1st Homecare Solutions Limited

1st Homecare Solutions Limited

Inspection report

Unit 5A, Ridgeway Court
Grovebury Road
Leighton Buzzard
Bedfordshire
LU7 4SF

Tel: 01525376677
Website: www.1st-homecare.com

Date of inspection visit:
30 August 2016
09 September 2016

Date of publication:
01 December 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

We carried out an announced inspection of this service on 30 August 2016, when we visited the provider's offices and spoke with people who used the service, and their relatives. We also spoke with members of the staff team on this date and by telephone on 8 September 2016. We last inspected this service in August 2015 and found that the service was not always safe, effective and well-led. Therefore, we awarded them an overall rating of 'requires improvement.'

1ST Homecare Solution is a domiciliary care agency providing personal care and support for people in their own homes. There were eighty-eight people using the service at the time of our inspection.

The service had a registered manager who was also the provider. A registered manager is a person who has registered with the Care Quality Commission (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 provider's quality assurance systems were not always effective in identifying areas of improvement. People did not always know who the registered manager was but they found the office staff to be helpful and approachable. The people who used the service and their relatives were able to contribute to the development of the service by way of satisfaction surveys. Staff were also involved in the development of the service by way of weekly team meetings.

Staff were trained in safeguarding people and they knew how to keep people safe. There were enough staff to provide care to people who used the service, and people had individualised risk assessments in place to manage risks they were exposed to. However, the travel time allocated to staff from one care visit to the next was not always adequate causing rushed or late care delivery.

Some people raised concerns about the support they received in relation to their medicines management, and we found a lack of evidence to show that one member of staff had the right to work in the United Kingdom which the provider was required to ascertain before allowing potential staff to take up employment, in line with their recruitment policy and the law.

There were mixed feedback about the quality of training offered to staff but people and their relatives agreed staff were knowledgeable about people's care needs. Staff understood their responsibility to sought people's consent before providing any care in line with the requirements of the Mental Capacity Act 2005. They were supported in their roles by way of regular supervision and appraisals of their performance.

We received mostly positive feedback from people who used the service and their relatives about staff. We found staff to be knowledgeable about the people they cared for and they were respectful of people's privacy and dignity. They respected people's views and provided care that was personalised to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider did not allocated sufficient travelling time between visits resulting in rushed or late care delivery.

The provider had undertaken some recruitment checks, however they did not have a robust system in place to ensure that all staff had the right to work in the United Kingdom.

Some people were supported with their medicines. However, some people reported that this was sometimes late.

There were enough staff to provide care to people who used the service.

Staff were trained in safeguarding people and they knew how to keep people safe.

People had individualised risk assessments in place to manage risks they were exposed to.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care needs.

Staff understood their responsibility to sought people's consent before providing any care in line with the requirements of the Mental Capacity Act 2005.

Staff were supported in their roles by way of regular supervision and appraisals of their performance.

Is the service caring?

Good

The service was caring.

We received mostly positive feedback from people who used the service and their relatives about staff.

Staff were knowledgeable about the people they cared for.

Staff were respectful of people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's care needs were identified before they started using the service and they had appropriate care plans in place.

People were supported in a personalised way.

There was an effective system in place for handling complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's quality assurance systems were not always effective in identifying areas of improvement.

There was a registered manager in post who was also the provider.

People did not always know who the registered manager was.

The provider sought the opinion of people who used the service and their relatives by way of satisfaction surveys.

Staff were also involved in the development of the service by way of weekly team meetings.

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 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.

We carried out an announced inspection of this service on 30 August 2016. We visited the provider's offices and spoke with people who used the service, and their relatives. We also spoke with members of the staff team on this date and by telephone on 8 September 2016. We last inspected this service in August 2015 during which it was found that the service was not always safe, effective and well-led. Subsequently the service was awarded an overall rating of 'requires improvement.'

This inspection was carried out by one inspector 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. The expert had experience of caring for older people who use services such as this one. The provider was given 48 hours' notice because the service was a domiciliary care agency; we needed to be sure that they would be available on the day of the inspection.

Before the inspection, we reviewed the completed Provider Information Return (PIR) which the provider had sent to us. The PIR is a form that asks the provider to give some key information about the service such as, what the service does well and improvements they plan to make. We also reviewed the service's previous inspection report and information we held including notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with seven people who used the service and three relatives to obtain their views of the service. We also spoke with two care staff, one field care supervisor, one care coordinator, the office manager, one of the directors who was also the training and Compliance officer, and the registered

manager who was also the provider. We reviewed the care records and risk assessments for seven people who used the service. We also looked at four staff recruitment and training records, and reviewed information on how the quality of the service, including the handling of complaints, was monitored and managed.

