

1st Call Homecare Limited

1st Call Homecare Limited - 115 Beaumont Road

Inspection report

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09 March 2016

17 March 2016

18 March 2016

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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

The inspection took place on 8, 9, 17 and 18 March 2016 and was announced.

1st Call Homecare Ltd provides a personal care service to people living in their own homes and within six extra care housing locations. On the day of the inspection 198 people were supported with their personal care needs.

A registered manager was employed to manage the service locally. 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 extra care housing locations each had a team leader in place who were responsible for the day to day management of the staff team. The team leaders were overseen by one of two deputy managers. The part of the service which provided care in people's private homes was overseen by another manager.

People told us they felt safe comments included, "I've been with them 10 years so that tells you how safe I feel." All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

Staff told us they did not receive much travel time between calls which resulted in them starting their calls early or cutting the time they spent with people. The registered manager addressed this during the inspection.

People's preferences were sought and respected but these were not recorded in detail in people's care plans or risk assessments to enable staff to provide consistent care. The registered manager had begun to implement more detailed, personalised records by the end of the inspection.

People had their medicines managed safely. People were supported to maintain good health. Referrals were made quickly to healthcare professionals, such as GPs, physiotherapists and occupational therapists when people's needs changed.

People knew how to raise concerns and make complaints. People and their relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and staff treated people and their loved ones with respect. Staff were motivated to provide good care and appreciated the importance of respecting people's privacy

and dignity. Comments included, "I love my job, I'm passionate about improving things for people."

Staff described the management as open, supportive and approachable and talked about their jobs in a positive manner. Comments included, "I think it's great. If I've ever had any issues at all, I just call or pop in and they are supportive and help me."

There were quality assurance systems in place. As a result of feedback from the inspection, the registered manager decided to implement a new quality assurance system to ensure any gaps were highlighted quickly and easily.

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.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who could identify abuse and who would act to protect people.

People were protected by staff who understood risk. Risk assessments were being updated to ensure they contained a comprehensive description of the risk and safety measures required to keep people safe.

Is the service effective?

Good ●

The service was effective.

People were looked after by staff trained to meet their needs.

People were assessed in line with the Mental Capacity Act 2005 as required. Staff always asked for people's consent and respected their response. This was not always reflected in people's care plans but action was being taken to address this.

People had their health needs met.

Is the service caring?

Good ●

The service was caring.

People were looked after by staff who treated them with kindness and respect. Staff spoke about the people they were looking after with fondness.

People felt in control of their care and staff listened to them.

People were supported by staff who respected their dignity and maintained their privacy.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place. These did not always reflect their current needs but were being updated to include current, individualised information.

People were empowered by staff to be involved in identifying their choices and preferences, and have as much control and independence as possible.

People knew how to complain and reported that any concerns raised had been dealt with to their satisfaction.

Is the service well-led?

The service was well-led.

The registered manager had audits in place to ensure the quality and safety of the service. As a result of the inspection, they intended to make these more thorough.

There was a sustained open culture. Management were approachable and defined by a clear structure.

People were supported by staff who were motivated to develop and provide quality care.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8, 9, 17, 18 March 2016 and was undertaken by two inspectors 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 provider was given 48 hours notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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 also reviewed previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law.

We looked at seven records related to people's individual care needs. These included support plans, risk assessments and daily monitoring records. We also looked at five staff recruitment files and records associated with the management of the service, including quality audits.

During the inspection we spoke with 16 people who use the service, six friends and relatives, the registered manager and 13 members of staff. We also contacted 19 people by phone.

After the inspection we contacted six health professionals who had supported people within the service to obtain their views.

Is the service safe?

Our findings

People told us they felt safe when receiving care. Comments included, "I can do things alone but feel much safer when staff are nearby. My children don't worry about me anymore," "I've been with them 10 years so that tells you how safe I feel," and "I'm lucky to have the same person most times. That makes me feel safe because I know who is coming." One person in an extra care housing location told us they felt safe because "They're very careful who they let into the building." One person told us staff always checked as they went passed the house that the lights were on. If they were on, they knew the person was ok. This made the person feel safe.

People were supported by staff who considered their individual needs in order to keep them safe. After a fall, one person had been diagnosed with low blood pressure and told us staff were now careful to support them to sit up in bed before standing, to reduce the risk of another fall. Another person told us staff had arranged for their door sills to be removed after they had tripped over and they hadn't fallen since. People confirmed they were involved in decisions around the risks they took for example despite a fall, one person was keen to maintain their independence and so had refused any further safety measures. They told us senior staff had regularly been in touch to check they were still happy with this arrangement. Many people had personal alarms in case they needed emergency help when no staff were present. People told us staff always remembered to make sure they had their alarm close by before they left.

