

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 Homecare 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 adults of all ages.

Not everyone using Care 1st Homecare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People continued to be kept safe and risks were minimised. Staff knew what actions to take to protect people from abuse. There continued to be suitable systems in place to identify and manage risk. Regular assessments had been carried out. Care records were in place which clearly set out their individual needs and preferences.

Visits were well planned and staff supported people in sufficient numbers to meet their needs and keep them safe. People were supported to manage their medicines safely.

Staff were properly trained and had their skills regularly checked. Staff had the competency and understanding to ensure people received the care and support they required. Staff knew how to provide this in the way people wished to be supported.

People were supported to maintain good physical health and wellbeing. People were assisted to access health care services when they needed them. People were asked for their consent before any care was given and were encouraged to make decisions and choices in their daily life.

People had a clear and informative care plan in place; a copy was kept in the person's home and at the office. The care plans provided useful guidance about each person's care needs and were updated regularly to make sure they were accurate and up to date. The people we spoke with also said an initial assessment was completed when they first started using the service. This enabled staff to be clear about the level of care people needed.

People were sent satisfaction questionnaires to find out their views of the service. This enabled the service to continually improve based on feedback from people and anything that could be changed. There was a range of quality checking processes in place. These were to monitor and improve the service.

Staff told us the management was approachable, responsive and listened to any ideas for areas of improvement.

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

Care 1st Homecare

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 checked 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 28 29 June 2018 and was announced. We gave the service 5 days' notice of the inspection site visit. This was because we needed to make sure the manager and people who used the service were available to speak to us. The inspection was carried out by two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information, what it does well and improvements they plan to make.

We also reviewed other information we held about the service. We looked at previous inspection reports, records of our contact with the service and any notifications received. A notification is information about important events, which the provider is required to tell us by law.

During the inspection we spoke with 14 people who used the service and ten staff. We also spoke with the care manager a senior coordinator and the registered manager who is also the provider.

Is the service safe?

Our findings

People were kept safe from the risk of abuse and avoidable harm. This was because staff had been on training to understand how to protect people from abuse. The staff were aware of how to recognise abuse and knew the correct action to take if they were concerned about someone. They were clear about the requirement to report any concerns. They were also confident the provider would take appropriate action but would also report to other authorities such as the Police or Local Authority Safeguarding team.

People were further protected because the provider had clear policies and procedures in place about handling their money safely. The provider had made appropriate safeguarding referrals where this was required.

Risk was assessed when people began using the service and then reviewed regularly. This included environmental risks and the risks associated with receiving care such as use of equipment to help people move. Staff told us how they promoted people's safety; they always read and followed the person's care plan and risk assessment.

There was enough staff to support each person's individual needs. Staffing levels and visits were planned around the level of people's care needs. Staff support varied depending on the packages of care that each person required. There were sufficient staff numbers employed to provide people with consistent and safe care and support that met their needs at the time it was planned for. People told us they had a number of regular staff visit them. A person who used the service told us, "They don't rush it." Another person's partner said, "We have not seen a bad carer. We look forward to them coming. " Some people told us staff were not punctual due to emergencies with a previous service user, traffic, or difficulty finding their house . To address these issues staff told us their rotas included directions to individuals' houses if needed.

People continued to be well supported to manage their medicines and take them in a safe way. The staff who gave people medicines received appropriate training and were regularly checked to make sure they were safe and competent. People that were able to manage their medicines independently were supported to do so. Support was given to remind them to take medicines if needed. Staff signed people's medicines administration records (MAR) appropriately. Senior staff monitored safe medicines practice by regular audits and spot checks.

People continued to be protected from the risks from unsuitable staff. This was because safe recruitment processes continued to be in place. Records showed that thorough checks had been completed before new staff started working with people. Interview questions explored candidate's careers to date, as well as any employment gaps in their working history. The recruitment checks and systems in place helped ensure new staff were suitable and safe for the role they had applied for.

People were further supported to stay safe by arrangements in place to protect them in an emergency and staff understood these. In the case of an emergency, such as poor weather and flooding, the registered manager and care workers knew which people required a priority visit. Earlier in the year there had been

extreme adverse weather. The registered manager told us how the staff had all tried to go the extra mile to keep people safe. The registered manager had bought a brand new four by four vehicle to support staff to get to work during this period of adverse weather. This clearly showed that the registered manager took swift and decisive action when needed to keep people and staff safe. All staff that were able to helped out with visit during this adverse weather period. Staff also took on extra work where they could to ensure people were safe and had a visit.

Is the service effective?

Our findings

People told us staff knew what to do to meet their needs effectively. One relative said, "The carer knows us, and where everything is." One person said that the service was satisfactory at present as there was a consistent team.

Other feedback from people and relatives included "We've got a very good carer. She does a lot more than she ought to." Further comments included "They're fantastic, whatever I want them to do, they'll do it" and "Staff are sympathetic even when I'm irritable due to pain and illnesses."

