

1st Homecare Solutions Limited

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Inspection report

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16 January 2020
17 January 2020

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

1st Homecare Solutions Limited is a domiciliary care agency providing support to 74 people of which 58 were receiving personal care. This service is provided to younger and older people, people with a physical disability and people living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found.

People's care was exceptionally person centred and based completely on what mattered and was important to them. People lived lives they might not otherwise have done. One person said, "The difference staff make is that without them I wouldn't be living at home." Concerns were resolved before they became a complaint. Compliments were used to identify what worked well. Another person told us, "I have found a care service that truly meets my needs." Systems and procedures were in place to support people with end of life care and in a dignified way.

Sufficient staff were recruited safely and deployed in a way which kept people safe. Staff implemented their knowledge of hygiene and safeguarding systems well. Risks were identified and managed well. One person told us, "There are two staff who help me. They arrive together. I feel safe in their hands. I need that assurance." Lessons were learned when things went wrong.

People's assessed needs were met by staff with appropriate skills and whose induction, supervision and training was kept up-to-date. The provider worked well with others involved in people's care, people benefitted from this. People ate and drank enough. Staff enabled people to access healthcare and support services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

People's care was kind, dignified and staff were thoughtful about how they supported each person. Staff respected people's privacy and upheld their confidentiality. People who needed support from an advocate were given this. People had a say in developing their care and how it was provided.

The registered manager was aware of their responsibilities and sought to identify and drive improvements. The registered manager supported staff who worked well as a team. People, relatives and staff had a say in how the service was run. Quality assurance, audits and governance were effective in identifying and driving improvements. The provider worked well with others to provide people with joined up care.

Rating at last inspection.

The last rating for this service was good (published 3 August 2017).

Why we inspected

This was a planned inspection based on the previous inspection rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

1st Homecare Solutions Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave four days' notice of the inspection because some of the people using it could not consent to a home visit or telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 14 January 2020 and ended on 17 January 2020. We visited the office location on 16 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included

notifications about various incidents the provider must tell us about. We sought feedback from the local authority and professionals who work with the service. The provider sent us their provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people and two relatives of people who used the service about their experience of the care provided. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with seven staff including care coordinators, administration staff, field care supervisors and care staff.

We reviewed a range of records. This included two people's care records and their medication records. We looked at one new staff recruitment file and records relating to training and supervision. A variety of records relating to the management of the service, including compliments, audits, accident and incident records were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff undertook regular and effective training about what the signs and symptoms of abuse could be.
- Staff had a good understanding of safeguarding systems, people were supported in a safe way. One relative said, "We have two care staff every visit and they are reliable. I trust them with the repositioning of my [family member]."
- A staff member told us, "If I suspected or saw any signs of harm such as bruising or less obvious signs including a person acting in a strange way or being tearful I would report this immediately to the [registered] manager. I can call the local safeguarding team and if needed, the CQC."

Assessing risk, safety monitoring and management

- The provider had systems in place to identify and manage risks. For example, pressure sore areas, medicines' administration, eating and drinking and people's home environment.
- Risk assessments were detailed and amended when people's needs changed. One relative said, "I don't worry as [staff] know exactly what they are doing."
- Staff were able to tell us in detail how to ensure people were safely cared for and supported. One person told us they felt very safe and said, "[Staff] make sure I wear my life line pendant and place my [walking aid] within reach or put the brakes on it for me."

Staffing and recruitment

- Staff continued to be recruited in a safe way. This was based on the provider's values including dignity and respect. One staff member told us they had been required to provide documents for this including recent photographic identity, a check for any criminal records and evidence of recent employment history.
- People told us staff arrived on time and stayed until all the person's needs had been safely met. One relative said, "I know how tough care in the community is. I get a call if staff are a little late. It helps knowing they are on the way."
- One staff member said, "We get travelling time. We also have enough staff to meet each person's needs. If [staff] are off sick we can always ring off duty staff, staff who could work another shift as well as some staff in the office being able to cover in emergency situations."

