

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Care 1st is a home care service providing personal care and support to people in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were around 110 people being supported with personal care needs.

People's experience of using this service and what we found

People told us they were happy with the care they received. The provider and care manager oversaw a good quality service which was safe, and well led. Some people and relatives told us communication between them, and the office had been "poor" and "inconsistent" in the last few months. People said this had been frustrating. The provider had identified this shortfall in the way the service was managed. A day to day care manager had been recruited with a key remit to improve communication between the office and people and their relatives. Some people told us communication had improved significantly since the new care manager had been working at the service.

People were supported by enough staff to meet their needs. People told us they were supported by staff, who generally understood their needs well.

Staff received appropriate training and support to ensure people were safeguarded against the risks of abuse and avoidable harm. Risks associated with people's care were assessed and effectively minimised. Overall, the service was well led. Shortfalls were identified and acted upon. The provider was open and transparent in their approach. There were also effective quality checking systems in place. These included an independent external quality assessor. This showed the provider was committed to ensuring there was an objective overview of the service.

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

Rating at last inspection

The service was rated Good (report published December 2019).

Why we inspected

We had received some allegations of concern around how the service was run. Specifically there had been some concerns raised around medicines management, visit times and communication from the office.

We found no evidence during this inspection that people were at risk of harm from these concerns.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Is the service well-led?

Good ●

The service was well-led

Care 1st Homecare

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, one assistant 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. Both of our Experts by Experience had experience caring for people in their own home.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with 14 people about the service. This was a mixture of people who used the service and relatives. This was to find out their experience of the care provided.

We spoke with eight members of staff including one of the providers who is the registered manager, the care

manager who takes day to day shared responsibility for the running of the service with the registered manager/ provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good . At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected because the provider had systems and policies in place to protect them and others.
- People who used the service and their relatives told us they were happy with the staff, who they said were polite and respectful. Comments from people and relatives included, "I have had a wonderful carer since lockdown, it takes time to get used to each other, but we built trust together", "I trust them completely, they love helping my relative. They feed her up", "My carer is lovely, she's 100% on the ball, my house is left spick and span. My two carers are bang on" and "By and large, they're decent hearted people and I haven't met a rogue yet. "
- Further feedback was mostly positive about how people felt their family member was kept safe. Examples of comments included "He's safe happy and cared for", " There's a good core group of carers, not too big and not too small," and " One carer kept a neighbour out, she said she should see my relative in the garden and wear a mask."
- Staff said they undertook safeguarding training and could speak with senior staff if they had any concerns about a person's safety and welfare.
- Staff felt confident the senior staff would respond to any concerns they raised. Staff also knew and understood how to "whistle-blow" and were confident management would take action if they had concerns. Staff also knew they could report any concerns to outside organisations. These included the police, the local authority and the Care Quality Commission.
- The provider notified us about safeguarding concerns in line with legislation.

Assessing risk, safety monitoring and management

- Risks associated with people had been identified and actions taken to minimise them put in place.
- Risk assessments covered areas such as safe moving and handling, medication and people's homes.
- A new live online system of care records management had been introduced. This system meant risk assessments were updated in 'real time'. It also meant everyone involved in each person's care including the person and their families if appropriate could read the risk assessments.
- Staff were very positive about this new method of recording risks and how to safely manage them.
- The provider also told us, and records confirmed that serious incidents and accidents had significantly reduced since they had introduced a live recording system.

Staffing and recruitment

- Safe staff recruitment practices were being followed. The provider checked the suitability of staff prior to employment.

- Staff files had all the required documentation in place. They included two references from previous places of employment and Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely

- People were supported by staff to take their medicines safely.
- Staff had had received training in medicines management, and training records confirmed this.
- There were effective systems in place to monitor how medicines were managed within the service. This included monitoring of records and carrying out spot checks of care visits where senior staff checked how medicines were managed and administered in people's own homes.
- Records were kept when staff had supported people to take their medicine.

Preventing and controlling infection

- As much as possible the service protected people by the prevention and control of infection and by following clear guidance around management of Covid 19.
- There was up to date guidance in place for all staff to follow. Staff were all being regularly tested.
- Office staff followed Covid 19 policies including wearing a mask and socially distancing when we visited the office.
- Staff were aware of up to date Covid 19 infection control practices such as washing hands and the importance of good hygiene.
- Staff told us they had access to a constant supply of protective clothing including disposable gloves and aprons.

