

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

About the service: 1st Homecare is a domiciliary care agency that was providing personal care to 37 people.

People's experience of using this service:

- People supported by 1st Homecare continued to receive safe care from skilled and knowledgeable staff.
- The provider sought training to ensure staff were knowledgeable to look after people with complex needs such as learning disabilities, autism and dementia.
- People and relatives told us staff were kind and dedicated. They said staff knew people well and treated people with dignity and respect.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- 1st Homecare remained well-led. People, relatives and staff were complimentary of the registered manager's leadership. The provider had effective quality assurance systems in place which were used to drive improvement.

Rating at last inspection:

At our last inspection we rated the service good. Our last report was published on 1 December 2016.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection remained "good".

More information is in our full report.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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.

1st Homecare (Oxford) 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:

The inspection team consisted of 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 Expert by Experience's area of expertise was old people and dementia care.

Service and service type: 1st Homecare is a domiciliary care agency. It provides personal care to people living in their own homes in Oxford and the surrounding areas. It provides a service to children and older adults some living with dementia and learning disabilities or autistic spectrum disorder. Not everyone using 1st Homecare receives 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.

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 it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.'

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at notifications received from the provider. A notification is information about important

events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We also reviewed the provider's previous inspection report.

We spoke with two people and five relatives. We looked at five people's care records and medicine administration records (MAR). We spoke with the registered manager, the care manager, the assistant manager and four care staff. We reviewed a range of records relating to the management of the service. These included six staff files, quality assurance audits, staff communication letters, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and updated when people's needs changed.
- People' relatives told us they felt their families were safe receiving care from 1st Homecare. One person told us, "I feel completely safe with the current carers, they are just like an extended family they are wonderful".
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken.

Systems and processes:

- People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "If I have concerns about any form of possible abuse I would raise these with the registered manager of 1st Homecare Oxford. If I needed to raise my concerns externally I would contact the local Adult Safeguarding Team for Oxfordshire".
- 1st Homecare had safeguarding policies in place and the team reported concerns accordingly.
- The provider had a business continuity plan that included action to take in various emergencies.

Staffing levels:

- 1st Homecare had enough staff on duty with the right skill mix to keep people safe. One member of staff commented, "There is plenty of staff to support people. All office staff can support me and we support each other".
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.
- The provider had introduced value based recruitment and this had significantly improved staff recruitment and retention.

Using medicines safely:

- People received their medicines as prescribed.
- Medicine administration records (MAR) were completed fully and accurately. Staff supporting with medicines signed the MAR to confirm people had taken their medicines. One member of staff told us, "I have received medication training three times. Competencies are checked on a monthly basis"
- The provider had a medicine policy in place which guided staff on how to administer medicines safely.

Preventing and controlling infection:

- 1st Homecare had infection control policies and procedures in place.
- The provider ensured staff were trained in infection control.
- The staff we spoke with told us they followed safe infection control practices.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, one person had missed a call due to miscommunication. The registered manager had facilitated reflective learning through staff meetings to ensure this would not happen again.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience:

- Staff told us they felt supported in their roles through one to one meetings with their line managers. One member of staff commented, "I have supervisions every three months by my manager. We sit and discuss how my role is going what could be improved and what is going well".
- Staff told us the provider consistently offered training to support staff development.
- New staff went through an induction which was linked to the nationally recognised 'Care Certificate'. One member of staff told us, "My induction was extremely informative and prepared me for my role very well".
- The provider sought training for staff based on people's changing needs as well as before taking on people with more complex needs such as dementia, autism and learning disabilities. Staff told us they had requested extra training and this had been provided.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The provider ensured people's needs were assessed before they received care from 1st Homecare to ensure those needs could be met and individual care plans put in place.
- People's records showed they were involved in assessment and care planning process.

Eating and drinking:

- People's nutritional and hydration needs were met.
- Care plans gave detailed guidance on people's needs, including their preferences and any allergies.
- People's records showed staff worked closely with relatives to ensure adequate nutrition. One person's relative commented, "The carers will make contact with me if mum hasn't eaten anything or they feel they may need to make slight changes with her diet".

Staff providing consistent, effective, timely care and involvement of health professionals:

- People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
- The service was flexible enough to ensure people attended hospital appointments when required.
- People and their relatives told us they were supported to access on-going healthcare support. One relative said, "They do go above and beyond. There was a time a urine sample needed to be at the doctors, one of the carers who only has a bicycle for work insisted she would take it in between calls, that was amazing".

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 Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance:

- People's rights to make own decisions were respected and people were in control of their support. One member of staff said, "We give a client space where and when they need it. Respect a client's views, choices and decisions, do not make assumptions about how they want to be treated, work with care and compassion and communicate with the client directly wherever possible".
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "I embed the Mental Capacity Act in my day to day work by always putting the wishes of the individual I am caring for at the centre of their care. I give them choices about day to day things, and support them when they are making decisions by ensuring they have access to all information they need in a form that they can understand".