After the inspection, we spoke with three members of staff by telephone to gather their views of the service.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us that they felt safe using the service. However, they felt rushed by staff during care visits, and staff were on occasion late to arrive for care visits. One person told us, "Often they are late, up to 20 minutes which delays my visit to my friends, and once or twice they haven't turned up. They don't call me to tell me." Another person said, "My appointments are meant to be at 10 but sometimes they don't come until nearly 11, it would be so much better for me if they came on time." One other person said, "Punctuality can vary, and I have been called to say they will be late on occasion. They have limited travelling time so they are often late but very rarely have not turned up at all. This, I emphasise is very rare. Call times don't always suit; it seems to be based around staff needs and can be up to one and a half hours from my preferred time."

A relative told us, "There are no issues with safety. They are occasionally late but will call if it is more than 10 minutes." Another relative said, "The agency doesn't allow travel time which stresses the staff. They seem to work split shifts and long hours." There were other people who told us that staff lateness and being rushed during care visits was not an issue of concern to them. One person said, "They always turn up, treat me respectfully and are not often late either. I have no worries or concerns at all."

Some of the staff we spoke with explained that the issue of lateness or rushing during care visits stemmed from the fact that they were not given adequate travel time from one care visit to the next. One member of staff said, "The issue is there is not enough travel time between calls. You are given five minutes to travel from [town] to [town] which is not possible." Another member of staff told us, "I don't like to rush but travel time is very tight unfortunately. I feel I cannot give [people] a hundred percent because I have to rush and that makes me feel stressed all the time."

We reviewed the staff roster against people's home addresses and found that there were occasions were very little or no travel time was allowed causing lateness or rushed visits. There were also occasions were ample travel time was allowed. We raised the issue of sufficient travel time and the impact of this on late calls with the provider and they agreed to review the travel times in order to ensure that every visit had sufficient travel time for staff to attend on time.

People we spoke with, their relatives and staff all agreed that there were enough staff to safely meet people's needs. A member of staff said, "There is enough staff to support the [people] we currently have. If we were to take on new [people] we would need some more staff but we don't take on any new [people] if we don't have the staff to support them."

A review of the provider's care visit logs indicated that there had been fourteen occasions, from February 2016 to the date of our inspection, where a care visit had been missed. We found that the provider took action after each missed visit to find out why the visit was missed and to address any issues. We also found that there had been occasions where the duration of care visits were a lot shorter than planned. For example there was a planned care visit that was supposed to be for half an hour and it only lasted eleven minutes. A person we spoke with told us, "They don't always stay for their full time, especially in the evening

and I can feel rushed. They do everything that they need to though and leave me with everything I need." We raised this with the provider and they told us that some care visits lasted longer than planned but at the time there was not a way of evidencing why there was a fluctuation in care visits. Following the inspection the provider informed us they used an electronic monitoring system called CM2000 which provided them with the details of calls including the length of time taken by staff at the visit, punctuality and continuity of care. This meant the provider had information about the short calls but had not resolved this concern for people. They told us that in their view whilst people expressed they felt rushed they were safe and their care needs were met.

The provider had a recruitment policy in place which gave guidance on the safe recruitment of staff. They carried out pre-employment checks before staff started working at the service as a way of safeguarding people. These checks included checking employee's identity and their employment history. The provider also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. However, we looked at the recruitment records for four members of staff and found a gap in the checks for one member of staff. This staff member's file had no identification such as copies of their passport or home office papers showing that they had the right to work in the United Kingdom. We raised this with the provider. They told us that they would to take action to address this.

Some of the people who used the service were supported by staff to take their medicines, and they told us that they were happy with how this was managed. However, there were times when staff needed to be reminded to administered medicines or failed to attend care visits where medicines were to be administered. One person said, "They come to help me with my medicines. They are always safe and give it correctly, although there have been a couple of occasions when no one has turned up." Another person told us, "They give me my medicines and always do it safely. Sometimes they are a bit late but in general I have no worries or concerns about safety." One other person added, "They give me my medicines though sometimes I have to remind them." We looked at some of the medicine administration records (MAR) that had been returned to the office for auditing and safe keeping, and noted that they had been completed correctly with no unexplained gaps. This showed that people's medicines had been administered as prescribed.