Staff were supported and supervised in their work. One person said there had been spot checks on their staff in the 'early days' of the service. Another person said there had been regular spot checks on the staff who visited them during their years with the service. A staff member told us staff learnt how to support individuals new to them by shadowing staff who knew the person. Another staff member told us this sometimes happened, but sometimes the first time they met a person was on their first support visit to them. The staff said they had to spend extra time reading the care plan and finding out where things were kept for example, but things always worked out satisfactorily. This was because care plans were informative and staff said they could call the office if needed.

Every new staff member's performance was closely supervised until they completed a probation period. Staff had regular one to one supervisions to review how they were performing and any concerns. Improvement and development plans were put in place to build and improve staff members overall performances. Observation checklist records were kept and confirmed care staff had their competency routinely checked. This was to make sure their practice was up to date and they followed safe policies and procedures. Records included observations of their approach with people, medicines management, infection control, food safety, overall attitude and the way they conducted themselves. This helped ensure care staff were supported in their role and had the appropriate skills and knowledge to provide people with effective care and support that met their needs.

People were supported by staff who were continually trained in their role. Staff training records were thorough and showed staff completed training the provider considered mandatory. Staff went on specialist training, in areas such as epilepsy and diabetes. This was to make sure they knew how to meet the needs of the people they supported. Staff were positive about the training opportunities they were able to take part in. There continued to be a full induction into the service for all new staff. New staff went on a thorough induction when they joined the organisation.

Care records showed that staff closely monitored any issues around people's health, such as weight loss, or a nonspecific deterioration in their health. We saw that action was taken in accordance with people's consent and wishes. This included swift referrals and requests for advice and guidance being sought when needed. These were acted on to maintain people's health and wellbeing.

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 ensured that they and the team were working within the principles of the MCA. People's care plans included guidance about how to seek consent from people for their care. Staff told us how they made sure people gave their consent and as far as possible made their own decisions. The registered manager would carry out mental capacity assessments and best interest decisions where this was required.

People who needed support with their nutrition spoke positively about the choices they were given and how their meals were prepared and served. One person told us that their main carer was an "excellent cook". People told us they were always asked what they wanted for breakfast and what drinks they wanted. When people had a menu plan, staff still asked if they wanted what was on the plan. This showed people were supported to make choices about what they wanted to eat and drink.

Is the service caring?

Our findings

People were supported by staff that were kind and caring. People who used the service and their relatives told us the staff were caring and kind. "One person said," The carers are very good". Other comments included "They do care, they look after me, I have a good set of carers. My main carer worries about me". Another person said, "They're all very nice ". A further comment was "They have a little chat to make sure I'm ok." This person also told us a male carer who provided care when a female carer was on holiday was "very considerate." Further positive comments included "It's a pleasure to have her here; with her warm personality we can have a laugh." Another comment was "We've got a very good carer. She does a lot more than she ought to." and "They never talk about other clients, staff don't talk over people."

One relative said, "Some of them are lovely." Another relative said "It's a pleasure to have the carer here she has a warm personality and can have a laugh." A further comment made by a person's relatives was that the carers were "unrushed and sociable" in their manner and approach.

Staff spoke compassionately about the way they supported people. They told us how important it was to maintain people's privacy and dignity. One care worker said, "I always knock on the door and tell the person who I am, before entering their home." Another care worker said, "When I am assisting a client with personal care I ask the person how they would like me to help them."

People told us of many ways they felt that their privacy was respected. These included closing curtains and doors and using towels to protect dignity when supporting people with personal care.

People, relatives and professionals spoke of the caring service provided by the staff they saw. The registered manager shared with us the company's values. The registered manager/ provider supported by their management team promoted the values of high quality care for everyone involved with their service. The values emphasised building relationships of trust and kindness with people and to fully support them in the ways they wished. A further value was promoting dignity and respect throughout the organisation.

Is the service responsive?

Our findings

In the recent cold extreme weather the provider had bought a brand new four by four car. This was to make sure staff could be supported to make calls in the snow. This was a commendable way to ensure people still received a responsive and flexible service at a time of extreme weather.

The provider had financially invested in a Local Authority online visit monitoring system for all people who used their service. They paid for private clients to also be a part of this scheme. This was a clear way that the provider had invested in the service to ensure that all client received support that was responsive to their needs. This system provided online live monitoring off all visits people had and was used by the Local Authority who place clients with the service. The provider's investment to ensure private clients not funded by the local authority also received this service showed they were very committed to providing everyone with a highly responsive service.

The provider also discussed how they worked with other services. A significant number of clients from a service that had recently shut down were now being cared for by Care 1st staff. All of the people who were using the old services told us they were very happy with the provision of care from their new agency. This showed that the organisation had planned and delivered care in a very responsive way to a new group of people who used the service.