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, compassion and respect:

- People were positive about the care they received and told us staff were caring. A person's relative told us, "They have always shown to mum and I that they are caring, their approach is kind and soft, their manner is impeccable, they are interested and they do listen".
- When staff spoke about people, they did in a respectful manner.
- Staff knew people very well and knew how best to support them.

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

- People were involved in their care. Records showed staff discussed people's care on an on-going basis. One person's relative told us, "The family is fully informed and involved in the care, we are pleased that they do ask for our opinion and whether we need to make changes to the care plan".
- Where required, information was provided to people in a format that was accessible to them and we saw accessible information was embedded in care plans. For example, we saw people had access to information written in large print.

Respecting and promoting people's privacy, dignity and independence:

- People's care plans highlighted the importance of respecting privacy and dignity.
- People and their relatives told us staff treated them respectfully and maintained their privacy. One relative said, "They are courteous and respectful, they will always knock on a closed door and make sure they maintain my father's dignity at all times, he is a very proud man".
- People were supported to be as independent as possible.
- The provider recognised people's diversity and had policies in place that highlighted the importance of treating everyone equally. People's and staff's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices. One member of staff said, "I uphold the rights of all clients and respect the diversity I see in my job. I treat all clients equally providing a high level of care according to their unique wishes, need and preferences and ensuring that none of the clients are being discriminated against for any reason"
- The provider ensured people's confidentiality was respected.
- 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. Staff knew how to maintain confidentiality.
- Staff were aware of the implementation of the GDPR. From May 2018, GDPR is the primary law regulating how companies protect information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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:

- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences of what time they preferred to have visits.
- Care plans included a list of 'tasks' to be completed during each call and each person's expected outcomes. The care plans had clear instructions about what was expected at each visit.
- People and their relatives told us they were involved in care plan reviews. One relative said, "We had a review with regards to my father's care with the relative staff and agencies and he is now on palliative care, which involved us meeting together and discussing any potential issues that could arise".
- The service had established links with the local community. 1st Homecare had facilitated a Christmas lunch and a MacMillan coffee morning for people.
- People were encouraged and supported to maintain links with the community to reduce the risk of social isolation. For example, people who enjoyed attending coffee mornings and community centres. The service planned people's care visit times flexible enough to accommodate their interests as well as any other social commitments.

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint.
- There were many compliments received regarding good care.
- The service's complaints policy was available to all people, and a copy was kept within people's care records in their homes.

End of life care and support:

- The care manager informed us no people received end of life support at the time of our inspection. The team would occasionally support people with end of life care and the service would work closely with other professionals to ensure people had dignified and pain free death.
- Staff told us they knew how to support people during end of life care (EOLC). They talked about how they would maintain people's dignity and support families during such difficult times.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager was supported by a care manager as well as an assistant manager. Staff took pride in their roles and supported each other to ensure good care.
- The registered manager promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.
- The provider facilitated an employee of the month scheme to celebrate excellent provision of care by staff. Staff received a personalised thank you card. Staff told us they appreciated this gesture.

Planning and promoting person-centred, high-quality care and good outcomes for people:

- People and relatives we spoke with praised the registered manager and care manager and told us the service was making positive changes. One relative said, "They are managed well the carers, they wouldn't be working for them if they didn't enjoy it I'm sure. The communication from the office has always been second to none. I'm a carer myself so I know what is good and effective care and I feel this is what 1st Homecare provide".
- The registered manager had a clear plan to improve people's care. They told us they were investing in a new electronic care planning system which would enable staff to give high quality care and more time to spend with people.
- The registered manager had introduced a lot of positive changes and successfully created a pleasant working atmosphere that contributed to good teamwork. Staff roles had been swapped allowing staff to excel in areas of their interests.
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people. One relative commented, "Yes they are managed very well, they are open and transparent. I used to read mums care plan in a lot more detail than I do now as I feel we have a good agreement between the parties involved in the care for mum. I am rest assured she is always in safe, professional hands. This allows me to have a rest now and again which is vital, it feels like shared care".

Engaging and involving people using the service, the public and staff:

- The provider involved people in various ways. People had opportunities to attend feedback and raise any comments via an open-door policy at any time. People's regular reviews of care allowed opportunities to improve care. One person said, "I'm pleased with the management team. I do feel they listen to me which is very important to me as an individual".

- The staff told us they felt listened to, valued and able to contribute to the improvement of care.
- Staff worked so well together and respected each other's skills and abilities. This interlink of staff and good communication had a positive impact on the care people received.

Continuous learning and improving care:

- The staff were supported to understand and meet people's needs through learning and development.
- The provider enabled new staff to care to have the best possible training to prepare them before they went into people's homes.
- The provider was aware of individual staff capabilities and supported them to develop within the service.

One member of staff told us, "I have been supported through professional development funded by the provider. This has allowed me to be more proactive and deliver the best care possible".

Working in partnership with others:

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The service was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.