

Caring First Homecare Ltd

Caring First Homecare Ltd (Norwich)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

Caring First Homecare Limited is a domiciliary care agency that provides care and support to people living in their own homes. At the time of this inspection the service was providing support to 23 people.

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

Outstanding management of the service had resulted in people receiving a high-quality service. An exceptionally open, caring and supportive culture had been nurtured which benefited those that used the service, their relatives and staff.

The management team lead by example, were knowledgeable, adaptable and especially kind and considerate. The controlled growth of the service meant staff had time to get to know people well and meet their needs in a person-centred and unhurried manner. All the people we spoke with told us they would recommend the service and were exceptionally happy with the level of care they received.

The robust quality monitoring system, and the responsive and open nature of the service, ensured any issues were identified and rectified swiftly. Complaints and incidents were seen as opportunities to better improve the service people received, an emphasis the registered manager was passionate about. All staff fully embodied the service's values which put the people who used the service at its heart. The people who used the service, their relatives and staff were empowered to voice their opinions and contribute to the direction of the service.

Staff were robustly recruited and matched to those they supported. The service invested in its staff and understood the benefits for those people who used the service if they were cared for by staff who felt valued and cared for. Staff received a vigorous induction, ongoing training, very regular support in all forms and their competency to perform their role was regularly assessed by qualified and experienced staff.

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. People's likes, preferences and wishes were met in an individualised manner and there was a strong focus on assisting people to remain as independent as possible. People told us staff were always professional, respectful and considerate of their dignity.

Risks had been identified and actions taken to minimise them. Incidents and accidents were analysed to help prevent future occurrences. Staff had good knowledge of safeguarding and policies helped protect people from avoidable harm. People received their medicines as prescribed and had support to access

healthcare as required. Their nutritional needs were met and working practices helped to prevent and control infections. People's needs were regularly reviewed, and care adapted to meet them.

People spoke very positively about the service and the staff that supported them. Staff felt incredibly supported and had confidence in the management team who they described as, "Wonderful", "Fantastic" and, "Generous." The registered manager demonstrated determination to ensure people received the very best care possible and that their staff felt encouraged, cared for and valued.

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 (report published 24 April 2017).

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?

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Caring First Homecare Ltd (Norwich)

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 one inspector and an 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, who in this case was the registered manager, 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 72 working 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 25 October 2019 and ended on 30 October 2019. We visited the office location on 29 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and a health professional who worked with 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 five people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, who is also the provider, the lead quality assurance officer and three care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two 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 other quality assurance records.

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

- All the people we spoke with who used the service told us they felt safe receiving care and support from Caring First Homecare Limited.
- Staff had received training in safeguarding people and had good knowledge of this. They told us they had confidence that any concerns they may raise with the management team would be actioned promptly and appropriately.
- The registered manager understood their responsibilities to report any potential safeguarding concerns to the local authority. Appropriate policies and procedures were in place to support this.

Assessing risk, safety monitoring and management

- The risks to people who used the service, and staff, had been identified and actions taken to minimise these. Risks had been regularly reviewed.
- Risk assessments were comprehensive and individual to each person. For one person who had capacity and had been recommended to have thickener in their drinks due to a choking risk, the service respected their choice to make this decision themselves on each separate occasion.
- The service had considered the safety of their staff in completing their role. Environmental risk assessments for each house staff attended were in place highlighting any concerns such as uneven pathways or cluttered environments.

Staffing and recruitment

- The people who used the service were protected from the risk of avoidable harm or abuse by robust recruitment procedures.
- Appropriate checks were completed on staff prior to starting in role and any gaps in employment investigated and recorded.
- Potential staff's characteristics were assessed through interview and requesting they complete a document, recording their views on a framework of care goals and values. Personality characteristics were also assessed to determine suitability for roles and to match with people who used the service.
- There were enough staff to meet people's needs in an unhurried and person-centred manner. There had been no missed visits. On the rare occasion a staff member was running late, the office ensured people were kept up to date with information or sent an alternative staff member. One person who used the service said, "It works very well and if there are going to be delays they always let us know."
- The people who used the service received a rota, so they were aware of which staff member would be supporting them and when. They told us they had regular carers.

