

Homecare1st Ltd

Homecare1st

Inspection report

Venture House
2 Arlington Square, Downshire Way
Bracknell
RG12 1WA

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04 February 2021

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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

About the service

Homcare1st is a domiciliary care agency providing support to people in their own homes. People with various care needs can use this service including people with physical disabilities, older people and people with dementia. At the time of inspection, 31 people received personal care from this service.

Not everyone who used the service received personal care. The Care Quality Commission (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

Medicine administration records were accurate and up to date. The provider had ensured that policies were in place for when required medicines, meaning there was clear guidance for staff to follow. People's risks assessments were clearly written and easy to follow, providing staff with clear guidance for managing risks to people.

People experienced good continuity and consistency of care from staff who knew how to meet their needs as well as how they liked care to be provided. The provider recruited staff in accordance with regulations and ensured only staff suitable to support people living in their own home were appointed.

The provider was able to demonstrate their compliance with legal obligations and any learning from incidents or accidents were undertaken effectively.

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.

The provider's complaints procedure ensured complaints were managed effectively and were used to monitor the quality of the service. Regular supervisions and annual appraisals took place, allowing staff to raise any concerns. Spot checks also took place regularly to drive continuous improvements, to ensure people experienced high quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22/05/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 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 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 ●

Homecare1st

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 was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 5 February 2021 and ended on 9 February 2021. We visited the office location on 5 February 2021.

What we did before the inspection

We reviewed all of the information we held about the service. The provider was not asked to complete a 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who use the service and four relatives about their experience of the care provided. We spoke with two members of staff including the registered manager. We reviewed a range of records. This included four people's care records and medicine records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We contacted eight staff members and four professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We reviewed safeguarding incidents. Where safeguarding incidents had been identified, the registered manager had investigated the incident internally and documented actions taken.
- Staff were able to explain the process they would take to raise a safeguarding concern. One staff member stated, "I would report to [registered manager] and the care co-ordinator. I will make a note in service users file. I am aware that I can contact the local authority and CQC [Care Quality Commission]."
- There were systems in place to guide staff on what action to take if they thought a person was at risk of harm. All staff had received safeguarding training, and this was refreshed annually.

Assessing risk, safety monitoring and management

- Risks assessments provided staff with information and guidance to the person to enable them to mitigate the risks identified, such as choking, malnutrition, moving and positioning and developing pressure area breakdown.
- People's care plans included sufficient information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs, likes and the support they required.
- At the time of the inspection, there was no alert in place for missed calls. When this was identified by the inspector, the registered manager implemented a flag on their system to raise if a call was not started by the time it was due to end.

Staffing and recruitment

- We reviewed six staff recruitment records. One staff file did not include evidence of conduct at a previous role within health and social care. When this was raised to the registered manager, they were able to provide evidence of an attempt to identify evidence of conduct.
- All other staff files contained all the necessary evidence including employment history and relevant qualifications and were in line with legal requirements.
- Some staff we contacted told us that they did not have enough time to travel between visits however, people using the service did not raise concerns. One person said, "they arrive pretty much on time and let me know if they are going to be late. They have never missed a scheduled visit."
- There were enough staff deployed to support people. Rotas showed and people confirmed that, when possible, people were supported by the same staff enabling continuity of care.

Using medicines safely

- Documentation of medicines and guidance for all medicines was provided to care staff on an online system.

- Where people had been administered medicines, staff had signed the associated medicine administration record (MAR) to say this had been given.
- Where people were prescribed 'as required' (PRN) medicines, the service had individualised guidance in place to ensure that staff knew when to administer PRN medicine.
- When a medicine was not given, the staff member had explained the reason within the MAR record.
- When the registered manager received alerts from the online system of missed medicines or when a medicine error was identified, an investigation and actions following the medicine error took place.

Preventing and controlling infection

- We were assured that the staff were using personal protective equipment effectively and safely and accessing testing for staff was being undertaken.
- People and relatives confirmed this and said staff wore the protective equipment while supporting them.
- All staff had received infection control training.

