

1st Call Homecare Limited

# 1st Call Homecare Limited - 115 Beaumont Road

## Inspection report

St Judes  
Plymouth  
Devon  
PL4 9EF

Tel: 01752603100

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09 July 2019

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

### About the service

1st Call Home Care Limited is a domiciliary care agency which provides care to people over the age of 65 within Plymouth and the surrounding areas. The agency also has seven specialist supported housing units.

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. At the time of the inspection the agency supported 250 people.

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

Overall, people's risks associated with their care were now detailed in their care plans so staff knew how to support them safely. People told us they felt safe when staff entered their homes to provide care and support to them. Staff were knowledgeable about what action to take if they suspected someone was being abused, mistreated or neglected. Staff had been recruited safely.

People told us staff were kind and caring, but sometimes they experienced late visits and communication about staffing changes did not always happen. The provider told us they continued to work hard to rectify this, and recognised action and improvement was still ongoing.

People were protected by good infection control processes, and people now received their medicine safely.

People had their needs fully assessed when they started to use the service, so a care plan could be created, and care and support could be provided in a personalised way. However, once created, people told us they were not always involved in reviewing it.

Staff received training and support to be able to meet people's individual needs. People's human rights were now protected by the Mental Capacity Act 2005 (MCA) because their care plans now detailed their mental capacity. However, staff's knowledge about the legislative framework was limited. The provider told us they would act to help improve staff's knowledge and confidence.

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 this practice.

Overall, people told us the service was well managed, however expressed a lack of organisation by office staff, at times, affected the overall quality of service delivery. The provider and registered manager had introduced a new governance framework to help highlight when improvements were required. But recognised the system still needed to be adjusted to ensure it was effective.

We recommended the provider strengthens their governance system, implements the care certificate as part

of their induction process, and that they seek advice and guidance from a reputable source to improve staffs understanding of the Mental Capacity Act 2005.

More information is in Detailed Findings below.

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 19 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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 not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### 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 responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** 

# 1st Call Homecare Limited - 115 Beaumont Road

## **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

The inspection team consisted of one inspector and two experts by experience. An expert by experience is a person who has personal experience of using services or cares for someone who is older and/or lives with dementia.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 02 July 2019 and ended on 16 July 2019.

#### What we did before the inspection

We looked at statutory notifications the provider had made to us about important events. In addition, we reviewed all other information sent to us from stakeholders for example the local authority and members of the public.

We used all of this information to plan our inspection.

#### During the inspection

During the inspection we contacted 62 and spoke with, 33 people and/or their relatives. Some people did not answer our call and/or chose not to provide feedback. In addition, we spoke with five members of staff, the registered manager, and the registered provider.

We also contacted Plymouth City Council adult social care commissioning team, and Healthwatch Plymouth for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at four staff recruitment files, five care plans for people who used the service, policies and procedures, complaints, safeguarding and incident records, and auditing and monitoring checks.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People told us, "It's a very safe service. We couldn't cope without it" and "They come in and give me everything I need which I feel keeps me safe".
- The provider's safeguarding processes protected people from abuse. All staff, including the management team had a good understanding about what action they should take if they were concerned someone was being abused, mistreated or neglected. The registered manager told us, "It is essential that staff understand what safeguarding is about, so they feel confident to come and tell us about it".

Assessing risk, safety monitoring and management

- At our last inspection in 2018 we asked the provider to ensure all risks to the health and safety of people were assessed.
- Overall, risk assessments were now in place to help mitigate risks associated with people's needs. However, we found two care plans where risk assessments had not been put into place regarding a person's behaviour and a person who was at risk of falling. The provider recognised these should have been in place and told us action would be taken immediately to rectify this.
- People had environmental risk assessments to help protect them and staff from any hazards such as pets or trip hazards. One person told us, "They are quite professional about safety. Every time they do something new, they assess the risk, like when the stair lift was fitted."
- Staff told us there was an effective system in place to update risk assessments when they were no longer relevant.
- Staff wore a uniform and had an identification badge, so people could identify them.
- People's key safe numbers were kept securely.

We recommend the provider's governance system is strengthened to ensure gaps in documentation are identified effectively.

Staffing and recruitment

- At our last inspection in 2018 we asked that action was taken to ensure the service was sufficiently staffed. We found at this inspection that people continued to experience staff not always turning up on time and/or their rotas were not always accurate in line with who arrived to support them. One commented included, "You can't rely on the rota. Strangers turn up, times are changed, I am not notified."
- The registered manager and provider told us they fully recognised that ongoing improvement was still needed, expressing "We are working really hard at ensuring there are no late calls, by communicating better

with people." The management team were also working closely with office staff to emphasise the importance of keeping people informed of changes affecting their care and support. In addition, the provider told us they were introducing a new computer system that in time, would help calculate staffing travel routes more effectively to help minimise late calls.

- Staff told us their rotas were managed effectively, with adequate traveling time. But if there were any issues their concerns were listened to and action was taken to make changes.
- The provider had a robust recruitment policy; therefore, staff were recruited safely.
- In the event of adverse weather or significant staff sickness, the provider had an emergency staffing contingency plan which helped ensure people still received support in such circumstances.
- People and staff had access to an out of hours contact number for the agency, which they could use in an emergency.

