

1st Homecare Solutions Limited

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Inspection report

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20 June 2017
29 June 2017

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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?

Requires Improvement ●

Summary of findings

Overall summary

1st Homecare Solutions Limited is registered with the Care Quality Commission as a Domiciliary Care Agency to provide personal care to people in their own homes. At the time of our inspection there were approximately 81 people using the service.

At the last inspection, the service was rated as 'requires improvement' because there was inadequate travel time allowed between visits and the providers quality assurance systems had not been used effectively to identify and resolve this.

At this inspection we found the service was Good.

The service had a Registered Manager in place but not all people knew who the registered manager was. 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.

The service took safeguarding concerns seriously and followed the local authority policy and guidance when dealing with safeguarding people from harm.

Where appropriate the service had attended and contributed to safeguarding discussions and meetings.

There was a robust recruitment procedure to help ensure the staff recruited were suitable to work with the people using the service.

Staffing levels were sufficient to provide the level of care required.

Risk assessments were in place and were regularly reviewed and updated.

Staff were trained to administer medicines safely. Regular checks were undertaken to help ensure on-going competency in this area.

There was a robust induction programme, which included mandatory training, shadowing and buddying with an experienced worker. Staff demonstrated a good understanding of their roles and responsibilities.

Supervisions were undertaken and Professional Development Reviews (PDR) was held annually to ensure learning was reviewed and training needs were met.

Care files were clear and comprehensive and contained relevant health and personal information. The service was flexible and responsive to changing needs, desires and circumstances.

Confidentiality was respected and independence was promoted. Communication with relatives was on-going throughout the duration of their relative's involvement in the service.

Comments were encouraged formally and informally and there was a complaints policy in place. Literature given out to families gave the information and opportunity for people to raise concerns or make suggestions.

Feedback was regularly sought from families and users of the service. The service listened and took action to address any concerns and suggestions put forward by people who used the service and their families.

Team meetings were regularly undertaken, giving staff the opportunity to discuss any issues and to share good practice examples. The meetings were used as a forum to share current best practice guidance and keep staff up to date with new methods and innovation.

A number of audits were undertaken, results analysed and lessons learned from these to drive continual improvement in service delivery.

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.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good 

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints

Is the service well-led?

The service was not well-led.

The registered manager was involved in the day to day management of the service. However, people using the service where unaware of whom the manager was.

Communication with people using the service was not always effective.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Requires Improvement 

1st Homecare Solutions Limited

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.

This inspection took place on 12 June 2017 when we visited the office. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to support the inspection process. We also carried out telephone interviews with people using the service on 19 and 20 June 2017 and spoke to staff on 29 June 2017.

The inspection was carried out by one inspector from the Care Quality Commission and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider 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 also reviewed information we held about the service in the form of notifications received from the service.

We spoke with 15 people who used the service and their relatives in order to gain feedback from them. We also spoke with six members of staff. We spoke with the registered manager on the day of the inspection, the director of training and quality and the branch manager for the service. We also looked at records held by the service, including eight care files and six staff files.

Is the service safe?

Our findings

In our previous inspection on the 30 August 2016, we found that staff were not allocated sufficient time to travel between the people they supported. During this inspection we saw that the provider was now allocating sufficient travel time which meant that staff were not rushed when providing people with a service.

People told us that there had been changes made in the past eight months to the service which had made them feel safe. One person said, "I feel very safe with the carers, they do a good job." A second person said, "I've had the service for 18 months now and I am happy that it is a safe service, but I've had to work very hard with the agency to get the right level of support in place." A second person said, "The carers get to me in good time." A relative we spoke with said, "I trust the carers completely to look after my [relative]. It's all fine, safe and I'm happy. I feel safe with them."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. They were also aware of external agencies they could report concerns to.

People were protected from abuse and harm by staff who supported them to stay safe, each person had risk assessments in place to enable them to be safe in their home while being supported by staff. Risk assessments included areas such as, safe movement, medication, behaviour management and support and safety in the home. These had all been reviewed regularly and the registered manager confirmed that updates were carried out as and when required. We saw that a record was kept of all updates and any changes were shared with staff before any visits.

