Carefirst IW Ltd

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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?	Good

Summary of findings

Overall summary

Carefirst IW Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults, people living with dementia, mental health impairments, physical disabilities, sensory impairment and younger adults.

Not everyone using Carefirst IW Limited received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. This inspection was undertaken on 21and 23 November 2018 and was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure key staff members would be available. At the time of the inspection approximately 70 people were receiving a regulated activity from Carefirst IW Limited.

At the last inspection we rated the service good. At this inspection the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their families told us they felt safe. Staff understood their safeguarding responsibilities and knew how to prevent, identify and report abuse. Risks relating to the health and support needs of the people and the environment in which they lived, were assessed and managed effectively. There were safe medication administration systems in place and people received their medicines when required.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of staff to maintain the schedule of visits.

The provider and staff understood their responsibilities to protect people from the risk of infection. There was an infection control policy in place which was followed by staff and staff undertook training in this area.

Staff completed an induction programme and were appropriately supported in their work by the management team. People and their families described the staff as being well trained and they were confident in the staff's abilities.

Staff and the management team, knew how legislation designed to protect people's rights affected their work. They always asked for consent from people before providing care.

People were supported to maintain good health and to access appropriate healthcare services when required. Staff were aware of people's health needs and understand how people's medical conditions impacted their abilities.

People were supported to use technology and specialist equipment to meet their care needs and to support their independence where appropriate.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected.

People and when appropriate their families, were involved in discussions about their care planning and given the opportunity to provide feedback on the service.

The directors of the company were fully engaged in the running of the service. People, their family members and staff members told us they felt the service was well-led. The culture of the service was open and transparent. The directors of the company had a range of quality monitoring systems in place and the management team aimed to continuously improve the quality of the service they provided.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Carefirst IW Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced; we gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure that key staff members would be available.

This inspection was conducted over two days. Day one was carried out on 21 November 2018 by one inspector who visited the service's office and an expert by experience who conducted telephone interviews with people and their family members. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Day two of the inspection was carried out on the 23 November 2018 and was completed by one inspector, who visited people who used the service in their own homes.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR, previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 22 people who used the service, or their relatives, by telephone and visited four people in their own homes. We spoke with the three company directors, one member of the office staff and five care staff members. Following the inspection, we received feedback from one social care professional.

We looked at care plans and associated records of care for eight people. We also reviewed records about how the service was managed, including staff training and recruitment records, complaints procedure, compliments, and audits completed by the management team.

The service was last inspected in April 2016 when it was rated as Good. At this inspection we found the service remains Good.

Good

Is the service safe?

Our findings

People continued to feel safe. People's comments included; "I feel really safe with the girls", "I'm not concerned at all" and "I have never had any problems with safety." A family member said, "I have faith in them [staff]; I feel that she [relative] is safe." Another family member said, "I think [my relative] is 100% safe."

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One staff member said that if they had a concern they would, "Remove the staff member; make sure the client was safe; report the concern to the office straight away and complete an incident form." They added, "I know the directors would act, but if not, I would take it further; to the safeguarding team, CQC or the police if I needed to."

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and the level of care they required. A director of the company told us that new care packages were only accepted if sufficient staff were available to support the person. Staff were allocated to work in a particular area and confirmed that most people that they provided a service for, lived within a short distance of each other. We saw staff allocation lists, which allowed staff adequate travelling time between visits so that planned call times could be met. Short term staff absences were covered by the 'relief team' who were employed by the service to step in and provide cover at short notice. In addition, cover could also be provided by other existing staff members and the three directors of the company.

Safe and effective recruitment practices were followed. We checked the recruitment records of four staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks.

Risks to people had been individually assessed and risk assessments were in place to minimise these risks. These gave staff guidance about how to reduce risks to people. People had risk assessments in place in relation to; medicines, moving and handling, mobility, use of equipment and skin conditions. Staff were knowledgeable about people's individual risks and the steps required to keep people safe. Accidents and incidents were recorded and regularly reviewed to ensure that any learning could be discussed and shared with staff to reduce the risk of similar events happening.

