

1st Homecare Solutions Limited

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 6 August 2015 and it was announced.

1st Homecare Solution is a domiciliary care agency providing personal care and support for people in their own homes. At the time of our inspection the agency was providing a service to 60 people.

The agency has a registered manager, who is also the provider. 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.

Summary of findings

There were systems in place to safeguard people from the risk of possible harm. There were risk assessments in place that gave guidance to staff on how risks to people could be minimised.

Some staff lacked an understanding of safeguarding processes and some training was out of date. Spot check, supervisions and appraisals were not consistently completed for all staff.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities to seek people's consent prior to care being provided.

People were supported by caring and respectful staff.

The provider had a formal process for handling complaints and concerns. These were recorded, investigated and responded to, but actions to prevent recurrence were not always recorded.

The provider encouraged feedback on the service provided. However, an action plan had not been developed to address the issues raised with a view to continuously seeking to improve the service.

The provider had quality monitoring processes in place.

Summary of findings

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 not always safe.

People told us that they felt safe.

Some staff lacked an understanding of safeguarding processes.

The provider had robust recruitment processes in place.

Requires improvement



Is the service effective?

The service was not always effective.

People told us that staff were knowledgeable about their needs.

People were asked to give consent to the care and support they received.

Some training was considered 'overdue' by the provider and staff were not consistently receiving supervisions and appraisals.

Requires improvement



Is the service caring?

The service was caring.

People were supported by staff that were kind and caring.

People were involved in the planning of their care and were supported in line with their preferences.

Staff protected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and detailed care plans were in place.

Staff were aware of people's needs and preferences.

The provider had an effective system to manage complaints but actions were not always recorded.

Good



Is the service well-led?

The service was not always well-led.

Staff told us they felt supported and senior staff were approachable.

The provider completed regular audits to monitor the quality of the service provided.

People and their relatives were encouraged to give feedback on the service provided. However, an action plan had not been put in place to address the issues raised.

Requires improvement



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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.

This inspection took place on 6 August 2015. 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.

The inspection team was made up of three inspectors.

Before the inspection we reviewed the information available to us about the agency such as information from

the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with one care worker, one senior care worker, the office manager and the registered manager.

We reviewed the care records and risk assessments of six people who used the service, checked medicines administration records, daily records and reviewed how complaints were managed. We also looked at nine staff records and the training for all the staff employed at the service. We reviewed information on how the quality of the service was monitored and managed.

We contacted eight people using the service and relatives of three people by telephone to ask for their views of the service. We also contacted four members of staff.

Is the service safe?

Our findings

People told us that they were generally happy with the service and staff that visited made them feel safe. One person said, “[staff] is good and knows their job”. One relative said that they were “really happy with the carers, they work well with what [relative] needs”.

Staff had an understanding of how to ensure that people were safe and they were able to explain the actions they would take if they had any concerns. Staff were aware of their responsibilities to report any concerns to the manager but, when asked who else they could report any safeguarding concerns to, not all staff were aware of reporting to the local authority or other agencies. Training records for staff confirmed that the majority of them had undergone training in safeguarding people from the possible risk of harm. However some members of staff, including the office manager, had not received this training and almost a quarter of care staff had not completed their refresher course.

A record of all incidents and accidents was held electronically. Records showed that incidents had been reported in a timely manner. However, actions to prevent some incidents from occurring again were not always recorded for example; care staff working from incorrect rotas. Where required, people’s care plans and risk assessments were updated to reflect any changes to their care as a result of incidents and accidents so that they continued to have care that was appropriate for them.

The care records showed that care and support was planned and delivered in a way that ensured people’s safety and welfare. As part of the service’s initial assessment process, an environmental safety risk assessment had been completed. This helped the staff to identify and minimise any potential risks in the person’s home. There were also personalised assessments for each person to monitor and give guidance to staff on any specific areas where people were more at risk. For, example for one person, there were risk assessments in place for the use of equipment such as a hoist and wheelchair so that

they would be protected from harm whilst promoting their independence. The risk assessments had been reviewed and updated regularly to reflect any changes in people’s needs. Staff were able to give us examples of how they kept people safe such as removing trip hazards, storing medicines securely and securing windows and doors as required.