#### Using medicines safely

- At our last inspection in 2018 we asked the provider to ensure records relating to people's medicines were accurate. A new checking system had been introduced to monitor the completion of people's medicines records.
- Staff received training in the safe administration of medicines, and people now had care plans in place which detailed how they would prefer their medicines to be managed.
- One person told us, "They [the care staff] all make sure I have the right tablets and that I take them."

#### Preventing and controlling infection

- Staff received infection control training and told us there were always "Plenty of gloves and aprons" available.
- Unannounced staff monitoring checks gave the provider an opportunity to assess ongoing staffing competence regarding infection control prevention.

#### Learning lessons when things go wrong

- An indication of the findings of this inspection and of this key question demonstrated the provider learnt when things had gone wrong.



# 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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- Assessments of people's needs were detailed with expected outcomes identified and care and support reviewed.
- The registered manager had recently written a weather policy in line with Public Health England guidance, ensuring staff were being vigilant in the hot weather and people were being supported effectively.

Staff support: induction, training, skills and experience

- At our last inspection we recommended the provider reviewed their training to ensure staff supporting people with specific needs had received training in best practice.
- The provider's training records demonstrated training was now in line with people's individual needs, for example visual impairment training had been undertaken.
- Staff were complimentary of the face to face class room-based training. One member of staff told us, "We get training all the time, I love it." Training was delivered in a way that met with staff's individual learning styles.
- Staff received supervision of their practice to ensure training was put into practice and ongoing competency was assessed. Staff told us they received good support.
- New staff received an induction to the organisation and told us it equipped them to carry out their role with confidence. However, the care certificate (a national health and social care induction) was not currently being used for new members of staff who had not undertaken a National Vocational Qualification (NVQ) in health and social care.

We recommend the provider implements the care certificate as part of their induction process.

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

- At our last inspection in 2018 we asked the provider to ensure people's human rights were protected by the Mental Capacity Act 2005 (MCA). The 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's care plans now contained information about their capacity to make decisions. However, staff had a limited understanding about where to find the information in people's care plans, and about the MCA, with some staff telling us they had not received training.

- Staff told us they always asked people for their consent before supporting them, with one member of staff telling us, "It is up to them, it is their choice, I can't just go ahead and do it".
- Best interests meetings with external professionals were arranged when there were concerns about a person's capacity to make decisions regarding the care, support and/or ongoing wellbeing.

We recommend the provider seek advice and guidance from a reputable source to improve staffs understanding of the Mental Capacity Act 2005.

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

- People told us staff gave them choices.
- People had care plans which detailed their nutritional likes and dislikes. One member of staff told us how they took time to ask people who were unable to access their own kitchen, what they wanted to eat by taking options from the fridge to the person, so they could choose for themselves.

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

- People were supported to maintain good health and were referred to appropriate health professionals as required. One person commented, "There are a couple of managers in the office who are excellent and liaise with the occupational therapist so that all of my care is integrated", another told us, they [staff] "Arranged a night bag catheter. They rang my G.P. and my daughter."

Adapting service, design, decoration to meet people's needs

- The provider's office had disability access.

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

- The provider had a health and wellbeing champion who attended meetings with the local authority to obtain best practice information and guidance. The information was then used to update or create new policies and/or implement new processes across the service. For example, the management of continence support had been reviewed.
- People's care plans detailed if they wanted to be supported to keep healthy.

# 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.

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

- People's care plans contained a section which detailed how they specifically wanted their care and support to be delivered.
- A relative commented, "They know [their relative] very well and keep in touch with me and my sister to ensure we all know what's happening, and so we are able to have our say."
- Whilst some people were aware of their care plans, some people told us their care plans were not always reviewed in collaboration with them.
- People were contacted by the management team to obtain their feedback and views about the agency, and/or about their care and support to enable service provision to be adapted as needed.

We recommend the provider ensures people are fully involved in the review of their care plans.

Ensuring people are well treated and supported; equality and diversity

- Overall, people told us staff treated them with kindness and compassion. People said, "They are fantastic. The girls [care staff] are like a part of the family", and "If I experience anxiety, [my carer] can provide me with the support I need, in a way that helps me relax". However, some people told us some staff were more caring and attentive than others. The registered manager told us when people commented about staff being uncaring, additional monitoring was always undertaken and action taken as required.
- Staff spoke fondly of the people they supported. Commenting, "I love going out and meeting different people", and "If I don't get them laughing while I'm there I haven't done my job. We could be the only person they see."
- The provider's brochure detailed how they 'cultivated an atmosphere and ethos which welcomed and responded to cultural diversity'. With staffing telling us no one was discriminated against, and the organisation was openly inclusive. To celebrate this, the provider had placed an equality rainbow on their service user brochure and staff application form.
- People were supported as individuals. The registered manager told us, "We always respect people's personal preferences and idiosyncrasies."

