

1 Homecare Ltd

# 1 Homecare Blackpool

## 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

### About the service

1 Homecare Blackpool provides personal care to people in their own homes, in and around the Blackpool area. Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 44 people were receiving personal care.

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

People felt safe and were protected against the risk of abuse. People received support from a consistent team of staff who knew them well. Staff were recruited safely and there were enough of them to meet people's needs. Where people were supported to take their medicines, staff did so safely. The provider had robust infection prevention and control procedures to protect people from cross infection. The provider learnt from incidents and shared learning to improve the safety of the service.

People's needs were thoroughly assessed to ensure they received the support they required. People received care from staff who were trained, competent and well-supported to carry out their role. Staff provided the support people needed with meals and drinks. The service worked with healthcare services to ensure people received the support they needed to maintain and improve their health. People made decisions about their care and their rights were protected. 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 were kind and caring. People spoke very highly of the staff who supported them and the service as a whole. Staff respected and promoted people's privacy, dignity and independence. Staff asked people for their views about their care and respected the decisions they made.

The service was responsive to people's needs and took account of their preferences. People received high-quality, person-centred care. The provider had an effective procedure for receiving and responding to complaints about the service. The service could support people to remain at home as they reached the end of life.

The registered manager had developed a positive, person-centred culture within the service. The registered manager and staff team were committed to providing people with high-quality care. The registered manager understood their responsibilities under the duty of candour. The provider used feedback and the results of audits to continually improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This was the first inspection for the service.

#### Why we inspected

This service was registered with us on 24 July 2019 and this is the first inspection.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

# 1 Homecare Blackpool

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living 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

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the manager would be in the office to support the inspection.

Inspection activity started on 16 June 2021 and ended on 23 July 2021. We visited the office location on 16 June 2021. We reviewed documentation and contacted people who used the service, relatives of people and care staff by telephone to gather their views between 16 June and 8 July 2021.

#### What we did before the inspection

We reviewed the information we held about the service including feedback from the local authority and notifications of significant events the provider had sent to us. We used the information the provider sent us

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

#### During the inspection

At the office we spoke with the registered manager, care coordinator, and the provider's representative. We reviewed three staff files in relation to recruitment, training and supervision. We contacted six people who used the service and their relatives to gather their views. We also contacted five care staff to gather their views of the service. We reviewed care records, risk assessments and care notes for five people and reviewed a range of records related to the management of the service.

#### After the inspection

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

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe with staff who provided care and support to them. One person told us, "I always feel safe with them." A relative commented, "Absolutely safe. 100%." Staff were trained to identify and report abuse. They told us they would report any concerns to a member of the management team and were confident action would be taken to protect people. Staff knew how to report concerns to external agencies if necessary.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and managed. Staff carried out a thorough initial assessment with people, to ensure their needs and preferences could be met safely. The provider used an electronic care planning system which provided staff with information about people and their needs and enabled the management team to monitor care delivery in real time.
- During our inspection, we noted some information about signs and symptoms of different health conditions were not always recorded to prompt staff to raise concerns. However, we spoke with staff and the management team who were all knowledgeable about people and how they may present if, for example, they had a water infection or high blood pressure. The registered manager and provider took action immediately to ensure this information was included in people's written plans of care.

Staffing and recruitment

- There were enough staff to support people safely. People received care from a consistent team of staff who knew them well. The registered manager tried to match people to care staff and accommodate any preferences. One relative commented, "They try to send us the same staff because [Person] is quite complicated. It's better for us if they do that and they have done." Another said, "We have the same carer that comes in. It's very good as [Person] has dementia. He knows her face. It's very important to have the same carer for continuity. Someone you build up trust with and they know what he can and can't do and what he does and doesn't want to do."
- Staffing was well organised, so people received visits from staff as planned. People told us staff would contact them if there was going to be any significant delay. Staff told us they had sufficient time to travel between visits and rotas were organised into manageable geographical areas.
- Staff were recruited safely. The provider carried out checks to ensure staff were of good character before they were employed. This included checks on criminal records and references from previous employers. Staff had to complete a probationary period at the start of their employment to show they were able to carry out their role satisfactorily.

