Ms Deana Luckhurst

1st React Healthcare - 1st React Healthcare Domicilary Care Agency

Inspection report

2 Halsdon Avenue
Exmouth
Devon
EX8 3DL

Tel: 01395268091
Website: www.firstreacthealthcare.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
1st React Healthcare is a domiciliary care agency providing personal care to people living in their own homes in Exmouth and surrounding areas. There were approximately 75 people receiving a service. 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 told us they were happy with the care they received. The registered manager oversaw a good quality service which was safe, effective and well led.

There were enough staff in place to meet people's needs. People told us they were supported by consistent staff as much as possible, who understood their needs well.

Staff received appropriate training and support in their role. They treated people with dignity and respect.

People were safeguarded against the risks of suffering abuse and avoidable harm. Risks associated with people's care were assessed and effectively reduced.

People received care that identified positive outcomes and how these could be met. People were involved in planning and reviewing their care.

Care plans reflected people's needs, including the support they needed with their healthcare, medicines, nutrition and personal care.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were systems in place to deal appropriately with complaints and feedback. The provider had effective systems in place to monitor the quality and safety of the service.

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

Rating at last inspection
The last rating for this service was Good (published 22 February 2018).

Why we inspected
We received concerns in relation to timely visits and consistent staffing. As a result, we undertook a focused

inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. The overall rating for the service remains Good. This is based on the findings at this inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

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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
One inspector carried out this inspection with an Expert by Experience making the telephone calls. 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 homes.

The service had a manager registered with the Care Quality Commission. A registered manager 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 24 hours' notice of the inspection because we needed to ensure the provider had time to contact people to inform them we may be calling them via telephone to gain their feedback about the care they received. We visited the office location on 29 July and made phone calls to people on 2 August 2021.

What we did before the inspection

We reviewed information we had received about the service since they registered with us, such as statutory notifications. 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.

During the inspection
We spoke with two people in person, eight people on the telephone and four relatives. We spoke with the registered manager, deputy manager and care co-ordinator and two members of care staff. We reviewed three people's care records. We looked at three 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 training data and quality assurance records. We received feedback from five staff via email.

Good

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 improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care from staff. Comments included, "They [the care workers] are all excellent", "Not at all, (when asked if there were any concerns about feeling safe) they [the care workers] come in and we have a nice chat", "They are all nice people and I'm OK with them" and "I feel completely safe."
- The provider had a safeguarding policy in place. This outlined their responsibilities in helping to keep people safe from the risk of suffering abuse or coming to avoidable harm.
- Staff had received training in safeguarding adults. This training helped them to recognise the signs of abuse and the appropriate actions to help promote people's safety and wellbeing.
- Where concerns had been raised about people's safety or wellbeing, the registered manager had made the appropriate referrals to local safeguarding teams. This included where discharging services had not provided sufficient or correct information. This demonstrated that they understood their responsibilities in safeguarding people.

Assessing risk, safety monitoring and management

- The registered manager carried out risk assessments of people's home environments. For example, when staff used mobility equipment, such as stand aids when supporting people with their personal care, there was detailed guidance about how to safely use and maintain these items. An issue with a ceiling hoist had been addressed appropriately with management seeking advice from external professionals. An issue with mouse droppings had also been addressed. This helped to ensure staff were able to safely carry out their role and that people were safe.
- Risks associated with people's health and wellbeing were assessed. Where risks were identified, there was guidance in place to reduce the risk of harm. In one example, one person discharged from hospital had been assessed as requiring one care worker to mobilise. However, staff reassessed that two care workers initially was safer and discussed concerns with health professionals to ensure the person and staff were safe.
- The management and staff had people's safety and wellbeing as their focus. For example, one person was being assessed due to their risk of falls by external health professionals. This meant that the person sometimes needed assistance in between scheduled 1st React care visits. Staff had made themselves available to assist whilst the assessment regarding the person's future care was completed.
- The registered manager, deputy and care co-ordinator operated a telephone based 'on call service', which was active outside of office hours. This enabled people, relatives and staff to contact the provider in the event of an emergency outside of office hours. Some people and staff said there was sometimes a delay in answering. However, we saw that all calls were logged on the electronic systems and showed call-backs were done. Staff had been reminded that the on-call service was only for emergencies.

