Care 1st Limited

Care 1st Homecare - Swindon

Inspection report

24/25 Morley Street
Swindon
Wiltshire
SN1 1SG

Tel: 01793261010
Website: www.care1sthomecare.co.uk

Date of inspection visit:
17 January 2019

Date of publication:
06 March 2019

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

This inspection was carried out on 17 January 2019. This was the first inspection of the service.

Care 1st Homecare – Swindon is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults, people with sensory impairments and people with mental health needs.

Not everyone using Care 1st Homecare – Swindon receives regulated activity. The CQC only inspects the service 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. On the day of the inspection Care 1st Homecare – Swindon was providing a service to 44 people, out of whom all received the regulated activity of personal care.

The service had 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.

People received safe care from staff who had been trained to protect people and identify signs of abuse. Risk assessments were implemented and reflected the current level of risk to people. Staff understood their responsibilities to report any concerns and followed the provider's policies in relation to safeguarding and whistleblowing.

There were enough staff to keep people safe and appropriate arrangements were in place for emergency staff cover. Recruitment processes were designed to ensure only suitable staff were selected to work with people. The service used an electronic monitoring system which staff accessed via mobile phones.

Staff received a wide range of training that matched people's needs. Staff were encouraged and supported to develop their skills and knowledge, which improved people's experience of care.

Staff were aware of their duties under the Mental Capacity Act 2005. They obtained people's consent before carrying out care tasks and followed legal requirements where people did not have the capacity to consent.

Staff treated people with kindness and compassion in their day-to-day support. People's dignity and privacy were respected and upheld, and staff encouraged people to be as independent as possible.

People's care records were person-centred and staff provided people with support in line with people's

preferences. People were consulted about their diverse needs which were respected by all staff.

People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon.

Quality checks took place regularly and identified actions needed to be taken to enhance the service. The registered manager was devoted to providing people with such care so that they were able to live as independently as possible in their own homes. The registered manager involved staff in promoting an open and positive culture. Staff knew how to put the aims and values of the service into practice so people received personalised care. Staff, relatives and other professionals spoke positively about the registered manager.

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.

People told us they felt safe. Staff had received training in safeguarding and knew their responsibilities for reporting any concerns regarding any possible abuse.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

People's care and support needs were assessed and reflected in support records.

Staff had a clear understanding of the application of the Mental Capacity Act 2005 (MCA) to practice.

People were supported to access healthcare services. The provider sought appropriate support and guidance from healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People felt that staff cared for them and respected their privacy and dignity.

Positive relationships had developed between staff and people.

People were involved in making decisions that affected their lives and care, and staff respected peoples' rights to make decisions.

Is the service responsive?

Good

The service was responsive.

Personalised care plans were in place and people told us staff provided them with care and support that met their needs.

The service was extremely flexible and responsive to people's needs.

People were encouraged to give their views and raise concerns or complaints. People's feedback was valued and people felt that when they raised issues, these were dealt with in an open and honest way.

Is the service well-led?

Good

The service was well-led.

The registered manager led by example. They understood the needs of the people who used the service.

People using the service and their relatives spoke positively about the management team.

The provider had effective systems in place to regularly assess and monitor the quality of service provided to people. On-going audits were used to improve the support people received.

Care 1st Homecare - Swindon

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 took place on 17 January 2019 and was announced. We gave the service 48 hours' notice in advance because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector and two Experts-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.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, the Provider Information Return (PIR) and statutory notifications. 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. A notification is information about important events which providers are required to notify us by law.

During the inspection, we spoke with 12 people using the service, four relatives and friends of people, five members of staff and the registered manager.

We reviewed a range of records relating to people's care and the way the service was managed. These included care records for five people, medicine administration records, staff training records, four staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, complaints and compliments records, and records relating to the management of the service.

Good

Is the service safe?

Our findings

People felt safe receiving care from the service as they knew there was always support available when they needed it. One person told us, "I have no concerns about the staff and the way I'm treated". Another person said, "I feel safe with the carers. They're alright".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. A member of staff told us, "If I had any concerns I would report it to my manager. If the manager would not act on it, I would take the issue somewhere else. for example, to the safeguarding team".

Risks relating to the service and to individual people were assessed. These included risks associated with environment, mobility, skin care, social isolation and nutrition. Risk assessments formed part of the support plan for each person. There were arrangements in place to review the risk assessments on a regular basis in line with people's changing needs.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks. The checks identified if prospective staff were of good character and were suitable for their role. This enabled the registered manager to make safer recruitment decisions.

People were protected from discrimination as all members of staff received training in equality and diversity. A member of staff told us, "I would treat everyone equally regardless of their background or sexual orientation".

There were sufficient numbers of staff available to keep people safe. The number of people using the service and their needs were taken into account to adjust optimal staffing levels. The continuity of care was ensured as people were assisted by the same members of staff. One person told us, "More or less I see the same staff. Very rarely a new person". Another person said, "I see the same people. When they're off, I see two other girls – just as good as the regulars".