Using medicines safely

- People received the support they needed to take their medicines. Staff supported people to have their medicines as prescribed. Staff were trained in how to support people with their medicines and had their competence assessed by management. This included training specific to people's needs. Staff completed thorough records of the support they had given to people. The registered manager audited medicines administration regularly.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in preventing infection and using Personal Protective Equipment (PPE) effectively to reduce the risk of infection. They had completed training in how to put on, take off and dispose of PPE safely. Staff told us the provider had ensured they had appropriate protective equipment, such as face masks, disposable gloves and aprons throughout the COVID-19 pandemic. People told us staff used PPE when delivering care.

#### Learning lessons when things go wrong

- The provider had systems to identify and learn from any incidents. Staff recorded any accidents, incidents and near misses, which the registered manager analysed for any learning. Any learning from untoward incidents was shared with the staff team at both the provider's locations, to help improve the safety of the service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were thoroughly assessed before the service agreed to provide care. This helped to ensure the service was suitable to meet people's needs. People, or those acting on their behalf, were involved in the assessment process so that their preferences and wishes were taken into account in care planning. One person said, "At the beginning, I decided what support I wanted. I can only say they do more than planned." A relative told us, "Everything [Family member] asks them to do they have done and done professionally."
- Care plans were easy to follow and gave staff information about people's preferred routines as well as their care needs and preferences. Staff accessed care planning via a smartphone app, which meant updates to care plans and risk assessments could be shared with staff instantly.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. Staff told us they completed a range of training to give them the skills and knowledge to provide people's care. People told us they were confident staff were equipped to fulfil their roles. Comments from people included, "Staff know what they're doing. They're well trained. They are providing the best care for [Person]. They are very good at what they do. Couldn't do it any better myself." And, "From the beginning they've been absolutely brilliant. Can't fault them."
- Staff were well supervised and supported. Staff had regular meetings where they could discuss their roles and training needs. Staff said they felt well supported by the management team. When asked to rate how well supported they felt, comments from staff included, "I would give [Registered manager] 10 out of 10. If there's anything, any problems, anything, they'll sort it out. Nothing is ever too much trouble. They're so easy to talk to." And, "I'm very well supported, always. Any problems I speak with [Registered manager] or [Care Coordinator]. They are amazing." Staff explained the management team had supported them with both work issues and personal issues and were thankful they received such a good level of support.

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

- Staff worked with other agencies, such as district nurses and social workers to ensure people's needs were met. Community based health professionals provided guidance to support people with ongoing health conditions. We received very positive feedback from one social worker, who told us they had nothing other than positive feedback about the service. They explained communication was always good and the service always worked to find a resolution to difficult and complex situations.
- The service helped people to access healthcare services when they needed them. People explained they

were able to change visits to accommodate appointments and procedures. Staff told us they knew people well enough to recognise any signs if people were developing an illness and would contact the management team to raise the alarm.

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

- Staff worked with people to help improve their nutritional intake. We saw feedback from one person's social worker which stated, "[Person] said they are going above and beyond, and she is now enjoying fresh food because of their assistance rather than just frozen ready meals."
- Not everyone required support with their nutrition or preparing meals. However, where this was part of people's support, details were included in their care plans. Information included people's likes and dislikes and any risks associated with eating, such as a risk of choking.

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 particular 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 maintained control of their lives and their rights were protected. Everyone we spoke with told us they chose what support staff provided to them and we could see from records we reviewed that people's preferences and wishes were taken into account.
- The registered manager and staff understood their responsibilities under the MCA. Staff were trained to ask people what support they wanted and to respect the decisions they made. Staff told us they would respect a person's right to refuse care. They said they would inform the office if someone refused an important aspect of their care. This meant the provider could take action if refusing care placed a person at risk.
- There was no one being supported by the service who required restrictions on their liberty to receive the care they required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who were kind and caring. People told us they liked the staff who visited them and valued the support they provided. One person told us, "They've been wonderful to me. Very kind and very helpful." Another said, "All the carers are absolutely brilliant. We get along, talking and stuff like that." A relative said, "Everything [family member] asks them to do, they have done and done professionally. They get the work done while having some fun and talking."
- The registered manager had fostered a caring and respectful culture among the staff team. Staff told us they enjoyed supporting people and making a difference for them. Comments from staff included, "It's nice to come away knowing you've made a difference." And, "All carers go above and beyond for everybody and we work together as a team. We do more for people we look after than any other company I have worked for."
- People's lifestyle choices were respected. Staff demonstrated an awareness of people's human rights and their diverse needs. Care records were written in a respectful and caring way that demonstrated awareness of people's equality and their diverse needs.
- Staff understood the importance of supporting people to maintain their independence. Staff supported people to do what they could themselves, without taking over.

