

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Care 1st Home Care is a domiciliary care service that was providing personal care to adults in their own home. The service was supporting around 120 people, living in their own homes, at the time of the inspection.

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.

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

People said they continued to be well cared for. People also told us they felt safe with the staff who supported them. Staff were guided to keep people safe by up to date risk assessments showing how to minimise risks. The staff and management had an up to date understanding of safeguarding. This meant the team knew what to do to protect people if they thought they were vulnerable to abuse.

There was an effective system to review accidents and incidents. These were recorded and followed up by management. This was to make sure actions were taken to prevent reoccurrences.

Peoples medicines were managed safely. Staff understood how to reduce the spread of infection.

People continued to be protected from the risks from unsafe staff because recruitment and selection processes were in place to employ the right kind of staff. There were enough staff deployed to provide care for people. Staff told us and we saw they received induction and training relevant to their role. This meant people were supported by staff who knew how to provide effective care. Regular supervision and team meetings were in place. This meant staff were supported in their work.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who cared for them respectfully and in ways promoting dignity, privacy and independence. Staff were close to the people they supported. People and staff told us this helped provide more consistent care and support.

People's views were sought and they had an input into how their care and support was planned. There was a clear commitment to 'driving up' standards and continual improvement. This was sought via regular feedback from people and their relatives. People felt confident to raise concerns with the office staff at any time.

The registered manager was committed to delivering safe and high-quality care. Quality monitoring systems and processes were in place. These were to review feedback and to audit care delivery, staff competencies

and performance. Staff were supported to improve their skills and knowledge.

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 at the last inspection in July 2017.

Why we inspected

This was a planned inspection based on the previous rating.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care 1st Homecare -Bristol on our website at www.cqc.org.uk.

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.

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 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. Both of our Experts by Experience had experience of caring for people in their own home.

Service and service type

This service provides care and support to people in their own homes

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

This inspection was unannounced.

What we did before the inspection

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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and four relatives about their experience of the care provided.

We spoke with eight members of staff including a new senior manager, the registered manager, and five care staff.

We reviewed a range of records. This included four people's care records and risk assessments. 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 reviewed.

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 continued to be kept safe from avoidable harm. People told us "I do feel safe. I cannot recall anytime or day that I've felt unsafe. I'm more that confident with them. I know that I'm in charge of my affairs and my life. I would not hesitate in raising a problem or a concern. They respect my home. My everyday carer, she is fanatical about cleanliness and tidiness," and "I feel safe with the carers. Over the years, I have had the same carer. They know me and look after me. I appreciate the people that come. They respect my property. My flat is a shambles. They accept who I am and do what I ask."
- Relatives told us their family members were safe. One said, "They are good as gold, qualified, and understand people and very helpful. They do a good job. We chat, have a laugh and a joke. My family are very pleased. She is the best carer I've ever had, and I don't want to change her. I let her get on with her work. She always washes her hands before handling food."
- To support staff to keep people safe there were systems, policies and processes in place. This meant staff knew how to record and report safeguarding concerns.
- Staff were aware of how to recognise abuse and when to report it. Staff told us if they had any concerns they would report them to the management.
- The registered manager was clear on their responsibilities to report safeguarding incidents to relevant authorities. Records showed these were completed when required.

Assessing risk, safety monitoring and management

- People's individual risks were identified and assessments were in place to show how to support people with these to stay safe. Risk assessments were detailed and gave clear guidance on ways to minimise risk. Where changes were required to a risk assessment, the service completed a review to support people to remain safe.
- Staff told us they had time to review risk assessments and care plans and were always told of any changes. Staff said they always read communication records upon arrival to a person's home to keep up-to-date on their current needs. This was also to make sure staff knew how to provide safe care.

Staffing and recruitment

- People told us their care visits were generally on time with occasional calls that run late. One person said, "They've been coming twice a day, morning and evening for one year. They do things like shower, breakfast medication and bedding change. They are perfect, no problems at all. " Another person told us, "I have what time is available to them. I would like it later in the evening. I'm never certain what time they'll turn up."
- Further feedback from people included, "They have a lot of people to fit in. I'm broadly happy with it. Times are acceptable. I see the same staff. Normally the same, nights, weekends. They are roughly on time."

No missed visits."

- Another comment was "A perfect number of staff to meet my needs. They are always happy to do everything in my care plan. On occasions the staff might be 10-15 minutes late. No person is on time for 100% of the time. We're all human."
- People expressed satisfaction with the consistency of regular staff. People told us changes to staff visits occasionally happened. When this was the case other staff were sent to support them.
- People continued to be protected from unsuitable staff because there was a thorough recruitment process. This involved a screening of applicants, interviews, background checks and references.
- Staff received an induction, worked with senior staff and had competency checks prior to working with people on their own. Spot checks and audits were completed to ensure staff were working safely with people.

Using medicines safely

- There continued to be safe systems for the management of people's medicines.
- People who received support with medicines had risk assessments and care plans to guide staff. Care plans set out how people liked to take their medicines.
- Staff had been trained to give medicines.