The provider ensured that there was sufficient skilled and qualified staff to support people safely and rota's we looked at confirmed this. One member of staff said, "I take my time, I don't rush. I talk to the people I support and if I go over the time then that's that. If I think it's regularly taking longer then I raise it with the office to extend the call."

We saw from staff documents, that staff employed by the service had been through a robust recruitment process before they started work, to ensure they were suitable and safe to work with people who used the service. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check.

People were supported to take their medicines safely. Medicines records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). Staff had received training on how to administer medicines safely. There were clear instructions as to how a person should be supported to take their medicines and allergies were clearly labelled on people's medicines administration records (MARs).

Is the service effective?

Our findings

People received care and support from staff that had the required skills and knowledge to support them effectively. One person said, "I can't complain at all, it's a really good service. New carers are always shadowed before they come to see me on their own so that they know what to do." A second person said, "They do a good job, and all seem to be trained very well."

The service demonstrated a commitment to staff training, which was on-going and regular refreshers were undertaken. Staff were given positive encouragement to undertake further, more specialised training appropriate to the work. One member of staff said, "I have mentioned that I want to have more training and they are open to it." A second member of staff said, "I have told them I want to work my way up and they said they will help me."

Training records we looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff also received a full induction when they joined the service. Staff we spoke with told us that they had received supervisions and shadowing opportunities and the records we looked at confirmed this. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager.

Staff we spoke with demonstrated an understanding of how they would use their MCA 2005, training when providing care to people. 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. We found that staff understood the relevant requirements of the MCA particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. All the people we spoke with confirmed to us that the support they received was always consensual and nobody highlighted any concerns or problems around staff gaining consent from them. Staff understood the importance of gaining consent from people before providing any care and support. Staff told us that they would gain consent from people whenever they carried out a task. Where people were unable to provide verbal consent then staff would watch for visual indicators. One member of staff said, "I tried to give medication to a person and they refused, So I spoke to them about why they needed to take it and tried to encourage them to take it, if they still refuse then I will try and come back to it later or I will inform the office and record it on their medication chart."

Where it was required, people were supported to eat, drink and maintain a balanced diet. One member of staff said, "When people need support with eating and drinking then I will assist them to eat and record it on the fluid and food charts how much they have eaten. I normally check the notes to see if they have eaten at lunch time; if they haven't then I will make them a sandwich and encourage them to eat it. I always leave them with a cup of tea and a juice."

People were supported to maintain good health, have access to healthcare where it was required. For

example, if they needed assistance with contacting their doctor, dentist or hospital appointments.

Is the service caring?

Our findings

People continued to be supported by kind caring and compassionate staff. One person said, "Every single carer who comes to see me is great! I know all the girls who come and even in this hot weather they've got a smile on. I don't mind different faces, as there are lots of new ones!" A second person said, "I need more [name of carer] [carer] is great, really excellent." A third person said, "The regular carer is superb, she helps me shower and dress, very respectful, and we've got friendly."

Staff promoted people's choices and enabled them to be independent where possible. They spent time with people in order to know them well and developed positive relationships with the people they were supporting. One person said, "I have a really good service from them, the carers always stay and have a little chat with me before they go off to their next client." A second person said, "I always have the same carer, she's very good, it's a sitting service and carer gets on well with my [relative]." Staff we spoke with told us that they were there for the people they supported but also assisted the relative where possible. One member of staff said, "Sometimes the families need a little support, they can sometimes struggle and just need someone to talk to." Staff respected people's dignity and ensured that they had privacy when being provided with personal care. One member of staff explained to us how they would ensure the person was respectfully covered when personal care was given. They also told us that doors and curtains were kept closed and they would talk to the person while supporting them to ensure they knew what was happening and that they were consenting to support being given.

People confirmed that they were involved in making decisions about their care through regular reviews and discussions and this was evidenced within people's care documents. The registered manager also confirmed that regular reviews were undertaken of care plans to ensure that the service being provided met with people's expectations and where changes were made, staff were informed via e-mail prior to visits. The care records we looked at showed that people were involved and supported to make decisions affecting their care. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.