There were enough staff to meet people's needs. Most people and their relatives told us there were enough staff, however, there were some mixed views from people. One person told us, "Yes, they are here on time". Another person said, "When I was having physio, they made sure they were here earlier to get me sorted out so that I could get there on time". However, one person's relative was not satisfied with staff's punctuality. They told us, "Time keeping is an issue. I wish they would let me know when they are running late". Staff told us there were sufficient staff. One member of staff told us, "We have enough time to travel between the visits".

The service used an electronic monitoring system to ensure people received their care at appropriate times. We looked at the records and we saw one missed visit since the service registered with the Care Quality Commission (CQC). This had been caused by a breakdown in communication between the service and a

member of staff. After the missed visit the communication between staff and the office had improved. moreover, staff had started using an application on their phones to login at the beginning of each visit which automatically raised alert if a member of staff was running late.

People's medicines were safely managed and given as prescribed. People were supported to take their medicines as needed. One person told us, "I'm happy with the way they do my medication". Another person said, "I have a dossett box. They put it in a small glass as I have asked them to. They always sign the book before they go".

There were clear policies and procedures in safe handling and administration of medicines. Medication administration records (MAR) demonstrated people's medicines were managed safely. Staff were aware of their roles and responsibilities in relation to supporting people with medicines. A member of staff told us, "It is my responsibility to ensure the correct medication is given to the right person at the right time, right dose and sign the MAR chart".

People were protected from the risk of infection. All members of staff had received training in infection control. Staff told us that personal protective equipment (PPE), such as gloves or aprons, was always available to them.

The service knew how to record and analyse patterns of accidents and incidents, however, there had been no accidents or incidents since the service was operating. The registered manager explained to us that any incidents, accidents or changes in people's behaviour would be immediately reported to the office. This would allow the service to act immediately and to respond to any incidents or accidents.

The provider had an on-call system which operated 24 hours a day. Robust contingency plans and systems were in place to ensure the service ran smoothly outside of office hours and in the event of untoward emergencies such as adverse weather.

Good

Is the service effective?

Our findings

People were cared for by staff with the relevant skills and knowledge to meet their needs. One person told us, "They know what I need". Another person said, "A lot of the time they know my needs. We work together".

New staff were supported to learn about the organisational policies and procedures as well as about peoples' needs. All new staff received a consistent and thorough induction to ensure they were able to carry out their duties. Newly employed staff also 'shadowed' existing staff to enable them to develop an awareness of their role and responsibilities. All staff were subject to regular spot checks carried out by the management team.

The provider retained records of the training that staff had completed. These records showed that a comprehensive range of training was provided. This included safeguarding, dementia awareness, first aid, health and safety, moving and handling and pressure sore care. Training was refreshed regularly to ensure staff's knowledge was kept up to date. Staff told us they received sufficient training to meet people's needs effectively. A member of staff said, "I feel very supported and have had enough training, I have also completed 'train the trainer' for moving and handling".

Staff had regular supervision meetings with a manager. This gave them an opportunity to discuss any concerns about people who they supported as well as their own progress and training needs. Staff were asked to reflect on their own practice and on what their development needs were. A member of staff told us, "I am able to get some constructive feedback during our supervision meetings. I can also raise any work related issue and discuss it with a manager".

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.

The registered manager and staff demonstrated a thorough understanding of the Mental Capacity Act (MCA) 2005. Staff recognised the principles of the MCA. A member of staff told us, "We must assume that everyone has got capacity unless assessed otherwise".

Each person had their needs assessed before the service commenced providing them with care. The aim was to make sure the service was able to meet the person's needs and expectations. Following the initial assessments, care plans were prepared to ensure staff had sufficient information about how people wanted their care needs to be met. People's preferences were recorded so that staff could learn about them. These included people's preferred names, and also their life stories. People's cultural and religious preferences were also recognised by the service.

Technology and equipment were used to enhance the quality of care, and to promote people's independence. An electronic call monitoring system was used to ensure people received their care on time, for the correct duration and with the right member of staff.

People's needs in regard to food preparation, eating and drinking were assessed if this was part of the required care. If people required any special diet, for example due to diabetes, this was highlighted in their care files. The registered manager told us and records confirmed that people were involved in making decisions about what they were going to eat and drink.

The service actively contacted other services for advice and guidance, such as a tissue viability nurse, the district nurse team, and the local safeguarding team. Records confirmed people were supported to attend appointments when needed. We saw people's changing needs were monitored, and changes in their health needs were responded to promptly. One person's relative told us, "They let us know if [person] is not well. They will contact the doctor if needed".

Good

Is the service caring?

Our findings

People and their relatives we spoke with were all positive about the staff and described them as kind and caring. All people we spoke with told us they developed positive relationships with staff. One person said, "They are helpful, kind and respectful. They listen to what I say". Another person told us, "I've made real friendships with some of the carers"

Staff were aware that all people who used the service should be treated with respect and dignity. They were also aware of the importance of protecting people's privacy. Staff said they always remembered to ensure people were not exposed while providing them with personal care. For example, staff drew the curtains or closed the door if needed. One person told us, "The carers always speak to me politely".