Preventing and controlling infection

- People were protected from the spread of infections because staff followed safe practices and procedures.
- The staff were trained in preventing infection. They used protective equipment, such as disposable gloves and aprons, to reduce the risk of infection. One person told us "I use an overhead hoist, shower chair and power chair. The carers are competent in using them. Yes, they use handwashing, gloves, aprons and overshoes are always fully stocked. They bring antiseptic hand gel with them."

Learning lessons when things go wrong

- There were systems in place so lessons would be learnt from any incidents, accidents and occurrences. Incidents and accidents were recorded and monitored. Records showed guidance from health and social care professionals was also sought where needed.
- The outcome of incidents was shared with the team to further improve the safety of the service. For example, ways to keep people safe who experienced regular falls.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People told us, and care records showed, how their needs were fully assessed before they had started receiving care and support from the agency. People told us, "Regular staff and semi regulars are well trained. We are well matched. I have a laugh with them. They take account of my preferences. A manager comes and does my assessments. I have my say."
- Another person said about the staff they saw, "She's a qualified care lady. She does her job as she's paid to do. I let her get on with it. It's in my plan. She knows what to do. She puts it in the book what she's done."
- People and their families were actively encouraged to be fully involved in identifying what their needs were. They were also involved in devising a plan of care to meet them. When care plans were reviewed people and their families were included in these reviews. This was to ensure a shared agreement about the care and support to be provided.
- People's care was delivered in line with best practice guidance. For example, recognised assessment tools were used to assess for safe moving and handling, skin integrity, nutrition and hydration.

Staff support: induction, training, skills and experience

- People felt staff were well-trained. For example, one person told us "They are well trained, I don't know if they would call the doctor it's never happened." Another person said, "We have a competent carer she knows quite a bit, she knows her role, she cleans up after herself, she's smashing."
- Further comments people made included, "The trainee carer's attention to detail is not the same, she's new" and "I don't know if she has shadowed anyone or been supervised."
- People were supported by staff with the skills and knowledge to provide safe and suitable care. New staff went on a full induction to learn about the role they would be doing. Additional training was also given if needed.
- Training included opportunities for staff to work with senior care staff in a shadowing role. Senior staff completed spot checks before staff provided care on their own to ensure new staff were safe.
- Staff we spoke to felt happy about the training they received. One member of staff told us they felt there was always lots of training to do. They also said training needs identified were then put in place. For example, they had asked for training around dementia care and this had been provided

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. One relative told us "They do the meals at lunchtime and teatime. We provide soup, Mum's choice, they get her some bread to go with it and Mum has a choice of desserts. They can't do it wrong."

- People's dietary needs were identified as part of their assessment. When support was identified, people's preferences were included part of their care plan.
- Where there were risks relating to food, for example, if people had certain allergies or could choke, a risk assessment was put in place. This was to provide guidance to staff.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health by staff working with other agencies when need to provide consistent, effective, timely care.
- Where concerns about people's health were identified staff contacted health services. This included GPs, district nurses and occupational therapists.
- Staff told us they knew people well and this meant they spotted subtle changes in a person's health and wellbeing. Staff said where there was any concern about a person's health it would be reported right away.
- Care records included clear guidance about people's specific health conditions and how this impacted on their daily living and the support staff might need to provide.

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

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's rights were protected because staff followed the principals of the MCA. People's consent had been sought before they received care from the agency.
- Staff understood the need to seek and obtain people's consent before giving care or support.
- People confirmed staff respected their wishes and asked them for their consent before carrying out a task.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us some positive comments about the care and support they received and how staff treated them. Examples of comments made included about staff, "A very caring lady. Everybody loves her dearly in the luncheon club. She puts a smile on your face" and "They are kind and do treat me with dignity and respect".
- Further comments included, "They are kind, caring and helpful. Yes, they treat me with dignity and respect" and "Kind and caring, of course. Of my three regular carers, two have been with me more than 10 years. The third one provides everything I need and more."
- The staff we met and spoke to knew people well. They spoke about people in kind and caring ways. Staff conveyed a real warmth and compassion for people they supported.
- Staff spoke respectfully and with great warmth about people they supported. They told us they enjoyed their work. One staff member said, "I love my job. I would not stay here if I didn't" and "The people I support are the best thing about the job."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics protected under the legislation. Records showed as well as our discussions with the registered manager, staff and people that they were not discriminated against. Services were organised to ensure people's cultural, religious and spiritual needs were respected.

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

- People had been supported to express their views and be involved in making decisions about their care. For example, about the level of support required and the time the service should be provided. Records showed people were involved in devising care plans and had signed to confirm they agreed with them.
- People were provided with choice and their choices were respected.
- People were given information, including a service user guide so they could make informed decisions for themselves about the agency. The service user guide also provided people with information about the level of support they should expect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by the staff who supported them. People confirmed they were always treated in ways that ensured privacy and dignity was respected and upheld. For example, one person told us "I'm independent as much as I can be. I won't let them roll me. I say I can do it myself so let me do it. It's quicker for them to do it but they have to hold off."
- Another person said "They listen to me. No problems at all. If I do, I just ring the office. Some care workers

don't want to do nothing. I say don't come any more".