Learning lessons when things go wrong

- Incidents and accidents were monitored for trends and to keep people safe. For example where there had been a medicines error actions had been put in place to reduce the chance of this happening again.
- Each accident record set out action taken immediately after an incident and any future action needed prevent the situation reoccurring.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had invested in an online system designed to give better visibility over the care and support people were receiving. We read relatives feedback about how reassuring it was that they could access this system to read about their family member. The live system offered 'real time' evidence of whether care had been provided. For example, it alerted staff if medicines had not been given as required. This was a clear investment in the infrastructure of the service. The provider told us complaints, concerns, and safeguarding allegations had significantly reduced as a result.
- There was a website about the service with up to date information about the care and support provided.
- The care manager had introduced a staff newsletter. This was a positive way to engage with staff. We saw that positive feedback about staff was included in each newsletter.
- The care manager told us they informally asked people how they were getting on with staff and the service being provided.
- The care manager and provider had recently organised a team building charity event to climb a mountain together. The feedback from this event was that it had been a bonding and positive experience.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and responsibilities about meeting CQC registration requirements. These include submitting statutory notifications about the occurrence of key events or incidents involving people they support.
- The registered manager, was also the service provider and feedback conveyed they were clear about their responsibility to be open and transparent in line with the duty of candour .

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

- Staff conveyed at all levels they understood their roles and responsibilities. The provider had continued to drive continuous improvement and development throughout the Covid-19 pandemic. Ongoing training was in place to support staff with Covid19.
- The provider sourced a Bristol City Council day programme for staff to explore issues and challenges around resilience at work. This training aims to support people in times of profound stress and uncertainty, to protect their mental wellbeing. There was positive feedback about the benefits of this training.
- Staff said they felt supported by the care manager and other senior staff. Some staff also spoke of the

recent number of management changes they felt had taken place. Examples of comments included "They're really good, they always ring you up and tell you what's going on with the clients, so they do keep you updated ", "They just keep changing so much lately, I make a point of going to the office to introduce myself. I can honestly say, you can go down there and have a cup of tea and a chat, they're friends " and "You'll get feedback from email, one thing I like about the new care manager is she sends out notes every week which keeps you updated, very useful. She's telling you what's changing, if there was an issue and you don't understand you can ring and speak to her."

- Staff newsletters were emailed to staff. These included information regarding training, staffing issues such as shift patterns and timesheets. This was an effective way for staff to be kept updated about their roles and responsibilities.
- Staff meetings were held on a regular basis. Staff and management said they understood their roles and responsibilities. Recently due to the pandemic meetings had been held on Zoom or by telephone calls to staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and family members said they could speak with staff if there was anything they wished to discuss or change about the home care service they or their family member received.
- Some people told us there had been inconsistent and sometimes ineffective communication from senior staff at the office. People were aware of how to raise issues and concerns and told me they were quite prepared to voice these concerns openly. Feedback included "I call them, and they will promise to get back to you, but they don't. They have a high turnover of staff. If you do have a bit problem, it's a bit irritating. It happens on the phone and with email" "I like the way it's organised. No one's ever not turned up", and "You can complain until you're blue in the face. They take messages but never pass them on." Further relatives feedback included one family who said when they had phoned the office because care staff were late the office did not seem to know anything about it. Another person said they thought messages were not always conveyed between care staff and service user. This person thought the information had not been given to the staff. Another person said if there was a problem, they would talk to the carer face to face which they said was a more satisfactory way of resolving a problem.
- We told the provider of this feedback and they acknowledged there had been some challenges in this area over the last year. Particularly with the impact of the pandemic. However, they had since recruited a care manager with specific remit to improve communication between people and families and the management and staff. People did tell us communication had improved and matters were now more easily and swiftly resolved as a result of the new care manager.
- A range of methods were used to seek people's views which included regular telephone contact, care plan reviews, observing staff working practices during scheduled visits and satisfaction surveys.
- Regular reviews of the care and service took place with people and their families. Recent feedback from reviews we read was positive about the care and support people were receiving. Relatives had said 'Carers are just so good', 'My relative is so much calmer', and 'Everything is completed to a very high standard.'
- We saw how the care manager praised staff. When positive feedback was received this was also passed onto the person. Where appropriate it was mentioned in the staff newsletter that had been recently introduced.

Continuous learning and improving care

- There was oversight and scrutiny of the service to learn and improve the quality of care
- The management team completed regular audits to check staff were working in the best way to meet people's needs. There were also routine 'spot checks' on staff during their scheduled visits. Staff would be assessed for timekeeping, communication with the person they were supporting and their record keeping.

- The provider invested in an independent quality assurance company to review their service. The most recent audits included actions needing to be taken. For example, to check all medicine records. We saw this had been completed. This is an effective way to keep a clear objective overview of the service.
- The care manager told us they were using checks to identify an issue and learn lessons to enable them to develop the team.

Working in partnership with others

- The provider liaised with local authorities and community health and social care professionals to help ensure staff followed best practice.
- Staff were in regular contact with people's GPs, occupational therapists, social workers and district nurses. They sought their views about how the service was delivering people's care and support.
- The provider and care manager had built up links with the local community and key organisations, reflecting the needs and preferences of people in their care. For example, the provider liaised with the local fire service to support people whose environment made them vulnerable to fire safety risks. Advice and support was then being offered to those who may need it.
- Staff liaised with local food banks and helped very vulnerable people to receive emergency supplies. This is a commendable level of partnership working.
- The provider had also joined Dementia Friends initiative. This is run by the Alzheimer's Society. A Dementia Friend is somebody that learns about dementia so they can help people in their community.