There were systems in place to safeguard people from avoidable harm. People and their relatives told us that people were safe using the service. One person said, "My goodness, yes, I do feel safe with them." Another person told us, "I feel safe. I have no worries or concerns about them at all." A relative we spoke with told us, "Without a shadow of a doubt care is safe, I have no worries about safety and if I did I would call the care company."

The provider had an up to date safeguarding policy that gave guidance to the staff on how to keep people safe. Staff were aware of this policy and had received training on safeguarding people. They demonstrated a good understanding of what constituted abuse, and what actions they would take if they suspected or witnessed a case of abuse. A member of staff told us, "I have done my safeguarding training and we discuss safeguarding during our team meetings. If I suspected abuse I will report it to office straightaway and they will report to social services, the safeguarding team and CQC. I will also record it in [the person's] daily records."

The provider also had a whistleblowing policy that gave staff guidance or ways they could report misconduct or concerns within their workplace. Again, staff were aware of this policy and told us they would use it if required. A member of staff we spoke with said, "We are all given pocket size card with summary of the whistleblowing policy which we all carry around. I would firstly report any concerns to the office and if

nothing is done about it I wouldn't have any choice but to whistle blow. The office staff are very good at sorting things out though so I haven't had a need to whistle blow." We found however that whilst a whistle blowing policy was in place it was not always effectively used to keep people safe. Staff told us they had raised concerns internally around inadequate travel times in between care visits and the negative impact this had on people; however we found they had not followed the policy and reported this to the relevant external agencies when these concerns were not addressed within the organisation. As a consequence people continued to receive short calls and the issue of travel time continued to be a concern.

There were personalised risk assessments in place for people who used the service. These identified the risks relating to people's care, health or wellbeing, and detailed the measures that had been put in place to safeguard people from potential harm. The care staff were aware of the identified risks to people and the measures that were in place to manage risks. A member of staff told us, "Copy of [people's] risk assessments are kept in the office and in their homes. We make sure we read them." We looked at seven people's risk assessments and found that they were reviewed regularly to ensure the level of risk was still appropriate for them.

Good

Is the service effective?

Our findings

People told us that their care was effective. However, there were people who raised concerns around staff training. One person told us, "There could be some improvements to the staff training." Another person said, "They try to be hygienic, but less experienced staff can fail under the area of cleanliness as training is limited." One other person said, "There was a training issue which I pointed out to them. This was resolved and responded to effectively."

The staff we spoke with all confirmed that they were provided with the training they needed to carry out the roles however, some of them told us that this was mostly in the form of online learning, which they said was not as effective as classroom based training. A member of staff said, "A lot of our training is e-learning, it is good but you lose concentration very easily. The training would be better if it was all done face to face." Another member of staff told us, "I have done all my training. We do a lot of e-learning but there are courses like moving and handling which are done face to face." We reviewed staffs' training records which confirmed that training was up to date.

People and their relatives agreed that staff were knowledgeable about people's care needs. One person told us, "They know me and every corner of my house and they make my life better in every way." Another person said, "They are the friendliest staff. They know me well and anything I tell them they will do. They make a big difference." One relative told us, "The staff are super and know exactly what to do unprompted. [Name] and [Name] are especially good." Another relative said, "The staff are extremely good, they are like an extended family. All in all they are a very strong and consistent team."

Staff records confirmed that staff had received an induction at the start of their employment. The provider told us, "New starters are sent to 'Total training' for the classroom part of their induction. They come back with the care certificate and then they work with senior staff [to observe how care was delivered] until they are confident." A member of staff we spoke with told us that they found the induction useful as it gave them the opportunity to understand their role and the needs of the people they supported.

Staff were supported in their roles by way of regular supervision and appraisal of their performance. A member of staff told us, "We have face to face supervision meetings every twelve weeks. They are useful because it is where you talk about anything that concerns you. We also have a personal development plan which we review during supervisions." The provider had a system in place for monitoring the frequency of supervision meetings. A review of this confirmed supervision took place and that appraisals were carried out annually.

The majority of people who used the service were able to consent to their care and support. However, some people's health needs meant that they did not have capacity to make decisions about some aspects of their care. Where required, their relatives and social care professionals were involved in ensuring that any decisions to provide support were in the person's best interest, in line with the requirements of the Mental Capacity Act 2015 (MCA). 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.