People confirmed staff treated them with respect. One person told us, "Yes, my privacy and dignity are respected". People's preferences were listened and respected. One person told us, "I prefer female carers. Gentle touch and caring. That's what I get".

People and their relatives were involved in making decisions about their care, felt listened to and knew that their decisions were respected. One person told us, "I am involved in making decisions about care". One person's relative told us, "I'm always involved in care planning. The office always lets me know if something needs to be changed".

Independence was promoted by supporting people to do things for themselves and participate in daily living tasks like personal care or dressing themselves. This helped to maintain or develop people's independence and self-esteem. One person told us, "I would say so, they promote my independence. They don't say I've got to do that for you. They'll ask me if I can do it".

The provider's equality and diversity policy was available in the service. This stated the provider's commitment to promoting equal opportunities and diversity. People's cultural and religious backgrounds as well as their gender and sexual orientation were respected. Staff received training in equality and diversity, and knew how to protect people from discrimination.

Staff were aware of their responsibilities in confidentiality and preserved information securely. They knew they were bound by a legal duty of confidentiality to protect personal information they may encounter during the course of their work. The registered manager had high regard for confidentiality and said they always tried to ensure that staff knew how to access and how to share any personal information safely at all times.

Good

Is the service responsive?

Our findings

Staff assisted people with their care and were responsive to their needs. One person told us, "I'm very happy with the support they give". Another person said, "They respond to earlier times to get me to hospital".

People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided and what people were able to do for themselves. Each person was treated as an individual and received care relevant to their needs.

People's preferences were recorded so that staff would know about them. These included people's preferred names, and also their life stories. The needs and preferences of people were taken into account while formulating care plans and outlining the care which was to be provided at each visit.

People told us that the provider responded quickly to any changes in a person's health and would contact other health professionals when needed. We could see relevant evidence in the care records where care routines and tasks had been altered. The purpose of the changes was to tailor the care provided by the service to what the person wanted, and therefore make it even more individualised.

Staff told us that the service was committed to a person-centred philosophy of service delivery. It meant that people's rights were promoted and meaningful activities facilitated to them. In addition, people's abilities, preferences and aspirations were recognized by staff. People were supported to take part in activities within and outside their homes. The latter included staff accompanying people to the local amenities, for example, going out for a coffee, going shopping or going to a day centre.

People and their relatives were aware of how to make a complaint. Each person had been given relevant documentation when they had commenced using the service. This included the complaints policy and procedure. People told us they felt able to raise any concerns and were sure these would be responded to in a timely manner. One person's relative told us, "I spoke to the office last week about time keeping". We saw this issue was being investigated by the service at the time of our inspection.

On the day of the inspection no one was receiving end of life care. The registered manager told us they were aware of people's changing needs and they knew the professionals they would liaise with if they were to provide people with end of life care.

Good

Is the service well-led?

Our findings

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. The registered manager was supported by a deputy manager with the day to day management of the service.

We found the registered manager had developed an open and positive culture in the service. This encouraged communication, transparency, and positive working among the staff team. People and staff consistently commented on how they felt the service was well-led. One person told us, "I think things work smoothly for me". Another person said, "I know the manager. She comes and does my evening care sometimes. We've got numbers for the office on the outside of the folder".

Staff were positive about the leadership of the service. They told us they found the management team to be approachable. A member of staff said, "I feel very supported by the management team, they are always available to meet or be on the phone for support".

Staff said their morale was high because of the support they received from the management team. Staff took pride in working for the provider. They told us that they were a very good company to work for and had a good reputation.

There were regular staff meetings which provided staff with opportunities to share their opinions and raise subjects for discussion. This enabled all staff members to contribute to the constant improvement of the service, as ideas for staff development, new guidance and legislation were shared. The registered manager asked for feedback from staff. Staff confirmed there was good communication among staff members and they were motivated to make efforts to enhance the functioning of the service.

The contributions of care staff were valued and acknowledged. The service had introduced a reward scheme to acknowledge staff when they go above and beyond their duty. People and their relatives were able to nominate carers who in their opinion were providing exceptionally good quality of care. We saw that one person's relative wrote, "Auntie really looks forward to her care. She is a carer who goes beyond. She keeps me informed of any issues, and I'm always impressed how she interacts with my aunt".

The service had systems in place for seeking the views of people who used the service. A survey was issued to people and relatives which asked whether staff were caring, if people were visited on time, if staff treated people with dignity and respect and if people were supported to make choices. Responses reviewed showed people gave positive feedback about the care and support they received. The service worked in partnership with local authorities, GPs, an occupational therapist, community nurses, and social services.

The registered manager was responsible for completing regular audits of the service. These included assessments of people's health and safety, incidents, accidents, complaints, staff training, and the

environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. Records showed us these audits had taken place regularly and had positive outcomes.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities, particularly in regard to the CQC registration requirements. The registered manager adhered to their legal obligation to notify us about important events that affect the people using the service. The service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service.