Each person who used the service had a small team of staff that supported them to ensure continuity of care. The registered manager/provider told us people were matched with staff based on their needs and shared interests. For example, a quieter person was matched with a staff member who had a similar personality. People who were more extroverts were supported by similar personality types on the staff team.

The registered manager had introduced a newsletter to send to people to update them on matters relevant to the service. This was done in part to reduce social isolation among people who used the service. Topical articles were written and updates were included about matters that people may be interested in. The service had also liaised with the local police services and fire prevention service. This had been to support people and share with them the best ways they could stay safe and reduce the risk of crime or fire. To engage with people in the community, the provider has recently invested in a new hub location. This was a place that people could meet and engage in social and therapeutic activities together. This scheme was in the process of commencing in the very near future. This was an excellent example of the provider looking to develop the service and provide highly responsive care and support to people.

Before people started using the service a senior member of staff came to see them. This was to identify their personal and healthcare needs. We saw that together with the person and or their representatives where appropriate, they discussed and helped plan a package of care. This included an initial plan of the care and support required. The initial assessment included the person's diverse needs. These included people's cultural, spiritual and social needs, specific conditions, their mobility needs as well as how they communicated, and how they wished to be supported in these areas.

People told us visits were generally punctual. One person said punctuality had improved in the last two years. Most people said staff were punctual or sufficiently so, so that they had never been inconvenienced or put at risk.

People's care records were informative and were regularly reviewed and updated to make sure they were accurate. They addressed all aspects of each person's health and personal care needs. They also addressed risks to people's health and safety, and personal preferences in relation to care. Care plans set out clearly people's daily routines giving staff the information they needed to meet individual needs in line with the way people wanted to be supported. For example, one person's care record set out the way they preferred to be assisted every day with their mobility needs. It also set out what equipment was required to safely support them. For another person it was the way that staff greeted them that was really important to how they then agreed to be assisted with their personal care. There were clear actions set out for how the person needed assistance and how to encourage them to be independent.

The provider had a complaints policy and procedure in place for people to follow if they were unhappy with the service they received. Information was available in the service user guide. Everyone we spoke with told us they would feel comfortable to raise any concerns if they had any. Those people we spoke with were happy with the service. They were also very confident that any concerns or complaints would be dealt with.

The service also ensured that lessons were learnt from accidents and incidents to avoid further reoccurrence and to drive up standards. This included for example improving the team communication methods as well as changes to visit times and plans. The registered manager took prompt action if people were not happy with the care received. This would often include for example, changing a staff member or the visit times and or days. These swift responses had reduced the number of formal complaints being made. Records confirmed that the service valued people's feedback and acted on this information to improve the quality of the service provided. This also included improving communication among the team giving staff more training and taking disciplinary action on occasion.

Staff had been on training around providing end of life care and support to people. There was some information available in certain people's records. This included information regarding other health professionals who were involved in ensuring a person's end of life care would be as appropriate and that they would be supported to remain comfortable at home if this was possible and what the person wanted.

Is the service well-led?

Our findings

The service had a registered manager who was also a company director for the organisation. 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 who used the service and staff told us the management team were really helpful and approachable. One person said, "They've got a good team of management now, the office staff manner and organisation of staff is better." Another person said, "Anything I want, I just ring up, the office staff sort it out I would go straight to the boss if necessary." One relative said of the care manager that they would be, "Overall, 10 out of 10." This was after the manager had been to them for a visit to provide their care. This also showed that the care manager ensured they got to know people well and to understand their needs.

People and staff said that the registered manager and the care manager were both approachable and that they received good support when they needed to contact the office. Both managers also carried out some care visits. This was a really effective way to stay close and connected to the people who used the service. People also confirmed that if the office staff weren't available when they rang, their call was returned in a timely way. People and staff told us that overnight a call centre was used to provide management support at night. Staff told us this was a safe and reliable system when they needed to use it.

People also told us that office staff were helpful. One person said they might take a little time to respond, but they did call back, asked questions and "They solve the problem." Another person told us "You can ring anytime. They're always willing to help." A further positive comment was "The trainer at the office doesn't use long words, and you can ask her anything."

The registered manager liaised closely with the different local authority services in the areas. They also worked with departments involved with people's care and support. This included the commissioning team, occupational health, safeguarding teams and community mental health teams.

There were weekly and monthly quality audit checks carried out. The audits looked at a number of areas of the service. These included people's care records, complaints, medicines management, staff supervision and training. Where any concerns were found as a result of the audits completed, actions were implemented to reduce further instances and to help drive improvements.

We saw minutes of regular team training meetings were also completed. We saw these recorded what training was provided. There were also actions implemented. These were to ensure staff maintained and built up the appropriate skills and knowledge to fulfil their role.

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. Prior to the inspection we checked our

records and we found the provider had notified us of events that may have impacted on people and or the service.