Using medicines safely

- Where the service was responsible for administering peoples' medicines, they received them safely and as prescribed.
- Staff had received training in administering medicines and their competencies to do so checked.
- Medicines Administration Records (MAR) showed that good practice guidance was followed, and regular audits ensured this continued.

Preventing and controlling infection

- The people who used the service told us staff took appropriate infection prevention precautions when assisting them with personal care or food preparation.
- Personal protective equipment was available to staff and the office ensured this was easily distributed as required.

Learning lessons when things go wrong

- The registered manager was committed to improving the service and used incidents and complaints to better enhance the experience for people and staff.
- Incidents and accidents were recorded and analysed to identify any trends or patterns to mitigate future risk.

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 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

- All those that used the service had their needs assessed and their preferences and choices regarding the support they wished for, recorded. Care was delivered in line with these.
- The people we spoke with told us they had been fully involved in the assessments of their care and one had been carried out when they first used the service.
- The service used nationally recognised resources such as Skills for Care and The National Institute for Health and Care Excellence (NICE) and were open to further suggestions of good practice.

Staff support: induction, training, skills and experience

- People benefitted from receiving care and support from staff who had been thoroughly inducted, well trained and received ongoing and consistent support.
- People who used the service told us the staff had the skills and characteristics required to provide them with care and support. One person said, "Staff are able to give me the care I need, and they know what they are doing."
- Staff told us they felt exceptionally supported and valued. One said of the management team, "They are always there. I never feel like I can't mention anything." Another told us, "They genuinely care about everyone. They are there 24/7, whenever you need them."
- Staff had received appropriate training that was current and up to date, regular supervisions, annual appraisals and regular checks on their competency to perform their roles.

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

- Where the service assisted people with eating and drinking, these needs were met; the people who used the service confirmed this.
- Staff had received training in food hygiene and were knowledgeable in meeting people's nutritional needs. For example, one staff member was able to explain the impact of diabetes on a person's diet.

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

- The care people received was in collaboration with others as appropriate.
- The registered manager spoke of working with the local authority, and others, to meet people's needs in an effective and person-centred manner. They gave an example of where they had to advocate on the person's behalf to ensure they received the care they needed.
- One health professional who provided us with feedback on the service said, "They refer to me appropriately and follow guidance and recommendations given really well."

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

- The service gathered information on people's past and current healthcare needs and these were comprehensively recorded in their care plans.
- People's healthcare needs were considered when care and support was planned and delivered. For example, staff monitored the skin condition of one person who was at risk of pressure ulcers developing. For another person who did not have full movement of their limbs due to a health condition, this was planned for when delivering personal care.
- The service liaised with healthcare professionals as required and we received positive feedback from one who described the staff team as, "Thorough."

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.

- None of the people the service supported were under the Court of Protection and most had capacity.
- The people who used the service were offered choice and their consent was sought prior to receiving care and support. One person said, "The staff check things out with me beforehand."
- Staff had received training in MCA and their knowledge was enough for their role.

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

- The registered manager had nurtured an empathetic, kind and considerate culture that benefitted those that used the service, their relatives and the staff.
- The people who used the service told us that, without exception, staff demonstrated a caring attitude that was respectful, polite and especially thoughtful. One person said, "Staff are all lovely people and will help me in any way they can." A relative confirmed, "All the carers are brilliant. The service goes 'above and beyond'."
- We heard several examples of where staff had made thoughtful gestures towards those they cared for such as giving people flowers and arranging for them to have their favourite meals. In addition, all those that used the service received a card and a gift on their birthday.
- The service had participated in a nation-wide scheme called 'Postcards for Kindness' which saw people write postcards to those that used care services. The service had received several postcards and used them to spark conversations and memories for people as well as developing meaningful interactions with staff.
- We saw several cards people had sent the service thanking them for the considerate and generous care they had provided. One person spoke highly of the patience of the staff and how they always delivered support with a smile on their face.

