

Care 1st Limited

Care 1st Homecare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We carried out a focused unannounced inspection of Care 1st Homecare on 20 July 2017. Prior to this inspection, we had received allegations of concern about the health, safety and welfare of people using the service.

We undertook this focused inspection to ensure that people using the service were safe, and receiving a service that effectively met their needs. This report only covers our findings in relation to these areas. When we last inspected Care 1st Homecare, in April 2016 we rated the service as 'Good'. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Care 1st Homecare on our website at www.cqc.org.

Care 1st Homecare provides personal care to people in their own homes. We gave the service 48 hours' notice of the inspection. This was to ensure that people who used the service were available to meet with us. It was also so that the registered manager and staff would be available to speak with us. At this inspection we found the service remained Good.

There was a registered manager for the service. 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 were protected from harm because the provider had systems in place to minimise risks to them from abuse. People spoke very highly about the staff who visited them. People told us the staff were always kind and caring towards them. People and relatives also said that staff interacted in a positive and warm way towards them.

People were supported with their care needs by a team of staff who were properly monitored and supervised at work. People further benefited because they were supported by staff that had been well trained to understand how to provide effective care that met their needs.

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.

Staff visits were planned in a way that meant people received safe care that met their needs

People were supported by staff who understood how to protect them from abuse.

People were supported with their medicines and they were helped to manage them safely.

There were robust employment checks in place to ensure that only safe and suitable staff. were recruited

Is the service effective?

Good ●

The service remains safe

Care 1st Homecare

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.

The provider supplied information relating to the people using the service and staff employed at the service as part of our inspection planning. Prior to the inspection we reviewed this information, and we looked at the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

The inspection team consisted of one inspector and a Specialist Professional Advisor (SPA). During the inspection, we spoke with 24 people by telephone. We also spoke with eight members of staff, the registered manager, and the provider.

We looked at six people's care records and medicine records. We also reviewed a number of staffing and management records that related to how the service was managed and run.

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Is the service safe?

Our findings

People told us that the staff who visited were always respectful, and they had never had a problem with any of them. One person said, "They are all excellent they are like friends." Other comments made about the staff were, "They have all been marvellous every one of them treats me so well."

People said they never felt concerned about a member of staff, however if they did they would contact the manager or any of the office staff. One person said, They are always respectful, we feel safe with them." Other positive comments included; "I am thankful for the level of care, the quality of cares is good. It surprises me how well things are run. The organisation behind the scenes is very good and I am very grateful," , "I always have the same carer, they know what to do" and, "The carers do a good job."

People were supported by staff who understood what to do to minimise risk and keep them safe from abuse. The staff told us they had their own copy of the agency's procedure for safeguarding people from abuse. They told us they were given their own copy of the procedure in the staff handbook. They said this was so that it was readily available to them in the event of them being concerned that someone may be at risk from abuse. The information in training records showed that staff had been on training sessions to learn about the subject of keeping people safe people from abuse. The staff understood what the idea of whistleblowing at work meant. They knew it meant reporting dishonest or abusive activities at work to relevant authorities. The whistle blowing procedure was up to date. It had the contact details for the organisations people should use if they felt they needed to report concerns at work.

A record of incidents and occurrences that had happened was kept. Staff recorded what actions had been put in place after an incident or accident. The care manager looked into each incident and followed up what had happened to ensure people were safe. Risk assessments had been updated or rewritten if needed, after any incident where a risk was identified. For example, one risk assessment had been updated to support someone who was at risk of falling in their home.

People said they felt there was enough staff to support them at each visit that they received. The staff also felt there was enough staff on each duty to provide safe care in a timely way to each person. The care manager told us that they tried to use the same staff who worked for the provider if they needed to cover due to staff absences .This was to ensure people were visited by staff who they knew well. The provider and manager confirmed there was enough staff to cover all the calls people required. No temporary staff were used at the agency to cover staff sickness or vacancies. There was enough staff to cover extra calls in emergencies. The manager told us their focus was to ensure that people who used the service were provided with good quality care.

To check that people received safe care there was a call monitoring system in use. This was used by staff who logged in when they arrived at people's home, and logged out when they were leaving. This system alerted the office staff and showed that staff had arrived at a person's home within their agreed visit time. The office staff monitored where staff were and could then plan alternative cover to attend people's homes if staff were running late. The staff were also given scheduled travel time between each visit to reduce the risk of staff arriving late to see people. The registered manager explained that the numbers of staff needed

and the duration of visits were adjusted when required. They told us how visit runs to people were regularly monitored and reviewed. This was done to ensure that the needs of people were being properly met and staff had enough time to provide individualised care to each person they visited.

People were supported to take their own medicines safely in their own home and were given them when they needed them. The medicine charts were accurate and up to date and confirmed when staff had given people their medicines or the reasons why not. People kept their medicines securely and regular checks of the supplies were carried out by senior staff. This was to make sure that people's medicines were being managed safely by the staff.