People had risk assessments in place but these did not always describe accurately the activity being assessed nor record safety measures staff should take to mitigate the risk. Risk assessments did not always contain up to date information, for example, one person had recently fallen. They now had an alarm in case they fell again but neither the falls nor the alarm were mentioned in the person's risk assessment. The registered manager took immediate action and by the end of the inspection risk assessments were being reviewed to ensure they contained current, personalised information to inform staff how to keep people safe.

People were protected by staff who had an awareness and understanding of signs of possible abuse. The PIR stated staff were actively encouraged to express any concerns they had regarding people they supported. Staff told us they were confident they would recognise signs of possible abuse and felt reported signs would be taken seriously and investigated thoroughly. Comments included, "It's easy to notice with people you see regularly if there's something wrong," and "I feel the office would take things seriously." Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately; for example, the local authority or the police.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

Some people required assistance from staff to take their medicines. Staff had received medicines training

and confirmed they understood the importance of safe administration and management of medicines. They also told us they sought advice if they were unsure about anything. Comments included, "I phoned the office to start with about medicines. I wanted to be thorough and get it right. I found the staff in the office very thorough and supportive," and "Medication is one of the most important things. If something's wrong, I always phone the office and ask advice. I've been trained to do that."

People's care plans detailed whether people needed help with their medicines but care plans and risk assessments did not always record what support people needed, where creams needed applying or what their medicines were for. The registered manager immediately requested staff review medicines records to ensure they gave clear information regarding what support was needed; this included putting body maps in place to ensure staff knew where to apply creams and how much.

People told us they received information on a weekly basis about which staff member to expect each day. Staff told us there were procedures to follow if they were running late. One staff member explained, "If I'm running late, I call into the office. They thank us for letting them know and cover calls to allow me to catch up. I recently waited with a man for the paramedics to arrive. The office kept in touch to see whether I needed my next calls covering. It was good team work."

There were out of hours co-ordinators in place which meant people and staff could contact the service 24 hours a day and any changes to call times could be dealt with immediately. This meant that people were more likely to receive their visits as required. Through the PIR, the registered manager described how they saw the correct allocation and length of visits as an important factor for maintaining people's safety. However, some people reported being frustrated with times being changed telling us "The only problem is the timekeeping of my visits." Staff told us they received no or little travel times between calls which made it difficult to fit all calls in unless they started earlier or took time off people's calls. The registered manager told us they had recently allocated a co-ordinator to come in earlier in the morning to help the out of hours co-ordinator cover any changes to staffing or call times. This had made the system run more smoothly and changes were covered more effectively. They had also assigned staff to specific geographical areas so their travel time was reduced. Staff reported this was working well. If people had had a late call due to unforeseen circumstances or raised a concern about call times, senior staff addressed the issue and then remained in regular contact to ensure the person was happy with their calls.

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. Comments included, "The staff are smashing," "I have a lovely lady who looks after me," and "I can't fault their training."

New members of staff completed a thorough induction programme, which included attending training and shadowing experienced staff. The PIR stated, "We firmly believe training is essential and should incorporate, within the induction, the understanding of best practice and code of practice, promoting independence and safeguarding." One new staff member told us, "I had three weeks of quite intensive training courses. All the training courses were fascinating. It was excellent." The registered manager was planning to train some staff as 'buddies' to support new staff through their induction. They would be asked to ensure new staff understood their role and the high standards expected of them. The service was intending to introduce the Care Certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level.

On-going training was planned to support staffs' continued learning and was updated when required. The registered manager told us, "Staff need to be well trained if we are expecting them to go out alone." Staff confirmed the training they received enabled them to fulfil their role effectively telling us, "One thing they're very good with is training." Staff used training to improve their practice. One staff member told us, "I learn something new each time I do training. I showed colleagues a new technique I'd learnt on training which makes moving one person we support much easier. The person's wife uses it now too." Staff also received specific training to meet people's individual needs effectively. For example, staff supporting people with a visual impairment received specific training in this area and staff supporting people with complex needs shadowed experienced staff to learn how to meet the person's needs effectively, before working alone with them. A senior staff member told us, "We train staff to empathise with people and understand what they might be experiencing. That helps them be better carers."