Staff were aware of their responsibilities in relation to seeking people's consent before providing any care or support. This was confirmed by the people we spoke with. One person said, "They are pretty good in asking my consent." Another person told us, "They always ask for my consent."

Some of the people who used the service were supported by staff to have regular food and drinks. Although for the majority of people, this meant that staff warmed and served ready-made meals to them. The people we spoke with and their relatives did not raise any concerns around food and drinks. Comment such as, "They make sure to leave a drink [before they leave]," and "They do tend to leave everything I need to hand," were made during discussions about food and drinks.

People or their relatives managed their own access to health services such as GPs, dentists, or to attend hospital appointments. There was information in people's care records about their healthcare needs and the healthcare professionals or services involved in people's care. This provided guidance to staff on ensuring people had the right support and treatment if they became unwell. A relative we spoke with told us that staff kept them up dated with any concerns or changes to their relative's needs. They said, "They tell me of even miniscule changes."

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "I have the most wonderful staff and I think they all love their job, it shows. I get on with them all, we have a chat and a laugh. I couldn't say a wrong word about any of them." Another person told us, "I get on well with my staff and she always makes time for a chat. She is always polite." However, one other person said, "Some are nice and some aren't. Some huff and puff because it is taking too long and want to get in and out as soon as possible. Some take their time and are kind. They work all day with little break time and then they are rushing to get home. They rarely take time to talk to me and I don't feel that they all understand me which doesn't really help." We raised this with one of the directors and they told us that this would be addressed to ensure it does not persist.

Relatives of people we spoke with were positive about staff. A relative told us, "The staff are all likeable. I would give them ten out of ten. They all give really good care." Another relative said, "A hundred out of a hundred! I have no problems with the staff at all. They seem happy and they always have a smile. The care seems to be of good standard and they definitely help improve [Relative's] life." With positive feedback from most of the people who used the service and their relatives, we were satisfied that staff interacted with people in a positive manner.

Staff were knowledgeable about the people they cared for. People's care records contained information about their life history, preferences and the things that were important to them. There was a specific section in people's care plans called 'personal history' which staff told us made them aware of people's backgrounds, history and how they wanted to be cared for. Staff we spoke with displayed a good understanding of the needs of the people they supported. They spoke with confidence about the care they provided to people and the outcome people wanted from their care. This was in line with what was recorded in people's care records.

People who used the service and members of the staff team told us that people's dignity and privacy were respected. One person said, "Yes they have always respected my wishes." A member of staff told us, "We have had training on respecting people's dignity and privacy. We make sure any personal care is done in private and always ask permission. Their [People's] preferences are recorded in their care plans so we make sure we respect those as well." Another member of staff told us, "We always knock on people's doors and announce our presence before we go into their homes. We also explain what support we were going to give them before we start." Staff also understood how to maintain confidentiality by not discussing about people's care outside of work or with agencies that were not directly involved in their care.

People had been given a 'client handbook' when they started using the service. This gave them information about the service, including the complaints procedure. Some of the people's relatives or social workers acted as their advocates, where they were unable to do this by themselves. Others had support from advocacy services to ensure they understood the information given to them and that they received the care they needed to ensure that they understood the information given to them and that they received the care they needed.

Good

Is the service responsive?

Our findings

People's needs had been assessed prior to them using the service. This information was used to develop their care plans so that they received appropriate care and support. A member of staff of staff we spoke with told us, "A senior [member of staff] goes out to a [person's home] to carry out risk assessments and care planning before a package is put in place. Once all of that is done we go in to provide care." Another member of staff said, "We always carry out an initial assessment of needs when we take on a new client [person]." People told us that they received individualised care. A person we spoke with said, "They ask me what I need and always make time to chat with me."

The care plans reviewed were detailed and provided clear guidance for staff on meeting people's needs. Care plans took account of people's preferences, wishes and choices, and included information on people's identified need, their goals, and the support they needed from staff. For example, the goals of a person who need support with their personal care were to maintain high standards of personal hygiene in order to promote good health. Care plans were stored electronically in the provider's office and paper copies were kept at people's home. People told us that they were involved in planning and reviewing their care. One person said, "My care plan is reviewed every six months and changes are made as necessary."