Respecting and promoting people's privacy, dignity and independence

- Staff tried to encourage independence, by supporting people to carrying out tasks for themselves. For example, to make a cup of tea, or to wash parts of their body they could reach for themselves.
- People told us, "They [the care staff] let me do what I can", and "If I can't do it, they [the care staff] do it."
- Staff told us how they supported people discreetly with their personal care to reduce a person's

embarrassment.

- Unannounced staff monitoring checks gave the provider an opportunity to ensure people's privacy, dignity and independence was promoted.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection in 2018 we asked the provider to act to ensure people's care was designed to reflect their preferences and their individual needs.
- People had care plans in place which were now personalised to their needs. They contained a personal history section which helped staff to have meaningful conversations with people. Detailing information about what they had done prior to becoming older, and/or what their current interests were now. However, we found two care plans did not fully provide details about people's current emotional and cognitive needs. The provider told us immediate action would be taken to update care plans to ensure this information was detailed.
- Staff told us care plans gave them enough information about how to meet a person's needs, and if they were unsure of anything, office staff were also very knowledgeable and helpful.
- A regular group of staff helped to promote positive relationships with people.

We recommend the provider's governance system is strengthened to ensure gaps in documentation are identified effectively.

### 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 provider was aware of the Accessible Information Standard (AIS) and told us documents could be produced in different formats such as brail, large print or audio. To help one person who did not verbally communicate to access the local community independently, the person was helped to make laminated cards with key phrases, so people in shops and taxis could assist the person with what they needed.
- People's communication needs were detailed in their care plans. Staff told us how they adapted their own communication to enable people to understand them fully. For example, by writing things down or by speaking slower.

### Improving care quality in response to complaints or concerns

- People told us they would feel confident to complain.
- The provider had a complaints policy, which could be provided in different formats as needed.
- Complaints were used to help positively improve the service. For example, changes had been made to

paperwork to help try and improve communication across the service.

#### End of life care and support

- People's care plans where required, contained a section about how they wanted to be supported at the end of their life.
- Staff received end of life training to be able to deliver compassionate, dignified care and support.

# 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 has now 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection in 2018 we asked the provider to improve their governance systems.
- New quality monitoring systems had been introduced by the registered manager and provider to help highlight where improvements were required. However, the current systems had not always been effective in identifying people's continued concerns about late calls, inaccurate rotas, and people's lack of involvement with their care plan and the content. The provider and registered manager told us they continued to learn, review and adjust their processes in response to concerns found. They expressed they would also do this in line with the findings of the inspection.
- There was a management team in place and staff were aware of the structure. Since our last inspection a new deputy manager had been employed. Staff were complimentary of the positive impact they had had on the service.

We recommend the provider continues to strengthen their governance framework to ensure it effectively identifies all areas requiring improvement within the service.

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

- At our last inspection in 2018 we asked the provider to improve the culture of the service and we saw this had been achieved. Staff told us they enjoyed working for the service. Comments included, "I love it", and "Well managed".
- The provider had introduced an 'employee of the month scheme' to celebrate staffing commitment and achievements.
- The provider promoted values which underpinned the culture of the service, these included 'respect, dedication, integrity, teamwork, compassion, equality, and care'. One member of staff told us, "I think they [the management team] have done a good job instilling the values into staff."
- Whilst people told us they felt the service was well managed, with one person telling us, "If I need to speak to a manager for advice or help, or to discuss a problem, I can just give the office a call". However, people were critical of the organisation of the 'office' staff. They told us administration and communication were not always effective which resulted in them not always receiving the care and support they were expecting. Comments included, "The admin office staff just need to get better organised", "Difficulty getting hold of them [office staff] and "Poor or no communication with rota changes." The registered manager and provider told us new paper work had been introduced to help reduce this from occurring and staff re-training would

take place.

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

- At our last inspection the provider had not always informed us of events in line with their legal requirements.
- The registered manager was aware of their responsibilities, and a new statutory notification system had been introduced to help ensure the Commission was informed of all events as required.
- The provider and registered manager spoke openly and honestly throughout the inspection process.

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

- At our last inspection in 2018 we asked the provider to use people's feedback to help improve and develop the service and we found this was being done.
- New 'spot check' phone calls had been introduced to obtain people's ongoing feedback and views and people completed a survey. The survey was provided in different formats as required. Comments included, "I do fill in their questionnaires, as I feel it's important and they are not just box-ticking" and "I've completed a questionnaire fairly recently. I don't mind doing it. But I can't recall hearing about any changes or new services as a result, though." The registered manager told us they would look at ways of feeding back to people about the results.

Continuous learning and improving care

- The provider and registered manager updated their own ongoing knowledge and kept up to date with best practice, by accessing Department of Health (DoH) guidance, attending relevant training courses and accessing the Commission's website.

Working in partnership with others

- The provider engaged positively with the local authority, attended forums and implemented dedicated champions to help improve and develop the service. For example, the provider had health and wellbeing, and promoting independence champions in place.
- The provider had signed up to an emergency staffing protocol. A collaborative scheme involving the local authority and other providers; helping to protect and maintain staffing levels within domiciliary care services in the event of an adverse situation across Plymouth.