People's home and environmental risk assessments had been completed by the management team to promote the safety of both the people and the staff. As well as considering the immediate living environment of the person, including lighting, the condition of property and security, risk assessments had been completed in relation to the safety of the location. For example, if lighting was poor or the home was in a rural area. All risk assessments were reviewed annually or more frequently if needed. Carefirst IW Limited had a lone worker policy in place to promote staff safety. This meant that the management team could be assured that their staff had completed their visits as required and that staff members were safe.

People were supported to take their medicines safely. Most of the people we spoke with said they or a family

member managed their medicines. People that staff provided support with their medicine, were happy with the way this was done. Medicines administration training was completed by all staff and their competency to administer medicine safely was assessed. People's care plans included specific information as to the level of support people required with their medicines and who was responsible for collecting prescriptions.

Where people were supported to take their medicine, medicines administration records (MAR) were kept in their homes. The MAR chart provides a record of which medicines were prescribed to a person and when they were given. Staff administering medicine were required to initial the MAR chart to confirm the person had received their medicine. The MAR charts we looked at had been completed correctly. MAR charts were checked when they were returned to the office. This helped to identify any missing entries, errors or trends and enabled the management team to take the appropriate action to support staff and to help ensure that errors did not reoccur.

The provider had an infection control policy in place and staff undertook training in this area. Protective equipment such as gloves and aprons were provided to staff to minimise the spread of infection. People told us that staff always wore gloves and aprons when completing care tasks and washed their hands. One staff member told us, "We can just go to the office if we need any more gloves and aprons." During home visits we observed staff wore protective clothing as required. The management team also told us that they completed unannounced spot checks on staff during their care calls to ensure that infection control standards were maintained.

Good

Is the service effective?

Our findings

The service continued to provide effective care. People and their family members were confident that the staff had the skills to care for them effectively.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were required to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. A person confirmed that new staff completed shadow shifts and said, "They shadow for several weeks so that they know my needs." Training staff had completed included; Safeguarding, infection control, moving and handling, medicines management and the Mental Capacity Act. Staff were also provided with additional training that was specific to people's individual needs, such as; stroke awareness, safe use of nebulisers and diabetes. Following training, staff completed a competency check to help ensure they had understood the training they had received. A staff member said, "I have just done falls prevention (training) at hospice and in two weeks' time I have end of life and dementia training." Another staff member told us, "The training is good quality; we definitely get enough training."

Staff continued to be appropriately supported in their role and received one-to-one sessions of supervision with a member of the management team approximately every eight weeks. Additionally, a member of the management team completed frequent 'spot checks' on staff to help ensure that they were meeting their standards and expectations. Staff employed longer than 12 months had received an annual appraisal of their overall performance.

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. We checked whether the service was working within the principles of the MCA. One of the directors confirmed that each person who currently used the service either had full or variable capacity to make day-to-day decisions. From discussions with the directors and staff, they demonstrated an awareness of the MCA and had an understanding of how this affected the care they provided.

People told us that they or their relative were usually asked for consent before providing care. One person said, "Yes, they do ask, but they know what they are doing and do it." Another person told us, "They always ask me before they do anything." Where people commented that staff did not always ask for consent they attributed this to staff knowing what was expected of them. For example, comments included, "90 percent of the time they will ask me first, other times they will just get on and do what they know they have to do for me" and "Nowadays they just get on and do it as they have been coming here for about 18 months, but they still chat with me." Staff were clear about the need to seek verbal consent from people before providing care or support. A staff member told us, "I would always ask first before doing anything."

Most of the people we spoke with said that they or a relative prepared their meals. Those people whom staff

prepared meals for, were happy with the way this was done and told us they were always given a choice about what they wished to eat and drink and were provided with, "plenty of fluids." One person said, "The carers get my meals; they will always ask me what I fancy." Another person told us, "The carers heat the meals up for me. They provide the drinks for me; they always make sure I have a mug of water on the table." Care plans contained information about any special diets people required, food preferences and support needs and staff were aware of people's dietary needs.