Staff were aware of people's care plans and provided support in accordance with care plans. A member of staff told us, "All our clients [people] have care plans which are kept in their houses and in our shared folder on the computer. Clients [people], their relatives and sometimes social workers are involved in care planning. The Macmillan nurses are also involved if the [person] is nearing end of life." Staff were knowledgeable about the people they supported. Care plans included people's preferences, as well as their health and support needs, which enabled staff to provide a personalised service. Although some of the people we spoke with told us that they had consistency of the staff that visited them, there were people who told us that they didn't always have the same staff. However, everyone agreed that staff knew them well.

The provider had a complaints policy in place. People and relatives told us that they had no difficulty in raising concerns. A person we spoke with said, "I have complained informally. They dealt with it straight away. A member of staff was rude to me and they stopped her coming. I know how to make a formal complaint if I need to and would feel able to approach them if I had any issues." Another person told us, "I did make a complaint to the office and they looked into it and the problem was then resolved. The office staff are alright and do listen." A relative we spoke with said, "I did complain once and you do feel you can raise an issue with no worries. They responded well and quickly. I am the kind of person who if I am not happy I will let them know." We reviewed the records of complaints that had been made and found that they had been investigated appropriately.

Requires Improvement

Is the service well-led?

Our findings

The provider had a quality assurance system in place. Quality audits were carried out by the registered manager and the senior care workers. Quality audits included spot checks to review the quality of the service provided, audits of care records and Medicine Administration Records [MAR] and daily visit records to ensure that all relevant documentation had been completed and kept up to date. Action plans were developed when required to address any improvements that were needed as a result of these audits. We also found that the provider had developed an action plan following our last inspection to address the shortfalls we identified.

However, the shortfalls in the provider's arrangements of care visits, and mostly the lack of adequate travel time for staff in between visits had resulted in people not always receiving the support they needed with their medicines or experiencing care that was rushed. Staff we spoke with told us that they had raised this issue with the provider but no action was taken or planned to address this issue. This issue coupled with the fact that pre-employment check, which were carried out as part of the provider's recruitment process, was not always robust meant that people were placed at higher risk of poor or unsafe care, and quality assurance systems did not identify or address this.

The lack of effective quality assurance systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager who was also the provider. People and their relatives told us that the office staff were approachable and supportive but they did not always know who the registered manager was. Some people thought the office manager was the registered manager. One person told us, "The manager is [Office manager], but I don't see her." Another person said, "I don't know who the manager is but the office staff have always been pleasant." A relative we spoke with told us, "The whole company has a nice feel about it. I have never spoken to the manager but I speak to [Office manager] who is excellent. I am definitely happy with the service. The staff are always cheerful and know their job." Another relative said, "I have had dealings with the manager but we don't really see him. The office staff are approachable and I am happy with the care the staff provide."

Staff felt the registered manager and office staff were available and supportive. A member of staff we spoke with told us, "The boss is fair, he is here three days a week out of five. He is always contactable." Another member of staff said, "They are brilliant, they listen to you and take things seriously. I don't always see [Registered manager] but when I do, he is always approachable and supportive."

Staff took part in regular team meetings as a way of being involved in the development of the service. The staff we spoke with told us that weekly staff meetings were held, where they were able to discuss issues in relation to their work and the running of the service. We reviewed some of the minutes of staff meetings and found areas of discussion included people who used the service and the care they received, staff rosters and training, and safeguarding people. Copies of staff meeting minutes were made available for all staff to read. Staff confirmed that they found these meetings useful because the provider listened to their feedback and

acted upon them.

People and their relatives were also able to contribute to the development of the service by way of satisfaction surveys, which were carried out twice a year. The results of these surveys were used to identify areas of improvement to be made. The latest satisfaction survey was carried out in April 2016. We reviewed the outcome of this survey and found responses to be mainly positive, with comments such as, "Thank you for all your help, it is very much appreciated", and "I'd like to express my satisfaction with office staff. They are very helpful, professional and provide just the right amount of information", made. The provider had analysed the feedback received and had developed an action plan to address any comments that were not fully positive.

The provider also had a system for handling and managing compliments that were made about the service, the staff and the care that was provided to people. We reviewed records of compliments and found one where a relative contacted the service to extend their thanks to staff and the provider for the support they gave to their relative.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance system was ineffective in addressing an issue of inadequate travel time for staff in between care visits resulting in people experiencing rushed care and in some cases, visits that required staff supporting people with their medicines were missed. The provider's quality monitoring system was also ineffective in identifying and addressing an issue relating to a member of staff's records not holding adequate identification documents such as copies of their passport or home office papers showing that they had the right to work in the United Kingdom.