Staff were supported in their work through group supervisions, spot checks of their work and an annual appraisal. One staff member explained "During a spot check they check you are wearing your ID badge, using the correct protective clothing and whether you are carrying out your tasks correctly." Senior staff also contacted people to gain their views about individual staff members. Feedback was recorded and followed up at the staff member's next one to one meeting. Staff felt well supported by senior and office staff, "I think it's great. If I've ever had any issues at all, I just call or pop in and they are supportive and help me," and "I've always had the right guidance from the office. I tell new staff, 'If in doubt, shout!'" There had recently been a new IT system put in place for staff to ask questions, raise concerns or book time with a senior staff member.

People were supported by staff who knew them well and responded quickly to any change in their health. One person told us, "I didn't feel too good the other day but my carer soon got me right again." Staff told us, "If we have concerns about anyone's health, we contact the office and they refer them on to the right professional." People confirmed, "She [the carer] can look at me and know I'm not well," and "If I was to ring now and say I wasn't well, someone would be here right away." One person told us how staff had reacted quickly to ensure they got the healthcare they needed telling us, "I could hear one of them arguing on the

phone to get me an appointment. Within 20 minutes, the GP was here and I had to go to hospital. The paramedic told me it would have been serious if I hadn't got medical attention so soon."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood their responsibilities under the MCA. The 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. Records demonstrated MCA assessments were taking place as required. Staff ensured their care was discussed with a range of professionals and the family where appropriate, to ensure the decisions were made in the person's best interest.

Staff were aware of how people who lacked capacity could be supported to make everyday decisions. People's mental capacity and how it influenced their ability to understand and make decisions was not routinely recorded in people's care plans. By the end of the inspection, the registered manager had updated care plans to include information regarding people's mental capacity and how staff could meet their needs regarding this. Staff were in the process of reviewing each individual's needs.

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "They're very caring," and "I've never had a girl who's come in not chirpy."

A thankyou card sent to the service said, "I cannot find words to express my gratitude for the excellent care you have given." Staff told us, "It's so rewarding when you leave and the client's smiling," "I enjoy seeing people every day and how they're getting on," and "I love the clients, their stories and the variety."

Staff spoke with pride about their work. One staff member explained "I cared for one lady and professionals said she'd improved 100% after I'd looked after her. I got her to start eating and they said I'd given her a quality of life. She even started going out." Other staff told us of the little things they did to show people they cared, for example, explaining when they were going on holiday so people know not to expect them; and staff at the extra care housing explained they would walk people's guide dogs for them if they were not well enough to do it themselves. People told us staff always checked if people needed anything else before they left. One person commented, "They say, 'Is there anything else? Don't be afraid to say!'"

Staff spoke with fondness of the people they cared for and understood how their approach enabled them to provide better care. Staff explained, "You establish a real rapport and relationships with clients," and "It's important to get that bond with them so they get to know you and feel comfortable with you." The PIR reiterated this saying, "It is essential for carers to build up a trusting relationship with the service user. It encourages and enables expression of views and active involvement in their service. It also allows the carers to recognise any changes in circumstances." Several staff members told us they applied the 'mum's test' to their work (that is, ensuring they provided care they would be happy for their mum to receive.) Comments included, "I look at clients as if they're my mum and dad and provide the sort of care I'd like them to have," "I treat clients like I would my own parents. I do my absolute best for them," and "I think we're there for their family too." One staff member explained how this also influenced the way they treated people's homes, commenting, "You have to be careful in people's homes to respect how they do things. I say, 'Do you mind if I sit here?' You have to be sensitive to people."

People told us their privacy and dignity was respected. They gave the examples that staff always left the room when people needed privacy and always pulled the blind down in the bathroom when someone was having a shower. People were given information and explanations about their care and support when they needed them so they could be involved in making decisions about their care. One staff member explained how providing an explanation to someone had resulted in them accepting care which they had previously refused. They told us, "I encouraged someone who was reluctant, to let carers wash them. I explained how I would do it and that I would keep them covered as much as possible and they let me do it every time after that." People confirmed staff explained what they were intending to do before they did it and gave them time to respond.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. Comments included, "I find them all very helpful," and "They're always willing to do whatever you want." A staff member confirmed, "It's all about the people."

