

Caring Comes 1st 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

About the service:

Caring Comes 1st Ltd is a domiciliary care agency. At the time of the inspection they were providing personal care to 26 people in their own homes. 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:

People told us they felt safe and that staff were kind, supported them in a dignified and respectful manner and maintained their privacy and independence. People received support from staff who they knew well.

People were supported by staff who promoted their independence. People received support from a consistent team of staff who were skilled and competent in providing care and support. Staff and the registered manager showed a genuine interest and passion to deliver personalised care based on people's likes, wishes and preferences.

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. Staff knew people well however some care plans contained basic information relating to people's individual support and care needs.

Communication with health and social care professionals was effective in ensuring people received joined up care. The provider had aims and standards for the service and told people what they should expect from staff and the service in respect of the quality of care they received. The provider worked in partnership with other agencies this supported people in ensuring any changes were raised with professionals and those funding the person's care needs.

Rating at last inspection:

The service was rated good at our last inspection (published 8 June 2017). No changes have been made to the rating of Good at this inspection.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

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

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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Caring Comes 1st Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

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 visit because senior staff are often out of the office supporting staff or providing care. We needed to be sure that they would be available. The inspection took place between the 13 and 20 November 2019. We visited the office location on these dates to see the registered manager and to review care records and policies and procedures. We also contacted staff after the inspection.

What we did:

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had not requested the provider to complete the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we spoke to the care manager, an assistant manager, one care coordinators and four care staff. We looked at five people's care records, four staff files and other records relating to the management of the service including policies and procedures. After the inspection we spoke to two people using the service and four relatives and asked them for their views about the service.

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

- People and relatives felt the service was safe. One person said, "Yes, very safe". One relative said, "I feel very lucky we have these carers, everyone of them. I definitely know she is safe with the carers."
- Staff received relevant training so they could recognise abuse. Staff were familiar with how to identify abuse and what actions they should take.
- The care manager liaised with the local authority where appropriate to maintain people's safety.

Assessing risk, safety monitoring and management

- The provider had systems in place to assess and identify risks posed to people from their specific healthcare conditions and by their home environment.
- People's care plans contained important information relating to identified risks to the person's safety and wellbeing. Senior staff monitored people's risks as part of their reviews. Changes were made as required.
- The support people needed was arranged so only suitably trained staff supported the person. This meant people were supported by staff who were familiar and knew them well. One relative said, "They always send people who know her. They know her routine. This gives us confidence and we don't have to come as often as we used to."

Staffing and recruitment

- People and relatives felt staff were timely and there was enough staff to meet people's care and support. One relative told us, "They will get here five minutes before they are needed to start and they will stay here until the job is done. No rush at all."
- The provider had recruitment and selection procedures in place to ensure people were supported by staff that were suitable. Checks had been made on staff's identity, right to work in the UK, previous work history and suitability to work with vulnerable adults. Staff also completed a health questionnaire which was used to assess their fitness to work.
- All staff had been provided with the service's lone working policy so that they were aware how to ensure their own personal safety whilst at work.

Using medicines safely

- People received their medicine safely. Staff supported people to take their prescribed medicines. Records confirmed people received their medicines when required.
- The provider had systems in place to manage and administer medicines safely. This was in line with current best practice.
- Staff had been trained to manage and administer medicines safely. People had guidelines in place for staff to follow relating to how their medicines should be administered.

Preventing and controlling infection

- Staff were trained in infection control and had access to supplies of personal protective equipment (PPE) to reduce infection risks.
- Staff had received training in basic food hygiene to support them when preparing and storing food to reduce risks to people of acquiring foodborne illnesses.

Learning lessons when things go wrong

- Concerns and incidents involving people were recorded and investigated promptly by the provider.
- Action was taken to learn from incidents and make improvements when this was required.

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 assessed people's needs prior to them using the service. These assessments took account of information provided to the service by people and from others involved in their care.
- Information about existing healthcare conditions and care needs was used to complete each risk assessment and person's care plan on how these should be managed when providing support.
- Assessments identified the level of support each person needed. This enabled them to develop an individualised care plan for the person which set out how their care and support needs would be met by staff.
- People were able to make choices about their care. For example, how, when and from whom they received their care and support. One relative told us, "My mum did not want a male carer, they have respected that." Another relative said, "Oh yes they give her choice, if she can't decide they ask me."

Staff support: induction, training, skills and experience

- Staff received training in food hygiene, fluids and nutrition, dementia care, first aid and in areas which were specific to people's individual needs, for example, catheter care and diabetes.
- People felt staff were well trained and knew what they were doing. One person told us, "I have no doubt in my mind they are well trained."
- Staff received an induction when they first joined the service. One relative told us, "The new staff shadow for two weeks, they are very thorough."
- Staff received observations and spot checks. These were carried out every eight weeks to ensure staff were maintaining high standards of care. Staff received feedback verbal and written feedback about their individual performance.
- Staff received one to one supervision with a senior staff every eight weeks. This was an opportunity to discuss their working practices, any issues or concerns and any further training or future development needs.

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

- Where staff were responsible for this, people were supported to eat and drink enough to meet their needs. Information had been obtained about people's dietary needs and how they wished to be supported.
- Staff recorded what people ate and drank where they were required to do so. This ensured information was available to others involved in people's care to check whether they were eating and drinking enough to meet their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff documented the support provided to people which kept others involved in people's care up to date and informed.
- Staff reported any concerns they had about a person's health and wellbeing promptly so that people would receive appropriate support in these instances.
- The provider worked closely with other healthcare professionals to ensure a joined-up approach to the support people received. A health professional told us, " They are very proactive and report any concerns."