Learning lessons when things go wrong

- We reviewed 20 individual accidents and incidents.
- The incident and accident log contained written evidence of action taken to improve the service and lessons learnt, however did not identify themes. We fed this back to the registered manager who was responsive to our feedback and assured us this would be addressed.
- The registered manager shared any lessons from the incident or accident with staff through team meeting and staff supervisions.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Four people's care plans were reviewed. Plans were person centred and contained information covering their likes and dislikes and a summary of daily routines, including how the person would like the care to be carried out. One person told us, "They know what I want doing, they ask me what I want, they tidy, clean and I'm happy."
- Plans were based on assessment, were well written and clear. Information seen in plans indicated that people were supported to access healthcare services and professionals. For example; a person received professional support and advice for their diabetes management and for their mental health.

Staff support: induction, training, skills and experience

- All staff had received all training considered mandatory by the provider and staff felt they received appropriate training in order to carry out their roles. Staff new to care roles completed the care certificate.
- Records, such as a training matrix, indicated that staff training was up to date.
- All new staff completed an induction that was overseen by senior members of staff before being reviewed by the registered manager. They also shadowed their more experienced colleagues before they started supporting people independently.
- Staff received yearly mandatory training to ensure they had the skills and knowledge to support people effectively. When required, specialist training had been provided to ensure staff supported people safely, for example, training in stoma management.
- The supervision and annual appraisals indicated that all staff received their supervision and appraisal regularly.

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

- Information about people's dietary needs had been recorded in their care files. This included special dietary requirements such as pureed food.
- The care plans also explained how meals are to be prepared and where the person likes to eat their food for example, one care plan stated, "I prefer to eat in the living area while watching television."
- The level of support with eating and drinking required was also included. One care plan said, "I would like my care worker to remind me to have a drink or a meal when they are on a visit."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager was in regular contact with Local Authorities who funded people using the service. The registered manager provided evidence of regular correspondence to discuss the changing

needs of people and how they will support the person.

- The registered manager effectively engaged with community healthcare professionals when they identified a person's medicines within the agreed package of care had not been included and the registered manager did not feel this was safe. This achieved a successful outcome for the person, including the improvement of delivery and storage of multiple medicines, which supported them to maintain their independence.
- The service also had regular involvement with occupational therapists and district nurses to ensure that the person had the correct level of support.

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 found that they were. People's care records provided care workers with detailed information in respect of the decisions people were able to make independently. One person told us, "I feel in control of what they do for me."
- Within people's care plans, it documented if the person had capacity and if they required any support with making decisions. One care plan stated, "I can make decisions about everyday life but requires the help of daughter for bigger and challenging decisions due to vascular dementia."
- Within mandatory training, all staff received training regarding the MCA.
- There were no people being deprived of their liberty at the time of our inspection. The registered manager was aware of the correct procedures to follow to ensure people were only deprived of their liberty when this was in their best interests and authorised by the Court of Protection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 said staff supporting them were kind and caring. Some of their comments included, "The carers are understanding and kind" and, "The carers I have are respectful, they don't rush me... They are very good, kind and caring." Family members observed that their relatives felt comfortable with staff who visited them. They told us, "The carers treat him with respect. I have witnessed them with [relative] and they tell him step by step what they are doing. They communicate with him and their company is wonderful" and, "They are very respectful, and my dad never has any complaints, they chat to him and include him in. They are reliable, friendly and polite."
- People's protective characteristics such as their disability and ethnicity were taken into consideration when supporting them. People and staff were matched according to their individual preferences as well as language requirements. One example of this was explained to us by the registered manager. If English is not the first language of a person who uses the service, where possible, a member of the care staff who speaks the same language will be allocated to support them.
- The registered manager highlighted that the service encouraged open conversations with people about their personal needs in relation to religion, cultural background or sexuality.
- People experienced good continuity and consistency of care from regular staff. People reported staff were focussed on caring for them and not completing tasks. A compliment the service received said, "We have had two main teams... They have been wonderful in every way and [relative] has grown to love and trust them. He had a sense of comfort and security... sings high praises for them and says he loves how they are well spoken and shows a lot of respect for him and how gentle they are towards him."