People were supported by staff who ensured they gave people choice and control over the care they received. One person in extra care housing told us they could just pull their cord when they wanted to go to bed and staff always responded in a pleasant, helpful way. Staff confirmed, "I'm there to help not take over," "I always ask people how they want their care provided," and "I always ask if people have a sore or weak side or how they would like their shoes putting on." People confirmed they received the right support from staff if they had a weakness, for example due to a stroke.

Care plans, however did not record personalised detail about how people wished to receive their care, even though they had been reviewed regularly. One person told us, "I have to keep explaining how I want things done." A staff member confirmed, "If a relative needs to explain everything they can't go and do what they need to. I leave routines for staff to follow if I go on holiday and there is no-one to explain what needs doing." The registered manager and office staff immediately created new care plans which they had begun to implement. They contained a greater level of detail about people's routines and how they wanted their needs met. They also decided to put a log of changes in the front of people's care plans which would highlight to staff where any recent changes had been made. People were involved in reviews of their care plans and where people were happy; relatives were also invited to reviews. The PIR stated this ensured staff received well-rounded information to enable them to create a flexible, balanced support plan.

People were supported by staff who ensured they had the correct support available for their individual needs for example, one of the extra care locations provided support for people who had a visual impairment or were registered blind. When someone moved into the home, staff put cable ties on certain parts of the house and garden to enable the person to learn the route back to their flat.

People were supported by staff who quickly made referrals for new or different equipment, when required. This meant people's needs continued to be met effectively. One staff member told us they had asked the office staff to contact the occupational therapist for someone who could no longer get out of the bath; now they had a bath chair. Another staff member described liaising with a number of different professionals to ensure they had the hoist installed that they needed. They had met several different professionals at the person's house to ensure everything went smoothly.

The service had a policy and procedure in place for dealing with any concerns or complaints. The details of external organisations to contact were out of date but had been changed by the end of the inspection. The PIR stated the management team recognised complaints as a positive influence on service delivery and therefore encouraged people, their loved ones and staff to raise any concerns. Complaints were logged and dealt with in line with the policy and the outcome was fed back to the complainant. Changes were then made to improve practice. One person told us, "I've had a few minor issues but once I told them, things have changed now." Most people we spoke with told us there was nothing they felt the service could do better or

differently, comments included, "I've no complaints at all," "There's no problem with the ladies here," and "I've not had anyone I could complain about." A staff member explained how they supported people if they were unhappy about anything, saying "If I'm aware of any problems, I'll tell the person to ring the office but I'll let the office know myself too."

Is the service well-led?

Our findings

The management took an active role within the running of the service. There were clear lines of responsibility and accountability within the management structure. People and staff spoke positively of the management team, comments included, "I've been with them four or five years now and never had a problem about anything. To me, that's good management," and "She's up on it, [the team leader]."

Staff described the management as supportive and considerate of their wellbeing. One person told us, "At one point, I felt I was constantly having new clients and no travel time. I came in to talk to [...] and they told me they were glad I'd highlighted it; and now it's all been sorted out. Now I have a good balance." Other staff members told us, "If I've done extra at the weekend, they try to give me more time off during the week," "I feel very confident I can talk about any concerns," and "The office staff will phone to check I'm ok through the day if they know I'm not feeling too good."

The service encouraged staff to provide quality care and support. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide a high standard of care. Comments included, "I love my job, I'm passionate about improving things for people," and "I've loved the last year, working here." Compliments were fed back to staff and displayed on the office wall for staff to see.

Staff meetings were held to provide a forum for open communication, to enable staff to get together and offer support to each other. Team meetings covered any concerns or issues with practice that had been identified. For example at a recent team meeting, staff had discussed what to do if they had concerns about someone, the impact of poor practice and confidentiality. Staff felt more team meetings would be useful as it gave them a forum to discuss their opinions. The registered manager told us they would look into arranging this.

People and their families were asked to complete questionnaires but were also asked their opinion informally. Questionnaires returned showed people were satisfied with the service but where concerns were raised no actions had been recorded. The registered manager told us any question that received below 95% satisfaction rate was used as an action point to improve the service. They told us they would also record how they had addressed concerns raised by individuals in the future.

The registered manager and provider had a number of audits in place to ensure the quality of the service. Areas of concern had been identified and changes made so that quality of care was not compromised. As a result of feedback received during the inspection, the registered manager intended to change the quality auditing systems to ensure they were more easily able to identify where improvements were needed.

There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately. "I'm confident I could feedback bad practice and the management would listen and feedback what they'd done, if they were able," and "The office listen to any concerns."