

Care 1st Limited

Care 1st Homecare - Berkshire

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

This inspection took place on 10 and 11 January 2017 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Care 1st HomeCare - Berkshire is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 41 people receiving a service.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was present and assisted us during the inspection.

People were protected from risks to their health and wellbeing and were protected from the risk of abuse. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff received training and supervision to enable them to do their jobs safely and to a good standard.

People were treated with respect and their privacy and dignity was promoted. People said their care workers were kind and caring. Staff were responsive to the needs of the people they supported and enabled them to maintain their independence as much as possible.

People's health and well-being was assessed with measures put in place to ensure people's needs were met in an individualised way. Medicines were managed well and staff handling medicines were only allowed to do so after completing their training and being assessed as competent. Where included in their care package, people were supported to eat and drink enough.

People received support that was individualised to their specific needs. Their needs were monitored and care plans reviewed regularly or as changes occurred. People's rights to make their own decisions, where possible, were protected and promoted by staff.

People benefitted from receiving a service that was managed well. Quality assurance systems were in place to monitor the quality of the care, the support being delivered and the running of the service.

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. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were handled correctly.

Is the service effective?

Good ●

The service was effective. People benefitted from staff who were well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

Where support with meals was included in their care package, people were supported to eat and drink enough.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who knew people's individual wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and people were supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service provided was responsive in recognising and adapting to people's changing needs.

People knew how to raise concerns and were confident the service would listen and take action on what they said.

Is the service well-led?

Good ●

The service was well led. People were happy with the service they received and told us the service was well managed.

Staff were happy working at the service. They felt supported by the management and said the training they received helped them to meet people's needs, choices and preferences.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Care 1st Homecare - Berkshire

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 10 and 11 January 2017. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the registered manager.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This 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 looked at the PIR and at all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager and the nominated individual. We received feedback from five people who use the service and five of their relatives. We also received feedback from 14 of the 24 care workers and two social care professionals.

We looked at four people's care plans and associated records, five staff recruitment files, staff training records and the staff supervision and annual appraisal log. We reviewed a number of other documents relating to the management of the service. For example, compliments received, incidents records, spot check visits feedback, quality assurance audits and staff meeting minutes.

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of harm. Staff felt confident about reporting any concerns or poor practice to the registered manager. Social care professionals felt the service and risks to individuals were managed so that people were protected. One professional added, "Care 1st are very good at assessing and managing risks and I have no doubt that the people supported by Care 1st are protected."

People felt safe from abuse or harm from their care workers. Relatives told us they felt their family member was safe when with the staff. One person commented they felt "very" safe. One relative added, "Very" and another said, "Definitely."

Risk assessments were carried out to identify any risks to people when providing the package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any potential or actual risk. For example, risks to people related to moving and handling. Each person had emergency plans in their care plans in case there were threats to the running of the service, such as severe weather.

The service assessed the environment and premises for risks to the safety of staff when providing the package of care, as part of the initial assessment. For example, slip and trip hazards inside and outside people's homes. Other areas assessed for staff safety included the area local to the home of the person receiving the service. These assessments also included other risks related to staff lone working and lone travelling.

People were protected by appropriate recruitment processes. Staff files included the recruitment information required by the regulations. For example, proof of identity, full employment histories, evidence of conduct in previous employment and criminal record checks.

There were enough staff employed to ensure people received the care they needed in line with their packages of care. Social care professionals thought the service made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs. Staff said the time allowed for each visit meant they were able to complete all the care and support required by the person's care plan. People and their relatives told us staff usually turned up on time and that they were contacted if staff were going to be late. They said staff stayed the correct amount of time and provided the care and support needed. People also told us staff had never missed a call. One person commented, "No one could top [Staff name]. The service that is given is marvellous."

The service used a computerised logging in system in the Bracknell area to ensure that staff and people were safe and calls were not missed. Staff used the computerised system to log in when they arrived at a call and log out when they left. In Wokingham, or areas where the internet signal was poor, staff used their telephones to advise the office of calls carried out.