- Further comments included, "I'm listened to and involved", "They encourage independence. I'm in charge and listened to", "I'm involved. She tells me I need a shave. I love it" and "I'm encouraged to be independent."
- People also told us their independence was encouraged. For example, one person said "'Yes they promote independence they are very familiar with my situation and take note of my particular circumstances."
- Staff told us they promoted privacy and dignity when supporting people. For example, they said they always ask for consent before supporting people, they covered people with towels when providing personal care and they shut doors and make sure curtains have been closed.
- Staff knew the importance of keeping information confidential. Care records were kept securely in locked cabinets in the provider's office and computers were password protected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were supported to receive personalised care. This was to ensure people had choice and control and to meet their needs. Examples of comments people made included "I have a care plan that's what the manager does. It's important to me to have my say" and "I have a care plan and log-book. They office check it. I am treated as an individual."
- Further comments people made included "I have a care plan and am involved with writing it. I can talk about things that are important to me. They do treat me as an individual", and "I'm involved with my care plan and writing it. I know my carers well enough. They don't need a care plan. They treat me as an individual."
- Each person had a care plan in place which gave clear guidance to staff on how they should be supported, and in the ways, they preferred. Care plans contained information on people's medical, physical and social care needs, likes and dislikes and the level of support they wanted.
- Staff knew people they supported well, and they told us about the support they provided to ensure their needs were met safely.
- Daily care notes showed care and support provided was in line with the care and support planned with people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records showed how people's communication needs had been assessed and met. People told us they received information in formats that met their needs. Most people received information in the standard format. However, where required people were provided with information in formats such as large prints or verbally.

Improving care quality in response to complaints or concerns

- People knew how to complain. One person told us "I have complained on occasions I have had to complain about a member of staff. I mentioned it to the office and the staff member was changed. All I had to do was say."
- Further comments included, "I put in a serious complaint. I don't think that person will be coming back again. The manager asked me if I would like her to deal with it. I said if you send that person again I will send them home. I was happy with the management of my complaint."

- The registered provider had a complaints policy and procedure for managing complaints. There had been nine complaints raised since our last visit. From records viewed, we saw concerns and complaints were dealt with seriously and in a timely manner.

End of life care and support

- The registered manager confirmed certain people were supported with end of their life care. They said if people started to need end of life care support they always had a full dialogue with them about their preferences and wishes.
- We saw how the agency had worked with other health professionals to ensure people received sensitive, high quality end of life care.

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

- People received care and support that was person-centred, which met their needs. Examples of comments people said about their views of management and the service included, "I can't really say, yay or nay. I've always been quite an efficient person. Sometimes I get frustrated" and "The office does have shortfalls. Never 100% right. They do provide all the right training. A well-run company".
- Further comments people and relatives told us included, "They provide a very good service. Never get another service like it. Good company. I don't know about improvement. They're good at the moment. It makes the day better when you've got a nice lady coming in", "I'm quite satisfied really. It goes wrong every now and again. One of those things. I get on well with the carers. Particularly in the morning the carer is like a piece of gold. I do tell the office. Everybody loves her," and "The best thing is the carers they have. Lovely people on the whole. They work really hard. I don't think anything needs improvement. They are really good. They make me feel safe."
- The management team aimed to empower people to be in control of their care and support needs. One person told us "They ask me what I have planned for the day, what I've done, they like to know what I'm about".
- Further comments included "I am involved in the reviews, I can make changes" and "The support I get is fine". It is pretty much a personalised service except when I get someone I don't know, that doesn't usually happen."
- People also chose when and how long each home visit should last and the level of support to be provided.

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 requirements in relation to the duty of candour. For example, the last rating for the service was publicly displayed on the providers website. We also saw that when complaints had been made, when required a full and open apology was always given.

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

- There was a manager registered with the Care Quality Commission.
- There was an organisational structure in place and staff understood their individual roles, responsibilities and contribution they made to the service.
- The service had a quality monitoring checking system in place. There were regular checks carried out by

staff and managers. Where issues were identified, including areas such as medicines administration, these were addressed. This was to ensure people's needs were met safely and to improve on the quality of the service.

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

- An annual satisfaction survey was completed for people who used the service. The results of these were analysed by the provider. We viewed the most recent survey which indicated a good level of satisfaction.
- Staff meetings were held where a range of subjects were discussed, such as risk assessments and care plans, new referrals or any important information. There were also regular care workers meetings, where staff had the opportunity to discuss any concerns and share communication.

Working in partnership with others

- The service worked in partnership with other key organisations. This included the local authority and health and social care professionals to provide joined-up care.