The registered manager said they had enough staff to meet people’s needs and, in most cases, at the time they preferred. Records showed that new members of staff had recently been recruited to compliment the increase in the number of people who required support. The registered manager said that this was in response to a period where the service had been overstretched due to sickness and leave. People told us that there was generally enough staff to support them safely but carers were sometimes late. One person told us, “carers are occasionally late but they never miss appointments.” A recent audit and quality check by the local authority, which included speaking to people, found that lateness was also an issue for the people they spoke to. The registered manager said that staffing levels were monitored and determined depending on the assessed needs of each person being supported.

The provider had an ongoing recruitment programme so that they covered any vacancies as they occurred. They had effective systems in place to complete all the relevant pre-employment checks including obtaining references from previous employers, previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The service had a medicine policy and when required, people received appropriate support to assist them to take their medicine safely. Medicines were only administered by staff who had been trained and assessed as competent to do so. This was supported by our discussions with staff who described the processes involved in the safe administration of medicines. A review of the daily records and Medicines Administration Records [MAR], showed that staff were recording correctly when medicines had been taken.

Is the service effective?

Our findings

People said that staff had the knowledge and skills required to meet their needs. One person said that the staff were “well trained, skilled and meet my needs effectively.” A relative said, “the care is consistent and they all work in [relatives] best interests.”

People were happy with the consistency of their care. One person said they were “pleased with the consistency” although they commented there had been a few changes in carers recently. Another person told us, “it’s very satisfactory, limited to about three people, who all visit regularly.”

Staff told us that they had completed an induction programme when they first started work with the agency and then shadowed a more experienced colleague before working on their own. The staff training records showed that the majority of staff had completed the required training. However, some staff had not undertaken their refresher courses. Staff told us that they kept up to date with skills relating to their roles and responsibilities and that senior staff undertook spot checks to ensure that they were competent in their roles and that they met the needs of people appropriately. We noted from staff records that not all staff had received regular supervision and appraisals. Where supervisions had had taken place, we noted that staff had been given the opportunity to discuss their performance and identify any further training or support they required.

The people we spoke with confirmed that staff would always ask them for consent before they provided them with care or support. One person said “They always ask me before helping.” Staff understood their roles and responsibilities in ensuring that people consented to their care and support and the staff we spoke with were able to describe ways in which they sought consent from people. Care records showed that written consent had been provided by people or their relatives. Not all staff had received training in Mental Capacity Act 2005 and therefore they were not aware of the full legal implications of the Act when supporting people in meeting their needs.

People were supported to eat and drink sufficient amounts by the care staff. Staff we spoke with told us that they would always leave the person with a drink, when required by their care plan, to ensure that they remained hydrated. Daily records confirmed the food and drink that members of staff had prepared for people.

People were supported to maintain good health because staff were able to identify health concerns and report them appropriately. One relative said that staff had been very effective and had raised health concerns regarding their relative straight away. They went on to say that staff were assisting with the reassessment of their relative and the change in their support needs. We noted from the care records that people had accessed other health care professionals when required.

Is the service caring?

Our findings

Staff were caring towards people that they provided care to. One person we spoke with said, “[Staff] is wonderful, so kind.” Another person spoke very highly of their care workers and said “They are very professional and caring.” One member of staff expressed how they always asked people if there was any extra help they could offer or an additional task they could complete to assist them in meeting their needs.

People told us that care workers were respectful and treated them with dignity. Care workers told us they closed doors when providing personal care. People said staff were considerate of their privacy and were discreet when supporting them and other family members were present in their home. One member of staff explained to us how they always asked how they would like their personal care and they would check that the person was happy with their support. Staff said that they always respected people’s decisions and if a person felt that they did not wish to receive personal care on the day, then they would respect their decision.