Using medicines safely

- People received the support they needed to have their medicines administered as prescribed.
- Staff understood their medicines' administration training well. They put their competence on this subject to good effect. One person said, "[Staff] always wear gloves when applying my [skin] creams. It stops me getting a sore."

- Audits of medicines' administration records identified issues such as, staff forgetting to sign the record. Effective actions were taken including additional training and monitoring of staff.

Preventing and controlling infection

- People were supported by staff maintained good standards of hygiene standards. One person told us, "[Staff] clean up using cleaning products and put all my used items in the bin in a sealed bag."
- Staff undertook regular training on infection prevention and control. Staff had sufficient protective clothing and wore this. One relative told us, "[Staff] always wash their hands before and after the care [visit]. The office team bring new supplies of gloves and aprons for them."

Learning lessons when things go wrong

- The provider took onboard learning when things did not go as planned such as, staff not completing records or not following procedures correctly for reporting incidents.
- The registered manager monitored issues for trends and shared any learning amongst the staff team. One staff member said, "At a staff meeting we get told about general themes where improvements may be needed. We also get praised for things we have done well."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, staff learned and retained the skills to effectively support people. One person said, "I have [health condition] and staff know all about this and how to support me. I feel I am in safe hands." A staff member told us, "Doing a thorough assessment of people's needs is crucial in making sure their needs can be safely met."
- The provider used up to date health guidance including that for people who needed support with diabetes or pressure sore prevention. Staff were provided with detailed guidance and up to date guidance relating to people's health conditions. The first two sentences aren't clear. People lived healthier lives with more independence because of this.
- One person told us staff met their needs well saying, "The staff keep me from having to go back into hospital. They are ever so good at keeping me dry and clean."

Staff support: induction, training, skills and experience

- Staff received regular supervision, mentoring and any support needed for their roles. Staff had regular updates to their training as well as observations of their care practise. This helped ensure staff effectively met people's needs.
- A positive and consistent theme was how commendable people, and relatives, were about staff's skills and expertise. One person said, "[Staff] definitely know what they are doing. They are confident, know exactly how to help me, when to ask and what to do next. It's all perfect. It is the only reason I can stay living at home." A relative told us that staff were, "A pleasure to have visit each day knowing [family member] is in good hands."
- Staff's induction and shadowing of experienced staff prepared them well for their role. One staff member said, "I had a senior care [staff] watch me last week. I was nervous but doing the things I always do was the right thing to do. I wasn't under any pressure."

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to eat and drink enough. This included people who needed to eat a low sugar or gluten free diet. Staff understood what people's food and drink intake was and what to do if this became a risk to the person eating or drinking less.
- One person said, "I get some of my own meals. Staff cook my dinner with fresh items from scratch. The smell is lovely and makes me hungry too." A relative told us how good staff were at knowing when to give their family member extra chocolate or sweet foods. As well as avoiding certain foods and drinks.
- Staff completed training in nutrition as well as food hygiene and when to support people to eat before or after taking medicines.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff team worked well with other professionals involved in people's care such as social workers and healthcare staff.
- One relative told us, "When we first decided on [the provider] it was a bit of a minefield. We have live-in care now as well companionship. But it has all come together well. We only visit the hospital occasionally now."

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people and enabled them to access healthcare services including hospital appointments seeing a community nurse or physiotherapist. One person said, "I have just had the (community) nurse visit just before my care [staff]. I need a little help from both of them and I get it."
- People could also be supported with care and support whilst in hospital. One staff member told us how they had provided regular support with physiotherapy. This meant that on return to home the person had lost much less independence. The person said, "I just wanted to get back home and [staff] helped me get their quicker."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We found that staff had a good understanding of the MCA and put its code of practise into good effect. For example, giving people a choice of what to do each day, what to eat or drink and clothes to wear.