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

- All the people we spoke with told us they had been involved in the planning of the care and support they received.
- People's preferences in relation to the service they received were considered and met. For example, where people requested assistance from a certain gender of staff, to matching personalities of those that used the service to staff that supported them.
- Care plans showed regular reviews of the care people received had been undertaken with people and their family members as appropriate. Records showed these were arenas where people could discuss all aspects of the service

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a respectful and courteous approach to the support they provided to people and this was confirmed by those that used the service.
- Maintaining people's independence, and ensuring they were in control of the support they received, was embedded in the care staff provided. The service understood the importance of this and effectively planned and delivered people's care taking this into consideration.

- Staff spoke about those they supported with affection and respect. One staff member told us, "I don't ever take over. I'm there to assist. I always ask the person how I can help, I never assume."

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 remained the same. 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

- People's needs were met in a person-centred manner and staff knew people especially well.
- People who used the service told us they had regular staff who supported them which enhanced the experience they had. One person said, "I have a small regular team who I get on with very well and who know what I need." The relatives we spoke with agreed.
- People's care plans were particularly detailed to ensure they received individualised care that met their preferences, likes and wishes.
- Staff spoke positively about the level of detail in people's care plans and how this helped them to deliver accurate and beneficial care and support. They told us they were always kept up to date. One staff member said of the care plans, "They are so enabling for people." Our observations confirmed this.

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 understood their responsibilities under the AIS and this requirement was met.
- Information was available in other formats and people's individual communication needs were recorded in their care plans. For example, for one person it explained how they sometimes needed to shout to get their words out giving staff insight into their communication needs and how best to support them.

Improving care quality in response to complaints or concerns

- The service has policies in place to address complaints and saw them as opportunities to improve the delivery of the service.
- The people we spoke with who used the service told us they would feel comfortable in raising complaints, knew who to raise these with and had confidence they would be dealt with. When they had previously had need to contact the service, they described their response as positive and responsive.

End of life care and support

- People could be assured that the support they received at the end of their lives would be caring, thoughtful and dignified.
- The service told us how they had supported people at the end of their lives. This showed that it was provided with kindness and thoughtfulness towards the person themselves and their extended family.
- We saw several cards from the relatives of people who had passed away under the care of Caring First

Homecare Limited. These showed that care was delivered with exceptional kindness and professionalism.

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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service was exceptionally well-led by a management team who lead by example, demonstrated an unwavering commitment to providing excellent care and who understood the importance of investing in their staff.
- People received attentive care from a service whose staff consistently demonstrated the service's values and objectives. One of these was driving quality through removing barriers which rob staff of the right to allow them to have pride in the job they do. Through discussions with staff, they demonstrated motivation to deliver the best care possible to ensure people who used the service were happy, fulfilled, felt safe and valued.
- Without exception, people who used the service told us they were extremely happy with the service they received and would recommend it. One person said, "They will always go above and beyond in terms of them doing anything I ask of them."
- The service was particularly good at ensuring people, and staff, felt engaged, included and part of a wider family, avoiding isolation and anxiety. This was achieved by providing newsletters that people contributed to, arranging social events and ensuring staff had time, knowledge and information to build thoughtful and meaningful relationships with people who used the service and those important to them.
- We heard several examples that showed the service's priority was people, from those that used the service and their relatives through to staff. For example, for one person who required equipment and their home to be rearranged to facilitate their mobility, staff undertook this in their own time. On another occasion, a member of the management team provided comfort through the night to a recently bereaved family.
- All the staff we spoke with told us they felt cared for, and especially valued, by the actions of the management team. They spoke of kind gestures that made them feel special and appreciated. One staff member said of the management team, "They go out of their way to care for people." Another told us, "They think of everyone and are so generous."
- One staff member had managed the sudden death of a person who used the service, the management team ensured they were given time to reflect and discuss the traumatic incident in an open and warm arena, offering reassurance and comfort.
- Staff took ownership for the work they did, were kind and considerate towards each other and worked exceptionally well as a team to deliver high quality care to those that used the service.