Is the service responsive?

Our findings

People who used the service had a variety of support needs which had been assessed prior to being supported by the service. This allowed for them to have a personalised service which was tailored to their requirements.

Staff understood people's individual backgrounds, ages, likes and dislikes. People told us that the care staff were responsive to their needs and if changes were required in their usual package of support then this was accommodated. One person said, "I sometimes get a written communication from the agency, and sometimes I call to arrange cover [if I need it changed], and they do get back to me when I leave a message." A second person said, "I wasn't particularly pleased with one carer who came. I phoned the agency, and she's not been back, which was well handled."

We saw that appropriate care plans were in place so that people received the care they required to meet their needs. People told us that they had been involved in the creation and on-going review of their care plans. People told us that change to their care packages was on going depending on their preferences. For example one person told us that they had recently asked for their times to be changed. They said, "I think the carers are very good. But I have asked the agency to make my morning call earlier, as I'm up at 6am, and often the carers do not get to me before 9.30 or 10.00. It's too late, as I then have my lunch call at 11.30 so the calls are too close together. I've asked them to change them. " We saw that the registered manager had a plan in place to review people's care plans periodically to ensure they were kept up to date and current. The care plans evidenced that the care provided was person centred because they reflected people's needs, choices and preferences. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings and daily records.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns.

Is the service well-led?

Our findings

The provider had a registered manager in post. 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.

The registered manager worked alongside the director of training and compliance to ensure that the service was meeting the required standards. Since our last inspection they had employed a branch manager who had become a link between the staff and the people using the service. The registered manager told us, "Since we employed a branch manager the atmosphere has changed for the better, staff know who to come to if they have any problems and [branch manager] is very supportive."

People we spoke with told us that they knew the staff working in the office and felt that they were able to contact them. They did however feel that communication between them was not always effective. One person said, "The rota is a good idea, but it changes so often it's pretty much out of date as soon as I get it. A second person said, "One of the things I like is getting a rota each week, but it's immediately out of date as carers are switched around, and we never get a revised rota." When we spoke with the registered manager they identified that this was an issue because of staff turnover and retention. They told us that they were working with staff to encourage them to stay with the service through reward and recognition. They were also looking to work with local colleges to recruit more staff into the service.

People we spoke with also felt that they did not know the registered manager. One person said, "No, I've never spoken to the manager, but when I call the office the people there are friendly. I think they've recently lost some people, and they now have a senior carer arranging all the schedules." A second person said, "There seem to be all different people in the office when I call. I don't know their names, they seem very busy though." A third person said, "I've actually never spoken to the manager in the 18 months we have been with the agency. I see he sends out letters sometimes, but I wouldn't know him, the main staff I speak to at the office are very proactive. They are very helpful, although I have to do the pushing to get things done sometimes!"

We saw that the registered manager had introduced new practices to further improve the service and support staff since our last inspection. One member of staff said, "They are lovely, really understanding, a very good company to work for, very supportive and understanding." While another member of staff said, "The manager and senior carers are lovely, always there at the end of the phone."

We saw that the provider had introduced more robust auditing process which highlighted any concerns and action plans were put in place to ensure action was taken where required.

There was evidence that the provider worked in partnership with people and their relatives to gain feedback on the service and strive for improvement. We saw that action plans were in place to further improve the service after feedback was received and the registered manager would regularly record and report on the

progress.

Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided. We saw that the provider now monitored the times that staff attended calls and if staff were not meeting the required targets then action would be taken. We saw from the most recent audit that between 95 and 98% of calls were attended within 30 minutes of the agreed call times.

The registered manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date.

We saw that staff were invited to regular team meetings which discussed staff performance, best practice and any changes in policies. All the staff we spoke with confirmed that they were invited to the meetings and where they were unable to attend then they would be sent the meeting minutes to review.

The registered manager understood their responsibility to report to the CQC any issues they were required to as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.