Staffing and recruitment

● People told us they had consistent staff teams who generally kept to agreed times. Comments included, "Yes, but we get new ones sometimes", "Yes, but they change over now and again", "We have four regular carers" and "There is a lot of 'pinging' at the moment, so girls can't work". This last comment relates to the COVID-19 pandemic where staff had had to isolate due to possible contact with a positive COVID-19 case. This had affected services across the country.

● The registered manager had informed people that there may be times where a different care worker would attend. The management and staff team were all covering care visits as well as they could at this time. Usual practice was to send people a rota each week detailing who would be visiting.

● There were enough staff to meet people's needs. The registered manager had systems in place to assess current staffing capacity and take on new packages of care appropriately. They managed pressure from discharging services well and had devised a care 'run' with two care workers to accommodate those who required two care workers to mobilise. This helped them to carefully plan when and where they were able to take on additional people's care packages, without comprising safety or quality.

● There were systems in place to help ensure suitable staff were employed to work with people. The registered manager oversaw the recruitment of new staff. They had systems and checks in place around staff's experience, character and performance in previous roles. This helped to determine staff's suitability to work with people.

Using medicines safely

● The provider's medicines policy detailed the support they were able to give people with their medicines and the procedures staff were required to follow in line with best practice guidance.

● The level of support people needed in the management of their medicines was documented in their care plans. The person responsible for the ordering and disposal of medicines was also documented. In some cases, people had relatives who had taken on this responsibility. This helped to ensure the provider was able to contact them if there were any medicines related issues.

● Staff recorded the administration of people's medicines on electronic medicines administration records. This helped to ensure there was an accurate record of when medicines had been administered and minimised the risk of missed medication.

Preventing and controlling infection

● Staff had received training in infection control. This helped them to follow good hygiene practices during care and support. People all said that staff were following good personal protective equipment (PPE) guidelines in relation to the COVID-19 pandemic. All staff had received COVID-19 training via the local council.

● The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading. They had invested in an outside gazebo to accommodate staff COVID-19 testing and training. Records showed the provider was carrying out regular testing to reduce the risks associated with COVID-19.

Learning lessons when things go wrong

● Records showed the registered manager investigated incidents, looking for causes and trends to help reduce the risk of incidents reoccurring. Incidents since the provider had registered with The Care Quality Commission had been investigated appropriately.

Good

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

- The provider's policies and procedures had been developed in line with legislation, standards and guidance from the government and other professional bodies.
- People's needs were assessed prior to care commencing to help ensure suitable plans of care were in place. The registered manager met people to identify their care preferences and reviewed assessments from health and social care professionals. Sometimes discharging services did not provide timely needs assessments in an emergency but the registered manager followed these up to ensure they had up to date information as soon as possible to input into their care plans. The deputy manager said, "We can't take on things that we can't manage, it's not safe for people."
- The provider had a computer-based call monitoring system. This system enabled the registered manager to monitor when staff arrived at and completed care calls. If staff did not 'log in' to their planned visits, the registered manager was alerted. This helped to protect people against the risk of missed or short calls.

Staff support: induction, training, skills and experience

- People and relatives told us staff were skilled in their role. Comments included, "Yes, the staff will do anything for you, they are nice people", "I am fine with it all thanks" and "Yes, I think they do (have knowledge and skill)". One relative told us how staff went for a walk with their loved one, which had helped them to regain their mobility and independence.
- Staff received training in line with the Care Certificate. This is a nationally recognised set of competencies related to staff working in social care settings. The provider used an external training company to deliver training, which was a combination of classroom based and online training. The training matrix showed how computer alerts were sent to show when staff training was due for renewal. Due to the COVID-19 pandemic there had been less face to face training, but this was hoped to resume soon. Staff had received practical training in an emergency device for helping people up if they had fallen.
- Staff received ongoing support and supervision in their role. New staff were inducted into their job through shadowing more experienced staff. The registered manager regularly met with staff to review their working performance and identify training needs and completed a personal development plan. The managers also carried out regular observations of staff whilst working, which helped to assess their competence in key areas, such as medicines administration, uniform and PPE use.