People were supported to maintain good health and to access appropriate healthcare services when required. Staff were aware of the health needs people, which were also clearly recording in peoples care records. People's care plans contained detailed information about their medical history and how this affected their daily lives, including where they had experienced an injury in the past. Information was also available in care plans about specific illnesses and conditions, which explained it's cause, symptoms and treatment. This information helped staff to understand how people's medical conditions impacted their abilities and highlighted the best way to support them. Where health concerns were noted, we saw that staff supported people to contact health care professionals including GPs and nurses if required. One person told us, "The carer would call the doctor if I needed them to." Another person said, "They would stay longer if I was ill, they wouldn't just leave me."

A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's pain levels, risks of developing pressure injuries and to monitor their bowel movements.

People were supported to use technology and specialist equipment to meet their care needs and to support their independence where appropriate. For example, we saw correspondence between the staff and an occupational therapist, to request specific equipment to help support a person safety.

Good

Is the service caring?

Our findings

People continued to benefit from caring relationships with staff. When people were asked if they felt the staff had a caring attitude their comments included; "Very much so, they make me feel at ease and have a laugh with me and make me feel more relaxed", "Yes, they do, they are very caring, treat me sociably. They are caring with how they move me and how they change me," and "They are very caring; I would just say it's their behaviour and how they talk with me; they really try, in the little bit of time that they have, to be as friendly and as kind as they can." A relative said, "It's not an attitude, they actually do care, they will pop into the shop to pick up milk before she comes to the house or she'll pop into the health centre to pick up a sample pot if (relative) has complained that she has a urine infection – one girl brought a cake; another will bring magazines and sit and do a crossword with (relative) – they go above and beyond."

People told us they were treated with dignity and respect. One person told us, "They are incredibly respectful." Another person said, "They are courteous and if I say they are not doing something right they will listen and do it the way I like." A third person told us, "I have to be showered and they make you feel comfortable about everything and talk to me all the time, which makes you feel relaxed, they put you so much at ease that half the time we are laughing." When staff spoke about people to us they were respectful and displayed genuine affection. Language used in care plans was respectful.

We saw staff and people interact in a friendly way and heard good natured humour between people and staff. People were pleased to see the staff and we saw that staff used people's preferred name. Staff were calm, patient and attentive to people's needs. Staff spoke positively about their work and talked about wanting to make a positive difference to people's lives. A staff member said, "I got the most beautiful smile last night from a service user who is unable to verbally communicate; it makes it all worthwhile and made me feel that I had made a difference." Another staff member told us, "I love my job, I love being able to help people."

People were encouraged to be as independent as possible. A staff member told us that they would, "always encourage people to do what they can for themselves." For example, when providing personal care, they would ask the person which parts of the body they could wash independently. People's care plans contained information about what people could and couldn't do for themselves. A person told us, "They allow me to do the things that I can, they are pretty good really." Another person said, "I can't do an awful lot, but they help me to do what you can."

Staff understood the importance of maintaining people's privacy and dignity when providing them with personal care. They described how they would close curtains or doors and ensure people were covered when having a wash. People confirmed that staff considered their privacy when providing personal care. People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Good

Is the service responsive?

Our findings

People continued to benefit from person-centred care which was responsive to their needs. People and their relatives all confirmed that staff knew them well and understood their needs. A person told us, "Yes, they do (know me well), I've been having them for a couple of years now and they are mostly the same carers. They know what you like and dislike and I don't know how they remember everyone's needs." Another person said, "They certainly do (know me well)."

Records showed people had their needs assessed before they started using the service. A re-admission assessment was also completed before the person returned to the service following a hospital stay, to help identify any changes in their needs. These arrangements helped ensure continuity of care for the person and allow changes to be made to their current care arrangements.

We looked in detail at the care plans for six people and found that they were person centred and detailed. Care plans included information in relation to people's likes and dislikes, personal preferences, healthcare, social care needs, communication requirements and what tasks staff would complete during each visit. Daily records showed people's needs were being met according to their assessed needs. Care plans were reviewed annually or more frequently if a person's needs had changed.

