

1st for Care (GB) Ltd

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Inspection report

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Date of inspection visit:
23 August 2019
06 September 2019

Date of publication:
28 October 2019

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

1st for Care (GB) Ltd provides the regulated activities of personal care and treatment for disease, disorder or injury to people in their own homes. Not everyone who used the service received personal care or treatment. CQC only inspects where people receive a regulated activity. This is help with tasks related to personal hygiene and eating or treatment for a disease, disorder or injury which is provided by a health care professional. Where they do we also consider any wider social care provided. At the time of our inspection one person was receiving personal care. The service provided personal assistants who worked in people's homes.

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

People were safe and protected from abuse. They were supported by a small team of staff who they knew. The registered manager checked new staff to ensure they were suitable to work in people's homes. The staff were trained in how to provide people's care in a safe way.

The staff were skilled and competent to provide people's support. A relative told us, "I am really happy with the standard of care we receive." The staff gave people the help they needed to enjoy their meals and drinks. The registered manager assessed the support people required to ensure the service was suitable to meet their needs. The staff included people in decisions about their care and respected people's rights. 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.

The staff treated people in a kind and caring way. People valued the service and the support the staff provided. A relative said, "I feel they [staff] really care about us." The staff treated people with respect and helped them to maintain their independence and dignity.

The service provided people with personalised care that met their needs and took account of their wishes. The registered manager developed people's care plans with them. If people requested changes to the planned care the registered manager tried to agree to the requested change. People knew how they could complain about the service. The registered manager had links with specialist services she could contact to support people as they reached the end of their lives.

People told us this was a good service and said they would recommend it. A relative told us, "This is by far the best [service] we have used." The staff felt well supported and told us they would recommend the service as a good place to work. The registered manager asked people for their views to identify how the service could improve. The staff worked with other appropriate services to ensure people consistently received care to meet their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good (published 24 February 2017).

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 effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

1st for Care (GB) Ltd

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.

Service and service type

This service is a domiciliary care agency and community healthcare service. It provides personal care and treatment for a disease, disorder or injury 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 August 2019 and ended on 6 September 2019. We visited the office location on 23 August 2019 and contacted people by telephone and email to gather their views between 29 August 2019 and 6 September 2019.

What we did before the inspection

We reviewed the information we held about the service. 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

We spoke with the registered manager and reviewed a range of records at the service offices. This included the care records for the person who received personal care and two staff files in relation to recruitment and staff training. We also looked at a range of records relating to the management of the service.

After the inspection

We contacted the person who used the service and their relative to gather their views. We also spoke with two staff members by telephone to gather their views of the service.

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; Assessing risk, safety monitoring and management

- People were protected from abuse and avoidable harm. People trusted and felt safe with the staff who visited their home. The staff were trained in how to identify and report abuse. The staff had completed training in how to provide people's care safely.
- The registered manager had identified and managed risks to people's safety. People's care records included guidance for staff about how to provide their care in a safe way.

Staffing and recruitment

- There were enough staff to support people. People were supported by a small team of staff who they knew. The registered manager recruited staff to support specific individuals. People who used the service could be included in recruiting their own staff if they wished.
- The registered manager carried out thorough checks on new staff to ensure they were suitable to work in people's homes.

Using medicines safely

- There was no one using the service who required support from staff to take their medicines. The registered manager had identified appropriate training which staff would complete before they assisted people with their medicines.

Preventing and controlling infection

- The registered manager protected people from the risk of infection. The staff were trained in preventing infection. They used appropriate protective equipment, such as disposable gloves and aprons, to reduce the risk of infection.

Learning lessons when things go wrong

- The registered manager had systems in place to ensure lessons would be learnt from any incidents. This included sharing the outcome of incidents with the staff team to further 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.

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 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

- The registered manager carried out a thorough assessment of people's needs before agreeing to provide their care. The individual, and those who knew them well, were included in agreeing to the needs assessment. This helped to ensure the service would be able to meet a person's needs and expectations. The registered manager used the needs assessments to develop individual care plans which guided staff on how to support people.

Staff support: induction, training, skills and experience

- The staff were skilled and competent to provide people's care. They provided high-quality support to people. A relative told us the staff were "skilled" and said, "I am really happy with the standard of a care we receive."
- The staff said they felt well supported and were confident they provided good quality care to people.

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

- The staff provided the support people needed to enjoy their meals and drinks and to eat and drink enough to maintain good health. A relative told us the staff gave their family member choices about their drinks and meals and respected the decisions they made.

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

- The staff gave people the support they needed to access appropriate health care services. This helped people to receive the support they required to meet their needs.

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.

- The focus of the service was to provide high-quality care which promoted people's rights. People made decisions about all aspects of their care and the staff respected the decisions people made. The registered manager and staff understood their responsibilities under the MCA. They placed people at the centre of their care and people gave consent for their care to be provided.
- There was no one being supported by the service who required restrictions on their liberty to receive care.

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 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; Respecting and promoting people's privacy, dignity and independence

- The staff treated people who used the service and their families with kindness and respect. A relative told us, "I feel they really care about us."
- The staff spoke about people in a respectful way. They understood how to support people to maintain their independence and how to promote people's privacy and dignity while providing their care.

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

- The staff and registered manager asked people and their families for their views about the care provided and respected the decisions people made. A relative told us, "I have a good relationship with the staff" and said, "The carers we have are first class and will do anything for us."

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

- The service provided people with personalised care that met their needs and took account of their wishes. The registered manager developed people's care plans with them. The care records guided the staff on how people wanted their care to be provided.
- A relative said, if they asked for any changes to the planned care, the registered manager agreed to these where possible. They told us, "If I need to make changes I know I would be listened to."
- The registered manager reviewed people's care plans as their needs changed. This ensured they provided accurate and up-to-date information to guide the staff on how to provide people's support. The care staff told us they received information promptly if the support people needed changed.

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 registered manager 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 registered provider had a procedure for receiving and managing complaints about the service. A relative told us they would be confident speaking to the registered manager or care staff if they had any concerns about the care provided.
- The staff knew how people could complain about the service. They said they would be confident supporting someone to complain if they required assistance to raise any concerns.

End of life care and support

- There was no one receiving care who required end of life support. The registered manager had links with local specialist services she could contact to support people as they came to the end of their lives.

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 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

- The registered manager had developed a positive culture which placed people who used the service at the centre of their care. People were involved in all aspects of their care and received high-quality, person-centred care that met their needs and supported a good quality of life.
- People told us this was a good service and said they would recommend it. A relative told us, "This is by far the best [service] we have used." The staff told us they would recommend the service as a good place to work.

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

- The registered manager understood her responsibilities under the duty of candour. She informed us of significant events, such as the death of a person using the service, as required.
- A relative told us the registered manager and staff were "supportive" and "open" with them. They said they were confident speaking to the staff or registered manager if they had any concerns.

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

- The registered manager had systems to gather people's views to identify how the service could be improved. She kept in regular contact with people who used the service, their relatives and the staff employed. People knew the registered manager and how they could contact her.
- People told us the registered manager and care staff asked if they were happy with the support provided by the agency. The registered manager asked for people's views when she visited their homes or contacted them by telephone.
- The staff told us the registered manager listened to them and said they could share their views about how the service could be further improved. They felt well supported by the management team in the service. One care worker told us, the managers of the service were "eager to help us".

Working in partnership with others

- The staff worked with other appropriate services to ensure people consistently received care that met their needs. They knew the support people required to access and attend health care services and provided this as people needed.