In instances where the service supported people with medicines we saw this was set out in their care plans. The plans contained instructions to staff on the level of support people needed with their medicines. Staff had received training to ensure the right people received the right drug and dosage at the right time. The registered manager and senior staff carried out staff medicines competency assessments every six months with any staff who supported people with medicines. This was to ensure staff skills remained current and their practice was safe. Only staff who had completed their training and been assessed as competent were allowed to support people with their medicines.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supervised. People and their relatives said the care workers had the skills and knowledge needed when providing their care and support. Comments from people and their relatives included, "They are very good", "I have nothing but praise for them", "They are lovely." and "They are a very caring lot." Social care professionals thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One professional commented, "We seldom have any issues raised with the support provided by Care 1st; I can't remember the last time any complaints were raised in relation to this agency."

Staff received training in topics related to their roles. Staff training records showed they had received induction training when they first started employment with the company. Staff had received training in topics such as health and safety, food hygiene, infection control and moving and handling. Other training routinely provided included medicines, first aid awareness, mental capacity, diversity and equality and safeguarding adults. Additional training had been provided in relation to the needs of people supported by the service, such as dementia care and pressure area care. Staff said they had received an induction which prepared them fully for their role before they worked unsupervised. They also told us they had been provided with the training they needed that enabled them to meet people's needs, choices and preferences. One care professional commented, "The [registered] manager has talked me through the full range of training provided for care staff, which is well in excess of mandatory courses, and very comprehensive. I know that additional courses will be provided should these be necessary for any reason."

Staff had one to one meetings (supervision) with the registered manager or one of the senior staff once every three months, plus a direct observational session four times a year. Direct observational sessions are where a manager observes a member of staff working with a person using the service to ensure they are working to the provider's expectations. The log of supervision showed staff were up to date with their supervision meetings. Staff said they had regular supervision meetings which enhanced their skills and learning. Staff had annual appraisals of their work and records showed these were scheduled to take place annually.

People's rights to make their own decisions, where possible, were protected. Staff confirmed they received training in the Mental Capacity Act 2005 (MCA) and understood their responsibilities. 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. The care plans incorporated elements of the MCA which ensured staff were reminded of people's rights as care plans were drawn up and followed. For example, each care plan contained an MCA assessment to determine whether the person had the capacity to consent to their care. Where people had capacity but were not able to sign their name, staff had documented how the person had indicated their consent. Where they did not have capacity to consent to their care, decisions had been made in their best interests. People told us they were involved in decision making about their care and support needs, and that staff asked their consent before they provided any

care.

The registered manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the legal safeguards in the MCA in regards to depriving people of their liberty. The registered manager was aware that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, no people were being deprived of their liberty.

Where providing meals was part of the package of care and/or where there was a concern, daily records included how much people had eaten. Where people were not eating or drinking well, advice was sought from an appropriate health professional. Social care professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One professional told us, "Wherever a person may benefit from a referral, these are forthcoming."

Is the service caring?

Our findings

People told us their care workers were kind and caring when they supported them. One relative commented, "We are very fortunate, they are very good." Compliments paid to the service recently included, "The care staff do an excellent job! Very happy with the company." and "Thank you for all the care and attention you gave [Name] when looking after her. You were all so kind." Social care professionals thought the service was successful in developing positive, caring relationships with people using the service.

People and their relatives told us they had been involved in planning their care and with reviews of their care plan. Staff knew the people who use the service and how they liked things done. People told us they received care and support from familiar and consistent care workers. They said staff arrived on time and stayed the required amount of time. One relative explained they had recently changed agencies and told us, "It is only since we changed to Care 1st that we realise how lackadaisical the other company was. We are very pleased with the way things are going now."

People and their relatives said staff always treated them with respect and dignity with one person adding, "I am happy with the care. I have no issues at all." A relative complimented the service saying, "We often hear them chit-chatting away and laughing [with their family member]."

Social care professionals thought the service promoted and respected people's privacy and dignity. One professional told us, "The [registered] manager is very careful about the maintenance of people's dignity so I have no worries about the way care is delivered."