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- Information about a person's capacity was included in their care documentation. For example, one person had a power of attorney appointed to make decisions on their behalf and this was recorded in the person's care plan.
- Staff received training in the MCA. Senior staff were aware of their duties and responsibilities in relation to the Act. For example staff told us they would support people to make a choice I their day to day care such as what they want to eat or wear.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions about their care and support the service would involve people's relatives, representatives and healthcare professionals, to ensure decisions would be made in people's best interests.

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 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; equality and diversity

- People were supported by staff who were kind and caring. One relative said, "They are very friendly and they look after me too, we have a chat."
- Staff had developed positive relationships with people. People told us staff engage in conversations meaningful to them. One relative said, "They know him very well, he is young and needs someone of a similar age. They really get along."
- People told us staff were attentive and responsive to their needs and requests. One person said, "They are very caring, in fact they are too caring, always asking if they can do more."
- The service received compliments. Some compliments from relatives read, "Thank you for all you do. You are professionals" and another said, "Thank you for the flowers."

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

- The provider sought people's views in various ways to make sure these were used to inform decisions about their care and support needs. The provider used assessments of needs, care planning meetings, reviews and quality checks to ensure people were involved and able to voice their views about the support they received.
- Staff were aware how people wished to receive communication and information from the service. Communication was tailored to people's specific needs. One relative told us, "They speak to her gently, she doesn't answer but they continue to engage her."
- People were supported and treated with dignity and respect and involved as partners in their care. One relative said, "They tell him what they are doing and ask him if he would like a shave or a shower. They involve him in everything they are doing."
- Relatives confirmed staff stayed the duration of the allocated time and were not rushed. One relative told us, "I often see them waiting outside five minutes early. They don't rush off."

Respecting and promoting people's privacy, dignity and independence

- Support was provided to people in a way which respected their privacy and dignity. One relative said, "They do cover her when they are giving her a wash."
- People's confidentiality was respected. Guidance was in place and staff knew how to protect people's information confidentially.
- People were encouraged to be as independent as possible. One staff member said, "I encourage them to be independent when they can. For example, brush their own teeth or washing their face."

- People said they were asked for their permission before being provided with support. They were also offered choice and given the time they needed to do things at their own pace.

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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans in place. Some care plans were detailed, person centred and demonstrated that the person and/or if required their family had been involved in how they wanted their care needs met. However care plans did not always contain enough information for staff to know about people's background, interests and preferences, and how they wanted their care.
- Care plans gave basic information about the person's daily routines and what care and support they needed. They did not always contain enough information on what people could do for themselves or how they liked their personal care to be delivered. There was further information given to staff in the form of an app, which contained information about each individual and what tasks needed to be undertaken at each visit.
- Staff knew people well and how people liked to spend their day. However, this information was not always in people's care plans.
- The service was in the process of changing how care plans were presented. During the inspection the care manager confirmed the new format. Staff had been advised that any information known about the person would help to ensure care plans were personalised and individual.

Improving care quality in response to complaints or concerns

- People told us they had no concerns about the care they received but would feel able to speak with staff about any concerns if they had them.
- People were given information about how to make a complaint if they needed to.
- There had been eight formal complaints received by the service and the records demonstrated this had been dealt with in line with the service's policy and procedure.
- The care manager told us they encouraged people to speak to them if they had any issues or concerns and they would try to address them before they became formal complaints.

End of life care and support

- There was evidence of people's end of life wishes being discussed with them if they wished to do so and some people had advanced planning in place. For others it was recorded that they hadn't wished to discuss their end of life wishes and would prefer to discuss this with family.

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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had values and aims for the service which were focussed on people receiving high quality care and support from staff. For example, 'To respect individual needs and We respect individual's wishes and beliefs' and 'To take responsibility and accountability for our actions'. These were communicated to people through information the service provided, for example, the 'service user guide' and through staff.
- The provider had recognised care plans needed more person-centred detail and had continued to put these in place. Reviews were taking place to ensure individualised information was recorded. The care manager showed us their plans on how they will complete all care plans.
- All staff were provided handbooks which set out their responsibilities for providing high quality care and support to people, which respected their rights.
- The provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people involved and informed of the outcome.

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

- People spoke positively about senior staff. People told us, staff are; "Very approachable", "Understanding" and "Very obliging".
- There was a clear management and staffing structure and all staff had well defined responsibilities. Senior staff held regular monthly meetings with staff to make sure they understood their roles and responsibilities with regard to the support they provided to people.
- The provider understood their responsibilities with regard to the Health and Social Care Act 2008 and was aware of their legal obligation to send us notifications, without delay, of events or incidents involving people using the service.

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

- Senior staff undertook spot checks to people's homes and asked them for their feedback about how the service could be improved. They also telephoned people using the service to check that they were happy with the support being provided and for any suggestions they may have for how this could be improved. One relative told us, "They come out sometimes and ask questions."
- Senior staff used spot checks to monitor whether staff were providing the support that had been agreed in line with the service's policies and procedures. Any issues identified through these checks were discussed

with staff immediately to help them to continuously improve their working practices.

- The provider made improvements when these were required to enhance the quality of the service.

Working in partnership with others

- The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, staff worked collaboratively with the district nurses and occupational therapist. They also liaised with the local authority to ensure they were kept up to date with any changes to people's care needs. This helped to ensure people continued to receive the appropriate care and support they required.