Care 1st Limited

Care 1st Homecare - Gloucestershire

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. At the time of our inspection it was providing a service to thirty-six adults.

Not everyone using Care 1st Homecare - Gloucestershire receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The inspection took place on the 21 September 2018 and was announced. This was the first inspection of the service. We rated the service 'Good' overall.

Care 1st Homecare - Gloucestershire had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We heard positive comments about the service such as "Very, very good", "Spot-on" and "Can't fault them in anyway".

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. Staff were recruited using robust procedures.

People were treated with respect and kindness and their privacy and dignity was upheld.

People were supported by staff who had training and support to maintain their skills and knowledge to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received personalised care from staff who knew their needs and preferences. People and their relatives were involved in the planning and review of their care and support. There were arrangements in place to respond to concerns or complaints.

Quality assurance systems were in operation with the aim of improving the service in response to people's needs. The management were approachable to people using the service, their representatives and staff.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from the risk of abuse because management and staff understood how to protect them.

People's safety was monitored and managed.

Staff were recruited using robust procedures.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People benefitted from liaison with health care professionals where this was needed.

People gave their consent to care and their rights were protected because the service acted in accordance with the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness.

People and their representatives were consulted about the care provided to meet their needs.

People's independence was understood, promoted and respected by staff.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support.

There were arrangements in place to respond to concerns and complaints.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post who was available to people using the service, their representatives and staff.

The service set out and followed its aims and values for providing care and support to people.

Quality checks were in operation to improve the service provided to people.

Care 1st Homecare - Gloucestershire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service prior notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 21 September 2018 when we visited the office location. We spoke with the registered manager, the care co-ordinator and three members of care staff. We reviewed care records, staff records and policies and procedures relating to the management of the service. Following the inspection, we spoke with four people using the service and nine relatives on the telephone. We also received comments from a social care professional.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Staff described the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with correctly. Safeguarding procedures had been discussed at a staff meeting to ensure staff were fully aware of these.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Risks to people were identified and managed. People had risk assessments in place which gave staff information on managing any identified risks such as falls and risks from people's home environment. A record was kept of when safety checks had been carried out on equipment such as hoists and wheelchairs. Where applicable, plans were in place in the event of staff being unable to gain entry to people's homes.

Plans were in place to deal with any emergency that may affect the delivery of the service. This included arrangements for prioritising the delivery of care to people during an episode of severe weather. The planning ensured people with the highest needs would be prioritised for visits whereas those with the lowest level of need and with appropriate support available would be able to rely on temporary support from relatives or neighbours. One relative commented on how this had worked effectively during severe winter weather.

Suitable staffing levels were in place to meet the needs of people using the service. Staff were organised to provide visits to people in one geographical area to minimise any delays with visit times. People told us they felt assured that they would receive their care. The registered manager told us telephone calls would be made to warn people of any late visits and this practice was confirmed by people using the service and their relatives. One person told us, "They phone to say if they are going to be late". A relative told us "They're on time as a general rule".

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People's medicines were managed safely. Audits of people's medicine administration records were carried out through regular audits and spot checks. Staff received training and competency checks for supporting people with their medicines. Practices around supporting people with their medicines were discussed at staff meetings.

People were protected by the prevention and control of infection. Staff had received training in food hygiene

and infection control. Spot checks on staff included checking personal protective equipment such as disposable gloves were being used where appropriate.

A system was in place to investigate and learn from accidents, incidents and 'near misses'. A record of the actions taken to respond to an accident had been made and the attempts to resolve the issue. For example, one person had knocked their knee on furniture and although they had no injury, action was taken to prevent a reoccurrence my moving the furniture. Other incidents and accidents resulted in requests for a review of care packages to the funding authority.

Good

Is the service effective?

Our findings

People's needs were assessed to ensure they could be met before they received a service. The assessments included care needs, medicines and risks. Technology was used to monitor visit times in conjunction with people receiving care funded by the local authority. This supported the registered manager to ensure people received their care as planned. A representative of the local authority told us, "They have been using electronic call monitoring since the start of the year. They have been consistent and one of our highest performers in regards to this".

In preparation for the winter, staff had been given information about the precautions to take in the event of a person developing Norovirus (A seasonal vomiting and diarrhoea virus) to prevent the spread of the virus to others.

People using the service were supported by staff who had received training and support suitable for their role. Staff had received training in such subjects as, communication, moving and handling (theory and practice), basic life support (includes first aid) and health and safety. Training had also been provided specific to people's needs such as dementia and mental health. Plans were in place for a recently created dementia champion within the staff team to provide support to staff and people living with dementia and their relatives.

Staff had also completed nationally recognised qualifications in health and social care including the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff told us they received enough training for their role and their training was up to date.

Staff attended individual and group meetings with the registered manager called supervision sessions. Spot checks (known as field supervisions) were carried out on staff working with people in their homes. The checks involved observations of their practice by senior staff with feedback provided. A member of staff told us how spot checks helped them to feel confident in their role and "keep you on your toes".