To protect people from unsafe staff there was a recruitment procedure to reduce the risk of unsuitable staff being recruited. New employees were taken on after a number of checks had been undertaken. These checks included references, proof of identification and Disclosure and Barring records checks. Disclosure and Barring checks are carried out to help employers to recruit only safe and suitable staff to work with people who may be vulnerable. Staff we spoke with told us they had undertaken these checks the staff. There were also proof of identification checks in the form of passports carried out for all staff.

Is the service effective?

Our findings

People told us the staff met their needs and assisted them with their care in the ways they wanted. Comments people made about the care and support included; "They look after me exactly as I ask and then they always say they can do anything else for me", and, "They are all very well trained and they come and do exactly what I need". Further comments were, "They always treat me with respect, I have no concerns and everything is fine", "They seem to know what they are doing, always treating me well and asking me before doing things.", "I never feel forced into anything, and they treat me with respect and recognise I have the right of choice. They help me get undressed at night because my balance is bad.", "I don't know if they have had any dementia training but they handle my relative well, they are very good with him and help him to understand things. They persuade him to do things if he does not want to wash.", "They always write in a book what they do, if I need help to get a doctor or someone to help me they will always help", "They have never missed a session. I have had the same carers for about five years. I feel safe with them, they are always polite and always involve me in any decisions they make about delivering my care, and they ask my permission before accessing any of my stuff" and, "They give me my medicines, watching me take them and then record it in a book". These comments showed that people and relatives felt the care people received met their needs.

People were supported with their range of care needs by staff that were suitably trained and able to provide them with effective support. The staff showed that they had a good understanding of how to effectively support the people they looked after. Staff told us they were well prepared before seeing new clients and they also read each person's care records before they first visited them. The staff went on to tell us how they were also told by senior staff when care records had been updated if a person's care needs had altered. The staff also told us a bit about the types of care and support they provided for people. They said they supported people with a variety of daily living tasks. These included personal care such as, bathing and showering, assistance with medicines, meals, shopping and domestic duties. All of the staff we spoke with told us they enjoyed their work. This showed people were supported by well-motivated staff.

Some people required assistance with their nutritional needs. They were assisted to eat nutritious food and drink that they enjoyed. People told us how the staff helped them to prepare and cook meals and snacks for them. One person told us, "They always ask me what I would like to eat and they prepare it for me". Staff told us they also supported some people who had special dietary needs by going shopping for them for the food they needed. We read up to date information in care records which set out how to support people with their nutritional needs. The staff team had attended training on the subject of how to understand how to support people effectively with their nutritional needs.

The staff had a good awareness of the principles of the Mental Capacity Act 2005 (MCA). They explained that people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless someone was assessed otherwise. Each care record we read included an assessment of the person's capacity to make decisions in their daily life. These were detailed and showed that when a person did not have mental capacity this had been identified. Actions were set out in the person's care records that set out

how to support the person safely and in a way that respected their rights. For example the care records set out how to safely support the person with their personal care needs.

People received effective support to meet their physical healthcare needs. Each person had a health action plan. These set out what other health and social care professional supported the person. They also explained how they were being supported with certain health needs. People told us they were able to see their GP if they were concerned about their health. The action plans contained information that showed how people were to be supported with their physical health needs. People said they had access to medical services when needed. The staff told us they regularly liaised with the community nurses about people's health and wellbeing. For example if they were concerned about someone's skin integrity and the risk of skin breakdown into a pressure ulcer.

Some people we spoke to said they had been asked to give direct feedback about a staff member who was having a spot check carried out on them in their home. They said a senior member of staff observed how the carer was supporting them. The people who had been asked to do this said it was a very good idea. People also said it was important to them that these checks took place to make sure staff were doing things in the way that they wanted. The staff also told us that the registered manager and senior staff carried out regular unannounced spot checks on them while they were supporting people. These were carried out to observe how they assisted people with their care. The registered manager and staff said the aim of the spot checks was to ensure people were assisted with their needs in a professional and suitable way. The staff said it was an important way of making sure they were caring for people effectively.

The staff supervision records we saw confirmed staff were supported and developed in their work with people. The staff also said that they met with the registered manager regularly or another senior staff member. They said they discussed with them any care and work matters and reviewed how they were meeting the needs of people they were supporting. Staff also told us that their training needs and any performance related issues were raised with them at each meeting. The staff told us there was always support and someone they could contact any time for guidance. They said there was an out of hour's telephone number they could use to speak to someone for advice and guidance.

Staff told us they were able to attend a range of different regular training opportunities. They said the training they had done had helped them understand how to support people effectively. They told us they had been on training in subjects relevant to people's needs. The training records confirmed staff had attended training in a range of relevant subjects. These included a course about care dementia care, the needs of older people, general health and safety issues as well as food hygiene, first aid, infection control and medicines management. New staff was given proper training and support when they began work for the service. There was an induction-training programme for all new employees. The staff induction programme included areas such as how to support people with complex health needs, safeguarding adults and caring for older people.