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality and record keeping. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

People were supported to be as independent as possible. The care plans gave details of things people could do for themselves and where they needed support. This helped staff to provide care in a way that maintained the person's level of independence. People and their relatives told us the support and care they received helped them to be as independent as they could be. One social care professional told us, "I have seen people with complex needs have their care and rehabilitation needs met very well, which has enabled much greater levels of independence than initially anticipated."

Is the service responsive?

Our findings

People received support that was individualised to their personal needs. People said they had been visited prior to their care package starting and their needs had been assessed. All people said they were happy with the care and support they received from the service. People and their relatives felt they received the care and support they needed, at the times that suited them. Social care professionals said the service provided personalised care that was responsive to people's needs. One professional commented, "I am aware that the agency provides care the way that individuals prefer. I have not heard of any instances where this has not been the case."

One relative complimented the service and one care worker in particular in the way they had provided care to their family member. On a compliment form they said, "I would like to take the opportunity to say heartfelt thanks for the thorough and caring attitude [staff name] has shown. She has always been prompt, courteous, gentle, kind and talked to the family about any changes in needs - we really appreciate it."

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people wanted. The assessments and care plans captured details of people's abilities and wishes with their personal care. People told us staff knew how they liked things done and that staff followed their wishes.

Care plans were reviewed formally every six months and each review included a visit to the people to make sure they were able to participate fully. Comments made by people at recent reviews included, "Very happy with all care and support." and "Happy with all care staff and support plans." People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes to the registered manager so that the care plans could be updated. The care plans seen were up to date. Daily records were detailed and showed that care provided by staff matched the care set out in the care plans.

People and their relatives were aware of how to raise a concern. They said they had not made any complaints but that, if they did, they were confident the service would take appropriate action. People were given details about how to make a complaint when they started a package of care. They knew who to contact at the agency if they needed to. Staff were aware of the procedure to follow should anyone raise a concern with them. People told us staff and managers responded well to any requests they raised. One person told us how they had asked for a different care worker to carry out their calls. They said the registered manager had been understanding and their request had been dealt with very quickly.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People received a service from staff who worked in an open and friendly culture. Staff told us the registered manager was accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager.

Staff told us the registered manager asked what they thought about the service and took their views into account. They felt well supported by the registered manager and office staff. One staff member told us, "I couldn't fault this company from training to management. I've always felt fully supported in my role." Team meetings were held every three months and were arranged for times when all staff were able to attend. Team meeting minutes showed staff were invited to give ideas for improvements and were kept up to date with what was happening within the company and with the people they provide care and support to. The registered manager also produced a newsletter each month for staff to keep up to date on what was happening in the service.

Feedback on the service provision was sought by the registered manager when they or the senior staff visited people to review their care. Survey forms were sent to people annually for them to comment on the service received. Telephone surveys were carried out with any people not able to complete the survey form. Remedial action was taken where any issues were raised by people who use the service. People and their relatives confirmed they were asked their opinion on the service they received.

The service carried out routine audits of a number of areas related to the running of the service. For example, audits of care plans, risk assessments, training records, staff files, medicines and medicine records. The spot checks on staff included checks of the records kept in people's home, as well as how staff worked with people who use the service. All records seen were up to date and accurate.

People benefitted from a staff team that were happy in their work. The service had a well-developed understanding of equality, diversity and human rights and put these into practice. The registered manager was aware of areas of the service they wanted to improve and plans were underway for additional services they wanted to offer. For example, the registered manager was working on improving the format of the medication administration records to make sure there was a clear audit trail of medicines and prescribed creams and treatments given. Plans were in place for the introduction of monthly coffee mornings for people who use the service and their relatives, planned to begin in February 2017.

Social care professionals thought the service worked well in partnership with other agencies. One professional commented, "I believe they would work well in partnership to promote good quality care. Care 1st works well with our teams." Another said, "Care 1st is good at keeping other agencies up to date as and

when necessary."

People and their relatives told us the service was managed well. One relative commented, "They are very, very good indeed. I would certainly recommend them." All people and their relatives said they would recommend the service to another person. Social care professionals felt the service demonstrated good management and leadership and delivered high quality care. One professional said, "I think Care 1st has very good management and leadership. I would be happy for Care 1st to provide home care to my mother, if she needed home support."