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

- The support people needed with eating, drinking and meal preparation was identified in their care plans. Where people had specific dietary requirements, preferences or routines, this was highlighted for staff to follow. One person told us they were always asked what they would like and added that staff had time to

chat and have a cup of tea which they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care
● The registered manager worked effectively to ensure transitions were smooth when people moved between services. This included making links to hospital discharge teams to ensure people had the right care related equipment in place before leaving hospital. This helped to reduce the risk of failed discharges.
● People and relatives told us they had experienced good care when starting services with the provider. Comments included, "When I first came out of hospital, I was very ill and they couldn't do enough for me - they helped me a lot - but now I'm trying to do things myself, and they help me as I need it" and "Mum wouldn't go out, as she'd lost her confidence. The carers have helped her build confidence and they walk her down to the corner of the street".

Supporting people to live healthier lives, access healthcare services and support
● People's healthcare needs were documented in their electronic care plans. The registered manager had provided staff with training and background information regarding people's specific healthcare conditions. This helped to ensure staff were able to recognise the signs and symptoms of people's health changing. Electronic care plans were up to date and audited by the provider. This enabled care workers to inform the office of any changes which could be done immediately. One staff member said, "In my experience 1st React are proactive in seeking feedback from their staff and usually quick to update and amend plans as required."

● The registered manager ensured that relevant health professionals were informed of any issues relating to people's situations, for example hoarding or self-neglect that may affect their health and wellbeing.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (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 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. Nobody using the service was subject to these authorisations.
● The registered manager understood their responsibilities in seeking consent and acting in line with the principles of the Mental Capacity Act 2005. Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf.

Good

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 Good. At this inspection this key question has remained the same. 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

- People told us they generally received good quality care which promoted positive outcomes. There were some issues relating to different care workers attending some visits and some different timings due to the COVID-19 pandemic but these were being communicated and managed as much as possible. Comments included, "Yes, I would recommend them" and "I have experience with working with care agencies, and this is a small company and it is very good – nice carers".
- People and relatives said they would have no issues with raising any concerns with the care workers and management. The management team knew people well and had been working 'out in the field' due to covering staff absences. People said the manager was very polite and obliging and others said they had no concerns.

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 understood their responsibilities under the duty of candour regulation. Records showed complaints were well managed and issues discussed with people and families. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- Effective audit systems were in place to check the quality of the service and action was taken when concerns were identified by audits. The registered manager completed monthly care audits which included sampling of care plans, travel times and staff 'runs' and medication. For example, where a medicine concern was raised about incorrect recording, this was followed up immediately.
- The registered manager understood their responsibilities in reporting significant events to CQC through statutory notifications and submitted them appropriately.

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

- The registered manager promoted open communication between people and the service. There had been a recent quality assurance survey with positive results. Any individual comments had been formally followed up and addressed. A further COVID-19 satisfaction survey had also been completed to reassure people

about the 1st React COVID-19 policy and that they took issues seriously to keep people safe. One person said, "Yes, we get a questionnaire about the service every quarter I think".

● The registered manager also gained feedback about the service through regular visits and telephone calls to people.

● There had been staff meetings, sometimes online, throughout the COVID-19 pandemic and regular contact with staff. Staff had been well supported by the provider at this time. Staff were able to communicate using a secure 'App'. This meant they could share changes in people's needs, support each other and share knowledge quickly. There had been Easter gifts for all staff, treats, employee of the month rewards and praise for their hard work. A staff outing was being planned as soon as was able. One staff member said, I have always felt supported, valued and listened to."

● A Facebook page also helped to communicate any issues with the public and shared health care information about Alzheimer's, COVID-19 testing and signposted people to other information.

Continuous learning and improving care

● Staff meetings covered updates and ideas for improvement were shared. Topics included timings of visits, confidentiality, use of key safes and writing daily records. This also helped to ensure that updates and changes about people's needs could be effectively communicated.

● The registered manager kept up to date with national guidance and information about medical conditions, for example Alzheimer's. They had joined local groups which had given support during the pandemic, for example.

Working in partnership with others

● The registered manager had established positive working relationships with the different stakeholders associated with people's care. For example, the registered manager contacted a person's bladder and bowel specialist nurse team and gynaecology nurses to ensure they had the correct support. There were also examples of how the registered manager ensured the wider family were supported when a person became less well so they could remain in their own home.