1st Homecare (Oxford) 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

1st Homecare (Oxford) is a domiciliary care service providing care to people in their own homes in and around Oxford. At the time of the inspection the service was supporting 58 people.

There was a registered manager 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.
Leadership within the service was open and transparent and promoted strong organisational values. This resulted in a caring culture that put people using the service at the centre. People, their relatives, staff and healthcare professionals were complimentary about the management team and how the service was run.

People who were supported by the service felt safe. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People received their medicines as prescribed. There were systems in place to manage safe administration and storage of medicines.

There were enough suitably qualified and experienced staff to meet people needs. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Staff were aware of people's needs and followed guidance to keep them safe.

Staff received adequate training and support to carry out their roles effectively. People felt supported by competent staff that benefitted from regular supervision (one to one meetings with their line manager) to help them meet the needs of the people they cared for.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of the MCA.

People's nutritional needs were met. People were given choices and were supported to have their meals when they needed them. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. People received quality care that met their needs.

People were supported to maintain their health and were referred for specialist advice as required. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible.

Staff knew the people they cared for and what was important to them. Staff appreciated people's unique life histories and understood how these could influence the way people wanted to be cared for. Staff supported

and encouraged people to engage with a variety of social activities of their choice in the community.

The service looked for ways to continually improve the quality of the service. Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager informed us of all notifiable incidents. The registered manager had a clear plan to develop and further improve the service. Staff spoke positively about the support and leadership they received from the management team.

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.

Risks to people were managed and assessments were in place to manage the risks and keep people safe.

Medicines were stored and administered safely.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people effectively. Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act and applied its principles in their day to day work.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were current and reflected their needs.

People's views were sought and acted upon.

People knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Good

The service was well led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made staff and people feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

1st Homecare (Oxford) Ltd

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 carried out by an 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. The inspection took place on 07 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We obtained feedback from commissioners of the service.

We spoke with nine people and two relatives. We looked at four people's care records including medicine administration records (MAR). We spoke with the provider, registered manager, office coordinators, and care and support staff which included nurses and carers. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, people's surveys, minutes of meetings with staff, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from 1st Homecare (Oxford). Comments included; "Yes I'm safe, very caring carers I have them take me shopping" and "Definitely safe, I have a dose-it box (for medicine)". People's relatives told us their family members felt safe with the care provided. Comments included; "Yes [person] is safe, no medicine support and carers spend time with them" and "Yes very safe. They receive medicine support and do cover infection control".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had completed safeguarding training and understood their responsibilities to identify and report any concerns relating to abuse of vulnerable adults. Staff knew where to report to outside agencies and named the Care Quality Commission (CQC) and the local authority safeguarding team. One member of staff told us, "I know the clients well and will know if they are acting out of character. I can report any concerns to the safeguarding team or CQC".

People benefited from staff who understood and were confident about using the whistleblowing procedure. There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff told us, "I can whistle blow to social services or CQC if I have concerns within our service".

People's care plans included risk assessments and where risks were identified there were management plans in place to manage the risks. Risk assessments included risks associated with: mobility, medicines, skin condition, nutrition and environment. For example, one person's care plan identified they were at risk falls and they needed two carers to assist them to mobilise. Daily care records showed two carers always attended to this person.

The provider recorded and reported accidents and incidents appropriately. Records clearly documented when incidents and accidents had occurred and what action was taken following the event. For example, we saw an incident reported after a person fell during personal care. Staff reported the incident to the office and the person was seen by a doctor and referred to a physiotherapist for an assessment. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. One member of staff said, "We report any accidents or incidents to the office and complete accident forms".

The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Learning from these accidents and incidents was shared amongst staff. For example, a person who self-medicated was having more frequent falls. Staff noticed the person was accidentally overdosing on one of their medicine. The GP saw the person and the medicine was changed to a dosage box.

People received their medicine as prescribed. There were systems in place to manage medicines safely. The provider had a medicines policy and procedures in place. Staff had completed medicines training and where staff were required to have training specific to a person's prescribed medicine, this was completed by an approved health professional before staff supported the person. For example, when supporting a person with taking Warfarin – a blood thinning medicine.

Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the number of medicine administered from a monitored dosage system. Where medicines were not dispensed in a monitored dosage system MAR had details of the medicine which included; dose, strength, method of administration and frequency.

People were supported by sufficient staff with appropriate skills to meet their individual needs. Staffing levels were determined by the people's needs as well as the number of people using the service. Staff rotas showed there were enough staff on duty to meet the required amount of support hours. They also showed there was enough staff to meet people's individual needs, such as where two staff were required to deliver specific care tasks. For example, one person required two members of staff to support them to move using a hoist. Records showed two staff always visited this person.

People told us there were enough staff available to meet their needs. People confirmed they did not experience any missed calls. One person said, "Yes they [service] have enough staff and they have time. I have had no missed calls". A person's relative told us, "Yes staffing levels are all right and carers spend enough time. They are not rushed and always turn up, always ring when late".