People who received personal care had a detailed care plan in place. People said that they expressed their views and were involved in making decisions about their care and support. They had been involved in developing their care plans and the staff supported them in line with their individual choices and preferences. One member of staff spoke about how they used the review of a person’s plan to ensure their wishes were included. For example, they said, “I ask people to tell me everything they need help with and use the review document to prompt ideas.”

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission, the safe transporting of records when returning to the office and how records were disposed of securely once stored in the computerised system. We saw that the computerised system was only accessible to senior staff, was password protected and backed up regularly so that information could be retrieved in an event of a breakdown of the system.

Is the service responsive?

Our findings

Each person had an assessment of their needs carried out and information from the assessment had been used to develop the care plan which outlined how these needs were to be met. We noted that the care plans were detailed and provided clear guidance and information for staff on how to support the person on each visit. Staff told us that they were kept informed of changes in peoples' needs but could read their care plans or ask staff in the office if they were unclear. Care plans were held electronically in the office and a paper copy kept at the person's own home. People we spoke with confirmed that they were involved in planning their care and completing reviews of their needs. Care plans detailed people's preferences and how they liked to receive support. Information on hobbies and interests and their family background was also included. For example, one person chose to go to church regularly.

Staff encouraged people where possible to maintain their independence. Staff said that they prompted people with regards to their personal care and assisted them when needed. One member of staff said "I always talk to people, explain what I am doing and check they are ok with my help." Another member of staff explained how they asked people if they can do as much as possible for themselves or if they needed any help.

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. People we spoke with said they were pleased with the consistency of the staff that visited them and that staff knew them well. A relative said that staff were responsive, identified issues straight away and reported to them quickly

People using the service and their relatives told us they were aware of the complaints procedure or who to contact in the office if they had concerns. They said that they had no complaints about the service they were receiving. One person said, "no problems when dealing with the office, good relationship with the office manager." We saw that where complaints had been made then they were logged onto the computerised system and an investigation completed. For a number of complaints there was a clear response to the complainant and an apology offered but it was not always recorded what action had been taken to prevent the concern occurring again or the learning achieved from the investigation. We also saw where compliments had been received regarding care workers this had been shared.

Is the service well-led?

Our findings

There was a registered manager at the agency. We were told that there had been a lot of instability with previous managers which had resulted in the provider applying to be the registered manager themselves.

Staff felt the registered manager and office staff were available if they had any concerns. New staff we spoke with said that they felt well supported by the registered manager and senior carers. One member of staff said, "The management is very supportive." Another staff said that they felt management were approachable and sought their advice when needed.

The staff told us that regular staff meetings were held where they were able to discuss issues relating to their work and the running of the service. At a recent team meeting we saw that rotas, call management systems, daily records, staffing levels, safeguarding, training and feedback from relatives were discussed. A copy of the minutes of the meetings were available for all staff to read. The registered manager had changed the approach to team meetings in response to staff feedback and some agenda items were in response to concerns or issues that had been raised. Staff confirmed that they were given the opportunity to discuss any concerns at these meetings.

The registered manager monitored the quality of the service by speaking with people to ensure they were happy with the service they received and sending out satisfaction

questionnaires for them to complete. The senior care staff undertook spot checks to review the quality of the service provided. However, these were not consistently completed for all staff. The provider also carried out regular audits of care records to ensure that all relevant documentation had been completed and kept up to date. This also included the review of Medicine Administration Records [MAR] and daily visit records.

Feedback was sought from people using the service through a satisfaction survey. In a recent survey the overall responses seen were positive. People indicated the quality of their care was good and they were happy with the service being provided. However, people expressed dissatisfaction with the management of the agency. We saw that the registered manager had completed a statistical analysis of the results from the survey however, an action plan to address some issues that were raised had not been completed. Four of the responses contained suggestions for improvements that could be made. For example one person wrote "I am not always advised when the carer is running late." Other comments included "I appreciate the support from all your carers but felt less satisfied with co-ordination and management offered" and "Management do not listen to, or ignore, comments." Whilst the registered manager could verbally explain actions that had been taken to make improvements to the service, they could not evidence how the views of people would be used to improve the service in the future.