- One person said, "I get asked every single time what my choice of breakfast is. I don't have the same and [staff] act on my wishes." A staff member said, "I always ask people if they want to go out. It is their choice."
- We found that if required, people had a valid lasting power of attorney in place for decisions including those about health and welfare.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People consistently received care that was compassionate. One example of this was staff who had found a person who would not normally have a care visit until next day, outside their home. The staff had assisted them back to bed and waited until the person was settled and safe before leaving.
- Other examples included providing one person with a favourite blanket whilst they were in hospital and talking about subjects that made people happy. For instance, having a wonderful day out at their request going to a local farm that supported visits by members of the public and people with disabilities. This gave people opportunities to do things they might not do.
- One person told us, "I can't fault any of my care. The [staff] really, really care for me, they listen, and we can have a laugh. They always have a smile on their faces which cheer me up."

Supporting people to express their views and be involved in making decisions about their care

- People or their representative told us they had a say in when and how care was provided as well as by whom.
- People told us staff knew exactly what their needs were and did precisely what people asked. One person said, "I asked [the provider] if one of my care [staff] could be swapped. It wasn't their fault we just didn't gel. The new staff are brilliant we have such a laugh."
- A relative told us how staff spoke slightly slower and louder, so their family member had the involvement they wanted. This made the person feel they could live a normal life.

Respecting and promoting people's privacy, dignity and independence

- Staff upheld people's dignity, privacy, promoted independence. Information was held securely such as, with passwords to access electronically held records. Staff only discussed personal matters with people in confidence.
- Staff knew, in-depth, how each person preferred their privacy. For example, having a dressing gown to go to the shower; or having a towel warmed before using this to protect people's modesty whilst having personal care. One person said, "After my [personal] care I can go to the loo in private. I let them know when I'm all done. They don't wait outside. I like to have this time in private."
- One relative said, "[Staff] always and without fail shut the blinds. They always use the lifting equipment to get my [family member] into the chair. It makes their life more bearable and dignified watching their favourite sport on TV and from a comfy chair."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were detailed and clearly defined how the person, their relatives, health professionals their relatives and social workers had contributed to these. The provider told us in their PIR, "Person centred care is at the heart of all of the work that we carry out." We found this to be the case. One person had been supported with a special surprise to mark a very special birthday. Staff found the person had no surviving family and brought them a fresh homemade cake. The person was 'over the moon' at this special event.
- Staff protected people from any potential discrimination such as for age, and enabled people to live a safe and meaningful live whatever any potential obstacles might be. In one situation staff had volunteered on their days off to support a person to help them achieve what the person said was 'their dream'. This was despite the person needing additional assistance to access the community. The person had been supported to go to London to visit and enjoy the view from a popular building. This was on the person's bucket list and they had been "elated" soaking up many sites of London.
- On a further occasion staff had supported a person who had served many years in the armed forces to attend a remembrance-day service parade in their home town to pay their respects on the day. This was a significant moment for the person, as this was something they had not thought possible due to their advanced years and poor mobility.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- All people and relatives told us that they were involved in deciding exactly what support they needed. For example, one person needed to be hoisted in a specific way due to their health condition. Staff paid meticulous attention in doing this every single care visit. Another person told us, "[Staff] make a huge difference to my life. I simply wouldn't be here without them."
- The registered manager ensured people's hobbies pastimes and interests were identified and completely respected. Staff provided care based on what people's preferences were for these aspects of their care. One example of this included a person who staff had supported, despite the person's age, by hiring an adapted taxi so the person could attend an award ceremony for their lifetime community work selling poppies. The person had a huge and proud smile at being able to do this.
- One person had undergone treatment which had significantly improved their vision. Staff obtained the person's favourite books for them to read. The person said, "Not only am I safer going out. [Staff] knew what I liked to read and got me the author's best novels." For another person staff had developed a great bond in watching their favourite football team on TV. The person told us, "The [staff] are good at sharing some

banter. We have some good fun. They keep me up to date with results."