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 had excellent insight into their responsibility around duty of candour and this requirement was met. They saw it as a further opportunity to improve the experiences for people who used the service.
- Through the management team's passion to consistently improve the service delivery, they were continually evaluating the service and looking for ways to achieve better outcomes. This included being open and honest when things went wrong, offering apologies and reflecting on incidents and near misses to help prevent future occurrences.

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

- The service ran extraordinarily well through shared values, robust organisation and excellent team work. The registered manager fully understood their regulatory requirements and their responsibilities to those that used the service.
- There had been no missed calls within the service and when staff ran late through unforeseen events, people who used the service were immediately alerted and alternative arrangements made if required. It was through a commitment to those that used the service and a flexible and proactive approach that achieved this together with a generous management team who were available to assist care delivery staff in an emergency.
- Staff told us they were consistently given enough time and information, at every stage of their role, to ensure they delivered a high-quality service. This included a robust induction process, effective support and care plans that were detailed and accurate. They told us they never had to rush people.
- The service had developed slowly and well within its means resulting in people receiving a consistently high-quality service. The registered manager understood the positive impact happy and valued staff would have on the people who used the service and the additional benefits of aiding retention. One staff member said, "This is the best thing I have ever done." Another staff member told us, "I genuinely love my job. I never come home without a smile on my face."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service's business plan stated they sought to support the human rights of the people who used the service by promoting open communications, a culture of problem resolution rather than blame and involvement of all participants in the service provided. Our inspection confirmed they were achieving this.
- Feedback from those that used the service was regularly sought and in a variety of ways to ensure it was accessible and meaningful. Most was sought face to face or via the telephone. The registered manager explained this was because conversations, rather than asking questions via a survey, often provided more valuable and honest feedback.
- Regular meetings were held for staff who told us these were comfortable and mutually respectful environments where voices were heard, suggestions made and concerns openly discussed. Minutes from staff meetings showed they were used to give staff positive feedback, test their knowledge and problem solve.
- The registered manager was entirely open and honest during the inspection demonstrating passion and commitment to the people who used the service and their staff. Through discussion over a very challenging complaint, they showed insight into how criticism could be used positively and was a vital way of holding their service to account.
- The service worked in partnership with others to achieve the best outcomes for people though seamless care delivery. For example, for one person whose mobility had decreased, through partnership working with a health professional, staff assisted the person to increase their mobility and rely less on equipment.
- One health professional who regularly worked with the service gave positive feedback about their

experience complimenting the service on their caring, professional and thorough approach. They said, "I am always pleased when a new patient tells me that their home care provider is Caring First Homecare, as I know things will be managed well and professionally."

Continuous learning and improving care

- The registered manager told us they put a strong emphasis on continuous improvement to drive practice and improve outcomes and this was demonstrated through our inspection.
- The service had recently invested in a highly experienced and skilled quality assurance manager to assist them in the plans they had for development and enhancement.
- The service evidenced it developed its practice in line with people's experiences, learning from previous incidents, reflection and via the use of knowledge resources.
- The constant monitoring of the service through robust systems had been successful and all those that used the service, their relatives and the staff we spoke with, raised no areas of concern or complaint; they were all very happy being involved with the service.
- In recognition of the high-quality service provided, in 2018 Caring First Homecare Limited had won a Top 20 Home Care Provider for the East of England award from a nationally recognised home care review website.