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

- People were fully involved in shaping their package of care. Staff completed thorough assessments with people, or those acting on their behalf, before support was provided. People told us they chose what support they received from staff and when. This was kept under regular review by the management team, who people confirmed contacted them to ask for their views of the support they received.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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's care was planned around their needs, choices and wishes. The registered manager worked with people, and those acting on their behalf, to ensure planned care continued to meet their requirements. The registered manager and care coordinator reviewed people's planned care regularly and immediately if there was a change in someone's needs. The electronic system the provider used for care planning meant changes could be updated and staff received instant access to the new information.
- The service was very responsive to people's individual needs. People explained how staff had got to know them and their preferences. Feedback from people was very positive and included, "I can't praise 1 Homecare enough, and I feel blessed to have what has become an essential part of my wellbeing." This person also spoke of staff professionalism, caring, help with organising appointments, emotional support, and said, "In my darkest times, they have always picked me up... always been at the end of the phone if I need it." A relative fed back about a time when their family member had returned home late at night from hospital saying carers had "Yet again gone above and beyond and come up trumps." The carers had made sure the lights were on and there was a drink there ready for the person when they arrived home, with which they were delighted.

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.

- The provider assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for receiving and responding to complaints about the service. Guidance about how people could raise concerns was included in the information given to people and on the provider's website. Staff told us they would support people to raise concerns or make a complaint. People we spoke with told us they could simply ring the office to speak with the registered manager or care coordinator and were confident they would resolve any issue.
- Complaints were used as an opportunity to learn and improve the service. The registered manager logged and investigated all complaints, no matter how minor. We saw they provided a response to the person who complained in each case. Any learning or actions taken to improve the service were shared with staff at both the provider's locations.

## End of life care and support

- The service worked with other agencies to ensure people were supported, where possible, to remain in their homes as they reached the end of their lives. The staff had received training in supporting people who required end of life care. No one was receiving end of life care at the time of our inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had developed a positive culture which put people at the heart of the service. Everyone we spoke with told us they would recommend the service. Staff told us they were all committed to making a difference to people and enjoyed working for the company. Comments included, "I would recommend them. If I needed care, that's where I would go." And, "I can honestly say, before [family member] got care from 1 Homecare, I didn't expect him to live out the year. When they came in and started caring for him they have changed his whole life, brought my dad back and given my children their grandad back."

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 and staff team understood their responsibilities under the duty of candour. The provider had notified us of significant events, as required. The notifications showed the provider had been open and honest and shared information about incidents with relevant people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff were clear about their roles and responsibilities. We received very positive feedback about the registered manager, their approach and how they managed the service. People who used the service, relatives and staff all described the service in very positive terms. One person told us, "[Registered manager] is a good manager, I've spoken with her on numerous occasions. She's always asking if anything needs to be dealt with and asking for feedback." Another said, "They are absolutely fantastic."

- The provider was committed to the continuous improvement of the service. They assessed the quality of the service to identify how it could be further improved. Methods they used included regular reviews of people's care, satisfaction surveys, regular observations of staff and audits.

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

- The provider used systems to gather people's views about the service. They asked people to complete a satisfaction survey to share their views of the service they received. People were also asked for feedback during review meetings and over the telephone by office staff.
- Staff felt engaged and able to share their views of the service. Staff told us they could approach the

registered manager with any views or suggestions to improve the service and were often asked for feedback.

- The COVID-19 pandemic had caused some difficulty in engaging with the public. However, the provider was in the process of planning events to engage with the public and raise the profile of the service.

Working in partnership with others

- The service worked with other appropriate agencies to ensure people received the care they needed. Staff liaised effectively with other services, such as community professionals and social workers, to ensure people received the support they needed.