

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

## City of London

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cooperating with other providers</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Department of Community Services
Registered Manager	Mr. Ian Tweedie
Overview of the service	Department of Community Services provides re-enablement services to residents of The City of London. This service is available for a period for up to six weeks, so that people can become more independent following their discharge from hospitals.
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 announced 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 5 September 2013, talked with people who use the service and talked with staff.

### What people told us and what we found

At the time of our inspection the agency provided services to three people. We were able to speak with two people using the service. We also spoke with an occupational therapist, who was also in charge of the day-to-day running of the service, and two care workers. People told us they were very happy with the quality of care provided. One person told us, "I have nothing but good things to say about my care worker. She is always helpful, tactful and polite." Another person told us, "I am very happy and I am treated with dignity and respect."

We also checked the provider's satisfaction questionnaires. These showed that most people "strongly agreed" that they had received a good quality of service from the provider.

We were satisfied that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The provider cooperated with others involved in the care, treatment and support of people using services to ensure that they received a safe and coordinated service.

The provider was able to demonstrate that there were sufficient numbers of staff with the right competencies, knowledge and qualifications, skills and knowledge to meet the needs of people who use the service

There was an effective complains system in place which allowed people to raise any concerns about the quality of service provided.

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](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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People's records showed that any refusal from the person using the service to receive support with personal care was always recorded in their individual notes.

The two care workers employed by the provider demonstrated their awareness of issues around mental capacity and consent. They also told us that they would report to their manager any occasions where they felt a person they supported would lack capacity to make decisions. Staff were aware of how to respect the cultural, social values and beliefs of people using the service.

People who spoke with us confirmed that care workers asked for their verbal consent before providing any personal care or support with moving and handling. They also told us that they were provided with sufficient details about the care, treatment and support options offered, to allow them to make an informed decision.

The person in charge of the day-to-day running of the agency had a good knowledge of issues relating to the Mental Capacity Act 2005. They were also aware of the procedures to be followed in relation to any person who may lack mental capacity to consent.

We found that people's individual assessments considered their ability to make informed choices and an assessment of their mental capacity. Each person's file also contained information about people's cultural and religious background.

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.

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

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### Reasons for our judgement

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People told us they were very happy with the quality of care provided. One person told us, "I have nothing but good things to say about my care worker. She is always helpful, tactful and polite." Another person told us, "I am very happy and I am treated with dignity and respect." Some of the other comments made were, "service received excellent in every way. Can't see how it could be bettered. Great service!!", "there is nothing in the services I received which I would have changed or preferred", and "I felt that the services I received from the helpers was either very good or excellent. I was particularly impressed by the work and organisation by [the name of the care worker]."

We reviewed the three care plans of the three people using the service at the time of our visit and another two care plans of two people who had recently used the service. We found that the documents were prepared in consultation with each person. There were systems in place to identify risks and how these would be managed. Staff who spoke with us were clear about each person's goals and objectives. This meant that they could support each person to regain their independence.

There were systems in place to deal with any emergencies. Each person's documents included emergency contact details. There was also information for care workers about how they could access people's property in case of emergencies. Staff had attended training in first aid.

We reviewed the agency's satisfaction surveys. Most of the people felt their opinions were at the centre of their care planning and their personal preferences and culture were taken into account in their assessment, and the input they received. Most people also responded that the service they received was reliable and care workers arrived on time.

## Cooperating with other providers

✓ Met this standard

People should get safe and coordinated care when they move between different services

### Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

### Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in cooperation with others. The person in charge of the day-to-day running of the service explained to us what systems for communicating and cooperating with other providers were in place to protect the health, welfare and safety of people using the service.

We were told that the agency assessed each person prior to providing care and support to them. They obtained information from the hospitals from which people were being discharged. There were also bi-monthly meetings between the provider, social services duty department, the City of London Police and the housing department to discuss any issues around safeguarding vulnerable adults. There were also monthly 'early dementia' meetings with a general practitioner to discuss the best ways of working with people who may have early signs of dementia.

We observed the agency's meeting where care workers provided updates about each person they provided services to. This information was also shared with other domiciliary care agencies commissioned to provide personal care.



## Staffing

✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

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

### Reasons for our judgement

The provider employed two full-time care workers who worked between 7 am and 7 pm Monday to Friday. The other calls were covered by a number of domiciliary care agencies providing services on behalf of The City of London. There was a 24-hour on call cover in place to deal with any emergencies. This meant the provider was able to respond to any unexpected changing circumstances in the service, for example to cover sickness, vacancies, absences and emergencies.

The people who spoke with us told us their care workers always turned up on time. We checked the provider's satisfaction surveys and these showed that most people "strongly agreed" they were given a service which was reliable, with care workers arriving on time.

Care workers recorded their visit to each person using the service in the person's individual care notes. This allowed their manager to monitor whether there were any visits that were provided outside of the agreed time.

The provider was therefore able to demonstrate that there were sufficient numbers of staff the right competencies, knowledge and qualifications, skills and knowledge to meet the needs of people who use the service.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

### Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

### Reasons for our judgement

As part of this inspection we looked at the providers' complaints system. The person in charge of the day-to-day running of the agency told us each person using the service received a pack called "Putting YOU in control of your care", which included useful information, including information about the borough's complaints procedure. This meant that people were made aware of the complaints system. This was provided in a format that met their needs. People were able to raise concerns by telephone or email. The agency was also able to provide an independent advocate to help people with their complaint if they needed support.

We were told that there were no complaints made about the service within the past 12 months. The provider had systems in place to follow up comments where people wrote that the service was not up to the standard they would expect. We saw one example of where that was the case and we were satisfied that the provider had taken appropriate action to resolve the issue, where possible, to the person's satisfaction. We checked the document and we found that the investigation was both proportionate and sufficiently thorough.

The people who spoke with us confirmed that they had received the information pack and told us they would raise any concerns with the provider, however they had not had any concerns or complaints to raise. One person told us, "I believe in being polite and telling people when I am happy and when I am not." Another person told us, "I would definitely complain if I weren't happy, but I have nothing to complain about."

Staff were aware of what to do if any of the people using the service wanted to make a complaint. They told us they would support people who used services or others acting on their behalf to make comments and complaints, where and when appropriate.

## 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.

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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)

### **(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.

## Contact us

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