- Staff had taken another person who had no external support network or family outside of visiting care staff to the seaside for a weekend. Whilst there the person was able to do lots of activities they had not been able to do for a long time. This included feeling the sand between their toes and having an ice cream and going on the pier. The person had told the registered manager that the weekend had, 'made their year'.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and all the staff team had a complete understanding of what accessible communications were. A staff member told us how they used the time when one person was at their best. This was for a health condition which affected the person's ability to communicate well. This gave the person the greatest chance to talk and have a say in their care.
- Staff treated people as normally and respectfully as possible. They used innovative solutions whatever people's method of communication was used. For example, by speaking in short sentences, slightly louder or providing information in larger print or picture format. One staff member told us, "I always make adjustments for people, it could be dementia, multiple sclerosis or a stroke. Each person is a person and we treat them accordingly. It's their life to live as they choose."
- The registered manager told us about one person who found it difficult to recognise their care staff's faces. To help overcome this, the registered manager had worked with the person's family member and provided photographs of care staff displayed on a notice board in the person's home. This helped remind them which care staff would be visiting and prevented anxiety.

Improving care quality in response to complaints or concerns

- All people and relatives spoken with stated they had been given full contact details of those organisations they could raise concerns with and also complaints procedure from the provider.
- Complaints were resolved to people's satisfaction. The provider used complaints to identify and embed learning across all staff members to prevent recurrences. Often, concerns were responded to before they became a complaint.
- People had provided compliments following changes made to their care and the improvements made. One person said, "I did complain verbally about a year ago and now there are more female staff I have only females since which is fine. I was happy for male staff for a while, just so I could live at home. They sent females as much as they could."

End of life care and support

- At the time of our inspection, no one was in receipt of end of life care. However, there were systems in place to support people, relatives and staff should this be required. For example, people had made advanced decisions about their end of life care including those for resuscitation.
- In addition, staff received training on this subject and were aware of plans such as contacting palliative care teams and a GP. This was as well as identifying each person's end of life care wishes.
- One relative had complimented the service by thanking all the staff for their "care, consideration and respect" staff gave their family member.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their responsibilities in reporting incidents to us.
- The provider was introducing a new electronic care visit monitoring system to provide real-time monitoring of staff's performance and care provision. This was planned to improve the timeliness in responding to incidents.
- People and relatives knew how to contact the registered manager such as via the office staff team. People, staff and relatives praised the registered manager for promptly and effectively acting on any issues raised. One person told us, "[Registered manager] is very professional. Everything is spot on."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was supported by a staff team and directors of the service. Staff included senior care staff, care coordinators, care staff and those with various administration roles.
- Staff were committed to their roles and were supported with shadowing by experienced staff, staff team meetings and observations of care practises. This resulted in provision of consistently good quality care. One person told us, "I am completely satisfied with the care I receive. I would not hesitate in recommending the service to anyone."
- The provider's award system for staff was only awarded when it was earned, such as for people who had recognised an improvement in their care and the difference staff made. Examples included making one person's day at an aircraft museum and another's day having all the support to put make up on.
- Staff were unanimous in praising the registered manager who was approachable including outside working hours. One staff member said the registered manager was the most supportive manager they had had and the reason for this was, "They are always there for you, no matter what the time or issue is."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff had a say in how the service was run including face to face meetings, during care reviews and completing a quality assurance survey questionnaire. This was available in larger print as well as providing a fact to face meeting if people preferred this option.
- Feedback from people and relatives was analysed. This helped promote individuality and engagement with people whilst increasing the opportunities to identify improvement opportunities. One person said, "It

is a well-run business. They have always been helpful."

- Management and staff meetings helped identify changes in people's needs and any potential for learning across the staff team.

Continuous learning and improving care

- The provider's governance, oversight and quality assurance systems were effective.
- Oversight of the service included medicines' administration records, people's care records and accidents and incidents, such as a late care visit.
- The registered manager had identified issues and acted swiftly in relation to incidents, improvements were sustained. This included removing staff from administering medicines where they didn't uphold the provider's values for safe care.

Working in partnership with others

- The registered manager and staff team had a good relationship with others involved in people's care such as healthcare professionals, social workers and members of the local safeguarding team.
- The registered manager told us it wasn't always easy getting others involved in people's care to work together, but they were determined to seek a successful solution.
- One relative told us that joint working had meant their family member now had the equipment they needed.