

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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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ 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

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 November 2013, 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.

What people told us and what we found

People that we spoke with were positive and complimentary about the care and support they received from the agency. One person said, "The care staff really help me and are very good." Care and support plans were 'person centred' and documented in detail. There were regular reviews to ensure that any changes to people's needs were being met. People were involved in the planning of their care and support.

Care staff were trained in safeguarding people from harm and they had access to policies and information regarding how to report any incidents or allegations to the local authority safeguarding team.

We saw evidence that staff were trained and monitored regarding the administration of medicines. Staff were aware of their responsibilities when recording the administration of medicines that they had given or prompted people to take.

There were training programmes and regular supervision sessions in place to ensure that care staff remained competent to deliver care and support to people using the service.

The agency had effective procedures in place to regularly assess and monitor the quality of the service that was provided to people.

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

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During our inspection on 12 November 2013 we spoke with eight people receiving care and support from the agency. People told us that their views were always taken into account when their care and support was being planned. One person told us that: "The staff treat me with respect and always make sure that I am happy and comfortable before they leave". Staff we spoke with told us that they ensured that people's dignity was respected at all times and principles of care, including equality and diversity and respect, were included during their induction training.

We saw assessments which had been completed prior to the care package commencing. A thorough assessment had been undertaken by a member staff from the agency, which included detailed information regarding the person's background, personal care and support needs, healthcare, activities, personal preferences and family and professional contacts. Risk assessments were completed including an assessment of the environment, the person's mobility and assistance with medication.

People we spoke with told us that they had been involved in the planning and reviewing of their care and support needs to ensure that their preferences were being met regarding how their care should be provided. We saw that there were contracts in place signed by the person or their representative to agree the care and support that was to be provided.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People we spoke with were very satisfied with the care and support they were receiving from the agency. One person told us that: "The care staff are really excellent and help me with what I need." Another told us that: "The staff are cheerful and kind and never rush me when giving care". Two relatives that we spoke with also told us that the care was given in a kind and respectful way to their family member.

We reviewed four care plans during the inspection on 12 November 2013, kept in the agency's office and four in people's homes. Care plans were written in a 'person centred' style which reflected people's personal needs and preferences and detailed how care and support should be delivered at each care visit. There were detailed guidelines for staff covering a wide range of care that was to be provided. Examples included assistance with personal care, assistance with medication, preparation of meals and assistance with household tasks.

Care plans were up to date and were reviewed at least annually to record where needs had changed. Care plans were signed and agreed by the person or their representative, and a member of staff. The manager told us that the agency had contact with healthcare professionals to ensure a well-co-ordinated care package for the person. We also saw samples of detailed daily care notes that had been completed by staff to record the care and support that had been provided during each visit.

There were up to date risk assessments in place to ensure, as far as possible, that the people remained safe and that care and support could be appropriately delivered.

The members of care staff that we spoke with showed that they were knowledgeable about the care and support needs of the people that they were supporting.

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

Our judgement

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.

Reasons for our judgement

There were safeguarding policies and procedures in place and staff had received training during their induction and annual refresher sessions to ensure that people using the service were protected from harm or abuse. We saw information displayed in the office regarding reporting any safeguarding concerns including the contact details for the local authority safeguarding team. Contact details for the local authority safeguarding team were also included in the information pack kept in people's homes.

Evidence of ongoing training sessions was seen in the agency's training files. Staff we spoke with confirmed that they received ongoing safeguarding training and they were clear about their responsibilities in reporting any safeguarding concerns to their manager.

The manager told us about a recent safeguarding issue which had been appropriately reported to the local safeguarding team and had been satisfactorily resolved. We saw copies of correspondence regarding the safeguarding concern in the agency's office. There were no other safeguarding investigations taking place. The provider was aware of their responsibility in notifying the Care Quality Commission of incidents or allegations of abuse.

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

Our judgement

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.

Reasons for our judgement

We saw that the medication administration records (MAR sheets) in the homes of people that we visited were accurate.

The level of assistance that people needed with their medication was recorded in care planning documentation. We saw that where the person dealt with the administration of their own medication this was recorded in their care plan. Medication risk assessments were seen in people's care planning documentation.

Medication awareness and administration training sessions were provided for staff during their induction and refresher training was given. Staff that we spoke with confirmed they had received regular medication training.

Staff received annual medication competency checks to monitor that they were safely administering medicines and we saw copies of completed checks in a sample of staff files. The manager told us that additional training would be given to staff whose competency did not meet the required standard or where there had been errors noted in their administration of medication.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff had received an induction prior to providing care and support to people in the community. They had also completed a workbook covering the common induction standards recommended by 'Skills for Care' (a nationally recognised training organisation). There were records in staff files to evidence that regular training was provided covering mandatory topics.

Additional training had been provided to ensure that staff had the required skills to safely meet people's specific care need. An example of this was training in the assistance with peg feeding (a procedure to provide nutrition where the person was not able to receive their food by mouth).

The training co-ordinator monitored training on an ongoing basis to ensure that the care staff were booked on courses throughout the year. A training programme was in place to monitor overall training that had been achieved including dates of sessions and dates for refreshers.

Care staff that we met told us they felt that they were well supported and that the management team were approachable and responsive. We also met a group of four new care staff who were involved in induction training and they were positive about the training and support they had received.

Care staff received supervision on a three-monthly basis and an annual appraisal, to ensure that their work performance and development needs were monitored. This was confirmed by staff spoken with during the visit and evidence of supervision sessions was seen in staff files. Staff also told us that regular staff meetings were held and that they were encouraged to raise and discuss ideas and issues.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People we spoke with told us that they regularly had contact with members of the agency's management team and that they knew who to contact if they wanted to discuss any concerns about their care and support. One person told us that: "I can always speak to one of the co-ordinators and the care staff about any problems."

Staff we spoke with told us that they felt the agency was well managed and that they were freely able to raise any concerns and were encouraged to participate and raise issues in the team meetings. Staff told us that they also received spot-checks during the year from members of the management team to monitor how they were delivering support to people. Any concerns would be followed up in supervision.

The manager had conducted monthly audits to monitor people's care and support needs, staffing, medication and updates to policies and procedures. Annual surveys were sent to people using the service and care staff and we saw the results of the 2013 surveys which showed analysis of people's satisfaction with the services provided.

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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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