People's care plans described their support needs in relation to their diet including likes, dislikes, allergies, intolerances and any nutritional needs. One person had specific needs around managing a dietary intolerance detailed for staff reference in their care plan. People and their relatives had no concerns around the standard of meals prepared by staff.

People were supported to maintain their health through liaison with health care professionals such as GPs and district nurses and occasional support to attend health care appointments. When staff noticed changes to their physical or mental health they contacted their family or in some cases health care professionals with the person's permission. Consent had been sought to contact relevant professionals where required. If emergency services were needed they were alerted and staff would remain with people until they had arrived.

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf, must be in their best interests and as least restrictive as possible. Assessments had been made of people's ability to consent to the care and support provided to them. People's care plans described if they needed any support with decision making in relation to the care and support they received.

Good

Is the service caring?

Our findings

Staff developed positive relationships with people and their relatives. People and their relatives described staff as, "Most delightful people". "Polite and very caring", "So good and so helpful" and "A lot of patience and a lot of time to listen to what (the person) has to say".

Reviews of people's care were carried out through consultation with them and their relatives. Review forms recorded people's comments and responses. The service had access to information about advocacy services and would sign post people to this if required. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCA's).

People's privacy and dignity was respected. Staff gave us examples and demonstrated an awareness of the importance of respecting privacy and dignity when providing personal care. For example, they would close curtains and doors when providing care. This approach was reflected in people's care plans which also included actions to provide emotional support.

One person had specific cultural needs around staff entering their home and their privacy when receiving personal care and these were detailed for staff reference. The Provider Information Return (PIR) stated, "Client preferences are taken into account at the point of assessment. We do provide male and female carers to both genders of service users if a client indicates that they are happy with this. If somebody stipulates that they would prefer only a male or female member of staff, we will adhere to this as far as possible".

People's care plans instructed staff on how to promote people's well-being and independence with personal care to enable them to remain living in their home. For example, one person's care plan aimed at ensuring they remained independent with taking their medicines. Staff told us how they would promote one person's independence by promoting and encouraging their mobility.

Good

Is the service responsive?

Our findings

People received care and support in response to their individual needs. People's support plans contained detailed information for staff to follow to provide individualised care and support and had been reviewed when necessary. A member of staff described personalised care as, "Finding out what makes them tick, they make the choices". Staff confirmed they had enough time allocated during visits to adequately support people. People and their relatives had no concerns about the length of visit times.

Staff confirmed, people's care plans contained enough information to enable them to take the actions to meet their needs. Where necessary, discussions around the individual needs of people were part of team meetings. These ensured staff were aware of the actions they needed to take.

People's communication needs were identified. One person had specific communication needs around using closed questions and these were included in their care plan for staff to follow. Spot checks included how staff communicated with people using the service. Consideration had been given to complying with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

There were arrangements to listen to and respond to any concerns or complaints. Six complaints had been received in the12 months prior to our inspection visit. These were investigated, meetings held with complainant's and responses given. Appropriate action had been taken following complaints such as ensuring consistent call times to meet a person's needs, changes to care plans and discussion with staff at individual meetings. In addition, follow-up checks were made to ensure any improvements were sustained. People and their representatives told us they knew how to make a complaint.

At the time of our inspection visit there were no people using the service being supported in the final days of their life. Plans were in place to provide staff with nationally recognised training in end of life care.

Good

Is the service well-led?

Our findings

The service had visions and values in their mission statement and incorporated in the induction programme for new staff. These included, "To promote and develop personal and partial care and support services to enable individuals to live in their own homes or the environment of their choice wherever feasible and preferable, and maintain independence for as long as possible". Throughout our inspection we found examples of staff supporting people in accordance with the provider's values and objectives.

The registered manager described the current challenges as recruitment and retention of staff plus meeting the challenge of any severe winter weather. Planned developments included expansion of the service into new areas in Gloucestershire with the aim of becoming the leading provider of homecare in the area served.

The registered manager was accessible and approachable for people using the service and staff. Staff were positive about the management and were supported out of office hours by an on-call system. Staff told us "It's easy to get hold of the manager". Staff were positive about their role and the way the service was managed. The registered manager carried out visits to people to provide personal care as part of the care staff team as well as managing the service. This enabled them to get to know people using the service.

Team meetings ensured staff were aware of any developments with the service and the expectations of the provider. In addition, staff received a regular newsletter containing information for staff about developments with the service.

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The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There were effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance information was up to date and available to staff. Audits were completed on a regular basis and in accordance with the provider's quality monitoring arrangements such as the client file record audit, staff files audit and medicines audit. These showed that actions were identified and completed and this led to improvements being made such as ensuring telephone quality audits were completed with people using the service.

Satisfaction surveys had been sent to people using the service, their relatives and staff. Results of surveys were analysed for example staff had raised concerns about possible office relocation the response fed back

to staff was the service would not be moving to a city centre location. Results from a survey of people using the service had been positive and as a result a new telephone system was installed in the office. People had been recently sent a 'care hero' nomination form enabling them to nominate staff for an award based on their hard work and commitment. A new survey of people using the service was being planned.