeguarding people who use services from abuse</b> | ✓ Met this standard |
| <b>Management of medicines</b>                         | ✓ Met this standard |
| <b>Staffing</b>  | ✓ Met this standard |
| <b>Records</b>   | ✓ Met this standard |
| <b>Requirements relating to workers</b>                | ✓ Met this standard |

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | City Care Services Limited   |
| Overview of the service | City Care Services is a domiciliary care service which is registered to provide the regulated activity of Personal Care to people in their own homes |
| Type of service         | Domiciliary care service   |
| Regulated activity      | Personal care  |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*



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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether City Care Services had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Management of medicines
- Staffing
- Records
- Requirements relating to workers

This was an unannounced inspection.

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### How we carried out this inspection

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We reviewed information sent to us by other organisations, carried out a visit on 23 August 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We carried out this review to check whether City Care Services had made improvements in relation to compliance actions made following our inspection on 07 February 2012 concerning the following outcomes; Care and welfare of people who use services, Safeguarding people who use services from abuse, Management of medicines, Requirements relating to workers, Staffing and Records. All evidence indicated that improvements had been made and we noted that all compliance actions we made following our last visit had been met by the provider

We spoke with eight people who use the service, and two relatives, regarding their experience of the care and support provided. People's comments were generally positive about the service and the support they received from care staff. One person commented, "The carers are brilliant and respectful;" and another person commented that, "The service is good and reliable and I have no concerns". One person did however tell us about a visit which had not taken place due to confusion in communication and that this had caused them concern.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People we spoke with told us that they were satisfied with the care that was provided and found the carers to be kind and respectful when providing care and support. Our inspection of 07 February 2012, found that people's care plans were not being regularly reviewed and updated to ensure that they accurately reflected people's current needs. The provider wrote to us and told us that care plans would be reviewed by the end of June 2102. During our visit on 23 August 2012 we saw that new care files had been implemented including assessments of need and evidence of regular reviews were seen in care planning documentation. We reviewed five care plans held in the agency's office and they contained clear guidelines for staff regarding the person's individual care and support needs. Risk assessments were in place including an assessment of environmental hazards. We saw samples of recent daily care notes and there had been an improvement in the amount of detail recorded.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

Our inspection of 07 February 2012, found that there needed to be improvements to safeguarding policies and procedures. The provider wrote to us and told us that safeguarding procedures had been improved and that staff had received information regarding safeguarding policies and appropriate reporting procedures. During our visit on 23 August 2012 we saw a revised safeguarding policy which was in line with the local authority procedures. We also saw evidence that staff had received information regarding safeguarding reporting procedures. We spoke with two members of staff who confirmed that they had received safeguarding training in the last 12 months and they were knowledgeable about reporting any allegations of abuse.

Recent safeguarding issues had been resolved via the local authority safeguarding team. The provider was aware of their responsibility in notifying the Care Quality Commission of any safeguarding concerns.

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

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### **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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### **Reasons for our judgement**

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Medicines were safely administered. We spoke with people using the service but their feedback did not relate to this standard. Our inspection of 07 February 2012, found that there needed to be improvements to administration of topical creams. During our visit on 23 August 2012 we saw a new document which was included in peoples' care plans showing a 'body map' highlighting the areas where care staff should apply creams which had been confirmed by the prescribing surgery. Staff that we spoke with told us that this was a useful aid when applying creams. The provider had ensured that care staff had their competency checked twice a year by team leaders to ensure that they safely administered medication. Annual refresher training was provided for all staff who administered medication.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet people's needs. People we spoke with during our visit told us that care staff were usually on time and that they were contacted by the agency if care staff were going to be late. People also told us that they usually had the same care staff providing their support and that they felt confident with them. They said that care staff were knowledgeable and supportive. However, one person told us about a recent care visit which may have been missed due to a communication error. We followed this up with the provider and they told us that there had been some confusion regarding the agreed time of the care visit and that the call had been subsequently cancelled by the family. Our inspection of 07 February 2012, found that there needed to be improvements to staffing levels. During our visit on 23 August 2012 we reviewed arrangements that were in place to ensure that there was adequate cover to meet care calls at all times. The agency had a bank staff scheme to provide cover for care visits and there was no longer use of agency workers. There was an 'out of hours' procedure in place to cover shifts where needed. Calls were arranged in advance and staff's annual leave was taken into account when calculating staff rotas to ensure care visits were adequately covered.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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People's personal records including medical records were accurate and fit for purpose.

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

Our inspection of 07 February 2012, found that there needed to be improvements to recording including the risk assessment processes. During our visit on 23 August 2012 we reviewed three care files and found that improved risk assessments were in place including mobility, medication, environmental and health and safety concerns.

Since the last inspection visit a number of documents had been improved including; care planning documentation, safeguarding policies and recruitment documentation. Recording in daily notes had improved and care staff had received record keeping training to ensure that there was a consistent approach when completing required records.

The agency also had a computerised communication system where all verbal communication with people was recorded.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place

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

Our inspection of 07 February 2012, found that there needed to be improvements to recruitment procedures. During our visit on 23 August 2012 we reviewed three staff files and there was evidence that suitable recruitment checks had been made prior to the commencement of the persons' employment. There was evidence that gaps in employment had been pursued during the recruitment process.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

Contact us

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|-----------------|---|
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