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

- People and relatives were involved in decisions about people's care and support. People and relatives felt valued and that their opinion mattered. One person told us, "The carers are really good and check her and will contact the district nurse if they have a concern and always let me know. I feel they know her and her likes and dislikes."
- Care plans were created and amended with people, their relatives and relevant professionals, including the Local Authority.
- The registered manager reviewed people's care plans and risk assessments annually or whenever their needs changed. This ensured they were accurate and reflected people's current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's care plans included information on how people would like to receive personal care including their likes and dislikes and where they may struggle. The information allowed staff to understand the needs

of the person. One relative told us, "The carers treat him with respect. I have witnessed them with [relative] and they tell him step by step what they are doing. They communicate with him and their company is wonderful."

- Care plans included requesting staff to monitor people's environment, keeping it clean and tidy prior to leaving in order to support the person to mobilise safely, supporting their independence.
- The registered manager reported that regular spot checks took place, and this included ensuring that staff were treating people with dignity and supporting people with their independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The care plans clearly described people's abilities, likes, dislikes and support needed. This provided staff with information and guidance on each person, so they could continue to meet their specific needs. One person told us, "I feel in control of what they do for me, they get my dinner, wash up, they ask me if I want a shower, they do everything I ask them to do. They are skilled and knowledgeable and know what they are doing."
- People's needs, and support plans were reviewed on an annual basis for any changes in care and support, or more often if their needs changed.
- Any changes to people's care was updated on their care plan and staff were notified of the changes through emails, telephone calls and staff meetings.

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 service identified people's information and communication needs by assessing them and recording this in their care plans for staff to be aware of how to support the person. For example, the registered manager explained how staff supported people with hearing aids by ensuring that they were switched on. If there were concerns, or they were not working, staff would contact the correct professional.

Improving care quality in response to complaints or concerns

- Complaints had been recorded and the registered manager responded to complaints in a timely way.
- There was evidence recorded and provided to show how the provider acknowledged, investigated and responded to complaints.
- Actions taken following a complaint were documented in order to improve the service.
- People knew how to raise a complaint or concern with the provider. One relative stated, "Any problems we had previously have all been resolved. I have been given contact numbers and they have really engaged with me and I'm feeling confident with them."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff felt the managers were accessible and approachable and any concerns raised would be dealt with effectively.
- The service had a whistleblowing policy in place. We spoke to the registered manager who stated they had an open and honest culture where they encouraged transparency and learning from mistakes.
- The registered manager highlighted that each person was allocated a main care worker to ensure that people received continuity of care. This was evidenced within staff rotas seen during the inspection.
- Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision.

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

- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.
- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.

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

- The registered manager had quality assurance systems in place. The audit system had been reviewed and updated to identify shortfalls in service records. This included regular review of documents including medicine administration records, care plans, incidents and accidents and call times.
- The registered manager submitted notifications to us when required and in a timely manner. Notifications are events that the registered person is required by law to inform us of.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager reported that people or the relevant person were involved within their care. We asked relatives if they and their family member had been asked their opinion about how things were run. One relative said, "I'm quite involved with her care needs and it was reviewed near Christmas. If mum wasn't happy, I'd be happy to complain." Another said, ""I would recommend the company, they are reliable and friendly and polite. They are well managed. I get sent rotas, care logs and with reviews include my dad in it

all."

- Regular team meetings took place and records of the meetings were reviewed. Staff were able to express any concerns and feedback was provided to staff around any changes to care or any information to share from the residents' meeting.
- We reviewed the incidents and accidents records. Records show rapid response to issues raised and required reporting. One example of this was where a staff member was not wearing person protective equipment and the actions taken following the concerns raised.

Working in partnership with others

- The registered manager was able to detail when the service had worked in partnership with multiple professionals for one person receiving care.
- Professionals reported a positive relationship with the service and registered manager. The service received a compliment from one professional which said, "How proactive [the service] has been in making contact with health services, request for OT involvement, and informing [the professional]."