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

People told us they received care from staff who had the skills and knowledge needed to carry out their roles. People's comments included; "On the whole yes they [staff] have the skills and knowledge", "Majority are trained in the profession they work" and "I think staff have enough skills and knowledge".

New staff were supported to complete a comprehensive induction programme before working on their own. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The induction programme included training for their role and shadowing an experienced member of staff. The induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. One member of staff told us, "Induction included a lot of training. I shadowed more experienced staff until I was comfortable to go on my own".

Staff records showed staff received the provider's mandatory training on a range of subjects including moving and handling, safeguarding, medication administration, infection control and MCA. Staff told us they had the training to meet people's needs. One member of staff said, "Training in CPR (Cardio Pulmonary Resuscitation) and epilepsy was particularly good".

Records showed staff had received additional client specific training from district nurses. The training included application of support stockings as well as catheter care training. Staff also received training for different pieces of equipment before use. For example, training in use of hoists.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. All staff had received their annual appraisal as well as a one to one supervision meeting with their line manager every three months. This gave staff the opportunity to discuss their performance, raise concerns and identify any development needs they might have. Regular spot checks were also carried out on all staff to monitor the quality of care. Records showed that these competency checks were undertaken and identified any areas where the quality of care people received could be improved. Staff spoke positively about their experience of spot checks and supervision and welcomed any feedback to improve their practice where they could. One member of staff told us, "We have supervisions quarterly and use them to review performance".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager was knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected.

Staff understood their responsibilities in relation to MCA. One member of staff said, "We do mental capacity assessments in our day to day work. MCA is time specific and we regularly reassess". Another member of staff told us, "We always assume a client has capacity".

Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. Care records showed staff discussed people's dietary needs and support on a day to day basis. Some people preferred family members to support them with meals and the service respected people's choice. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food.

People were supported to access health professionals when needed. People's care plans showed people had been referred to GP, district nurses and out of hour's services when needed. People told us they were supported to access on going health care. They said, "My GP has been called on my behalf by carer" and "Carers have supported me twice to get to hospital".

Good

Is the service caring?

Our findings

People told us the staff were caring. Comments included; "I get on extremely well with most carers and they are caring" and "Very caring and very good carers". People's relatives also told us staff were caring. They said, "Staff are really caring" and "Yes definitely caring".

Staff told us they were caring and treated people with kindness and compassion. Staff gave examples of when they showed kindness by being very patient and taking time to talk to people about things that mattered to them. One member of staff told us, "I love meeting people. Some of them are lovely characters. We always have good conversations".

People told us staff knew them well. They said, "Pretty good relationship with carers" and "I have excellent relationship with carers. I see them as friends". Staff knew well the people they supported. Relationships between people and staff were established from the very first meeting. Staff told us, "We keep continuity of staff to try and build relationships" and "We see the same clients regularly to build relationships". Staff understood the importance of building relationships but were aware of their responsibility to remain professional.

Staff were respectful of people's privacy and maintained their dignity. Staff gave examples of how they promoted and respected people's dignity. This included making sure people were covered as much as possible when supporting them with personal care and waiting outside the bathroom where people wished to remain independent. Comments included; "We explain procedures during personal care and cover clients up to maintain dignity" and "I treat people with dignity and respect". People and their relatives told us staff respected their dignity. People said, "Yes staff really do treat me with dignity and respect".

Staff spoke about people in a caring and respectful way. Care records reflected how staff should support people in a dignified way and respect their privacy. Care plans were written in a respectful manner. People were involved in their care. Care plans had been signed by people to confirm they agreed with the way their care needs would be met. People were involved in reviews of their care.

Staff understood the importance of promoting independence and involving people in daily care. They explained how they allowed enough time for tasks and did not rush people. This enabled people to still do as much as they could for themselves with little support. One member of staff told us, "We support clients to do the small things they can still do. This gives them a bit of independence". People told us staff supported them to be independent.

Staff knew the importance of maintaining confidentiality. They told us, "We use passwords on computers and do not give out personal information over the phone", "We share information on need to know basis" and "We always consider our surroundings when on the phone to clients and staff". People's care records were kept in locked cabinets in the office and only accessible to staff.

The service supported people through end of life. Staff described the importance of keeping people as

comfortable as possible as they approached the end of their life. Staff told us they worked closely with families during such difficult period .

Good

Is the service responsive?

Our findings

People were assessed prior to commencement of care to make sure their needs could be met. The registered manager and senior staff visited people and assessed their needs and discussed their care and support with them and their families. Personal details were recorded which included preferences, religion, preferred names and hobbies. These assessments were used to complete personal care plans.

People's care plans contained details of when care calls were required and the support people required at each visit to ensure their assessed needs were met. For example, one person's care plan detailed 'Can wash most parts of my body. Help with feet and back. Only offer assistance when needed'. Daily records showed staff were following this care plan guidance.

Staff told us they always gave people options and choices during care. For example, choice of what to wear, food or where to spend their time. Staff completed records of their visits to each person. These provided key information on the care provided and the person's condition. Where complex care was provided the notes reflected this.