Staff reported any changes in people's needs to the office staff and management team; they also documented this within the person's care records held in their home. This meant that all staff who provided care to the person, could be kept up to date with any changes or concerns and this could be managed and monitored effectively to enable timely interventions.

People's legal rights and individual choices were respected; people were not judged by staff on their life histories or personal choices. One of the directors said, "We are not there to judge people's choices- we want to provide care in line with people's wishes; what they have done in their past doesn't make a difference in the way we would care for them."

The support provided to people was in line with the Accessible Information Standard in that information was provided in a way that was designed to meet people's needs. When required information was available in easy read and in a pictorial format or arrangements were made to read important information to a person.

People and, where appropriate, their families were involved in regular discussions about care arrangements and care needs. People said that staff consulted them about their care and how it was provided. People's needs were reassessed regularly by the management team and people confirmed this happened.

People were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service. Feedback was also gathered on an informal basis when the management team met with people in their own homes, during review meetings or via telephone or email contact. One person said, "I always see [names of directors], they often come and provide my care." People described the staff and the

management team as approachable and all said that they were confident that any feedback they gave about the service would be acted upon.

Feedback also continued to be sought from people or their families through the use of quality assurance survey questionnaires, which were sent out annually. We saw the results from the latest questionnaire, which had been completed in August 2018; where 49 responses were received. The results of the survey, which were predominately positive, had been analysed and assessed and actions had been taken where required.

Complaints continued to be dealt with effectively. One of the directors recorded complaints with investigations and outcomes documented. Information on how to make a complaint was included in information about the service which was provided to each person. One person told us, "I have a big file with instructions for complaining, but I would just ring into the office and speak to them." Five complaints had been received in the last 12 months. People who had made a complaint were satisfied with how these had been dealt with. One person said, "I have made a complaint before; twice regarding 2 carers; and it was looked into and those carers didn't come again."

Although no one using the service was receiving end of life care, one of the directors of the company provided an assurance that people would be supported to receive good end of life care and be supported to help ensure a comfortable, dignified and pain-free death. Furthermore, they told us that they would work closely with relevant healthcare professionals, provide relevant support to people's families and ensure staff were appropriately trained.

Good

Is the service well-led?

Our findings

The service continued to be well-led. There was a registered manager in post; who was also one of the directors of the company. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in The Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives were positive about the service and the directors of the company. One person told us, "I get a very good service" and another said, "I don't have anything at all to complain about." When asked if the felt the service was well-led, A family member said, "Yes absolutely, they do an incredibly good job." Another family member described the service as; "Good as gold." All the family members and all but one of the people we spoke with, said that they would recommend the agency to others.

All the staff we spoke to told us the service was well-led. One staff member described the directors as "Absolutely amazing." Another staff member said, "We are really part of a team; the directors are really hands on and supportive; their door is always open."

We found the directors of the company had a clear vision for the service, which included providing quality care for people living in the community. One of the directors told us, "We want to provide a service that people can rely on; we want to provide quality over quantity which will help ensure that we can build good relationships with people. The director's vision and values were cascaded to staff, and monitored, through training, staff meetings, staff supervision meetings and the company newsletter. The management team were aware of, and kept under review, the day to day culture in the service. This was done through working alongside staff, one to one meetings and unannounced spot checks.

The directors of the company were fully involved in the running of the service and monitored the quality of the service provided; supported by the completion of a range of audits. Audits completed included, care plans, daily records, risk assessments, medicine management and the day to day running of the service. The directors also monitored accidents and incidents and analysed information to look for patterns and trends. Findings from audits were analysed and actions were taken to drive continuous improvement.

Robust and up to date policies and procedures were in place, which were available to both people who use the service and their relatives and staff. These included; a whistleblowing policy which contained the contact details of relevant authorities for staff to call if they had concerns and a duty of candour policy outlining the services responsibility to act in an open and transparent way when accidents, incidents and near misses had occurred.

The service worked well and in collaboration with all relevant agencies; including health and social care professionals to help ensure there was joined-up care provision. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The management team had informed the CQC of reportable events.