The service responded to people's changing needs and people told us they had been involved in developing care plans and reviewing care. People's comments included; "I was involved in the initial assessment and all subsequent reviews", "I am very much involved in the assessment and planning of my care" and "I am fully involved with assessments and reviews". One person's relative told us, "We have twice yearly assessments and I am involved". People and their relatives told us they were kept up to date with changes promptly. Care plans were reviewed to reflect people's changing needs. Changes to people's conditions were reported to the office staff who ensured changes were notified to all staff.

People were encouraged and supported to maintain links with the community to ensure they were not socially isolated. For example, one person enjoyed attending fun and friendship activities as well as coffee mornings. Records showed and staff told us they provided this person with social visits. This person's care was planned flexible enough for them to attend those activities.

People's views and feedback was sought through telephone client surveys as well as annual satisfaction surveys. People and their relatives told us they had participated in surveys and any concerns raised had been addressed. For example, in the last survey one person had requested invoices to be printed in large font. Records showed this had been actioned. People's comments included; "I have completed a survey in the past" and "I have done a survey". The last satisfaction survey showed people were happy with the care provided by 1st Homecare (Oxford).

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. People were provided with information of how to make a complaint or compliments as well as contact information for the local authority and CQC. People who had raised minor complaints said that these had been resolved quickly. People told us, "I am listened too and confident to raise complaint or concern", "If I had complaint would raise with carer in the first place" and "I would and have raised complaint in the past

and it was sorted".

We looked at the complaints records and saw all complaints had been dealt with in line with the provider's policy. Records showed complaints raised had been responded to sympathetically, followed up to ensure actions completed and any lessons learnt recorded. For example, a complaint relating to missed call resulted in a client being left without care overnight. The service investigated and this was concluded to have been a result of rota miscommunication. The member of staff involved was disciplined. This resulted in the change of process for client change. Staff were now required to confirm arrival and departure for this person.

People spoke about an open culture and felt that the service was responsive to any concerns raised. Since our last inspection there had been many compliments and positive feedback received about the staff and the care people had received.

Good

Is the service well-led?

Our findings

The service was managed by the provider and registered manager. The registered manager had been in post for six months. They demonstrated strong leadership skills and had a clear vision to develop and improve the quality of the service.

There had been changes in providers within the last six months. The current provider had introduced new changes that aimed to improve the way the service was run and the care people received. Staff told us they welcomed the new changes. They told us, "We have had recent management changes- a new provider. I'm happy with the new changes and hope all will be positive", "We have had positive changes within the service. There has been improvements" and "We have had changes, but management is good". Some members of staff however, felt they had not seen the changes yet. They said, "Management is ok but generally badly organised", "I am yet to see the effect of the new changes" and "Duty rotas are not properly allocated causing confusion among staff, especially nurses". Our findings during the inspection showed the provider had implemented a lot of good changes which they aimed to complete by the end of the year.

People and their relatives we spoke with had mixed views about the changes and management of the service. People told us, "Managed well, I know how and who to contact", "Not sure of management, the company is a bit confusing at the moment", "Management seems all right, running well for my needs so far" and "Carers that come to me are a credit to the caring profession but administration is concerning".

We spoke with the provider who told us their biggest challenge had been managing the service whilst undergoing changes. The provider had changed some of the management structure to fit in with their company values. The provider had identified shortfalls in care plans, daily records and policies and were in the process of changing them. The new care plans were clearer and more personalised, daily records more detailed and policies easily readable. The provider said, "We aim to push through changes in a controlled way. Re-energise staff and advertise for more staff posts. We will monitor our quality of care on an on-going basis".

Staff told us they felt supported by the registered manager and the management team. Staff comments included; "Manager is supportive", "Manager is supportive and approachable" and "The management is approachable and listens to us".

1st Homecare had and open and honest culture. During our visit, management and staff gave us unlimited access to records and documents. They were keen to demonstrate their caring practices and relationships with people. Staff told us they felt the service was transparent and honest. One member of staff said, "We are transparent but there is always room for improvement". The service valued staff contribution. Staff were encouraged to make suggestions and be confident these were taken on board. Staff felt listened to. For example, staff had suggested ways of improving the team culture. The provider was looking at ways of getting staff to have more regular team meetings and improve communication. One member of staff told us, "The provider listens to staff and acts on staff opinions".

Staff were positive about the service and the way it provided care. They commented, "The service's attention to detail is very good", "This is a good service and everyone does their best to ensure clients get the best care" and "I love working here. We have a good group of staff".

We received complimentary feedback from health and social care professionals. They spoke highly about their relationship with the management team and staff. They commented on how well staff communicated with them in a timely manner. One healthcare professional said, "Staff are excellent- very caring, responsive to people's needs, reliable, good communicators, flexible and able to work well both on their own and within the team".

The offices were organised and any documents required in relation to the management or running of the service were easily located and well presented. The provider had quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, environmental safety and care plans.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.