

1st Homecare Solutions Limited

1st Homecare Kings Langley

Inspection report

Unit 15 Sunderland Estate
Church Lane
Kings Langley
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Date of publication:
16 February 2022

Tel: 01923269877

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 Homecare Kings Langley is a domiciliary care agency providing care and support to people in their own homes. The service provides support to older people and younger adults living with conditions including dementia, physical disabilities, or sensory impairments. At the time of our inspection there were 43 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People felt safe and protected from avoidable harm because care workers knew how to identify and report any concerns relating to the risk of abuse. Risks to people's health, safety and well-being were assessed and measures developed to remove or reduce the risks. People were supported by care workers who had been safely recruited.

People's medicines were managed safely. Care workers received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable to safely administer medicines. Care workers received training in infection control practices, and personal protective equipment was provided for them. The management team took appropriate action following any incidents and learning was shared with care workers.

Before care delivery started assessments were completed to make sure people's needs could be met by 1st Homecare Kings Langley. Care workers and the management team knew people well and were able to promptly identify when people's needs changed, and they sought professional advice appropriately. People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives praised the kind and caring nature of the care workers. People received consistent care from a small team of care workers whom they became comfortable with. People knew about their care plans and could decide what care and support they needed. People told us they would be confident to raise any concerns with the management team. Everyone we spoke with during this inspection was satisfied with the care and support they received.

The management team was committed to providing a high standard of care to the people they supported as well as care workers. People, their relatives and care workers spoke highly of the management team and told us they were always available to provide support.

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

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Rating at last inspection and update

The last rating for the service under the previous provider was Good, published on 11 November 2018.

Why we inspected

This was a planned inspection based on change of provider's registration with CQC.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 Homecare Kings Langley

Detailed findings

Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and care workers.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means 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 did not give the provider notice of this inspection.

What we did before the inspection

We reviewed information we had received about the service since registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During this Inspection

Inspection activity started on 19 January 2022 and ended on 26 January 2022. We received feedback from

two people who used the service and two relatives about their experience of the care provided. We received feedback from three care workers, and we had a video call with the registered manager on 26 January 2022. We reviewed a range of records relating to the management of the service, including training records, evidence of monitoring care practice and medication competencies, and overall governance.

Is the service safe?

Our findings

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

At our last inspection (under the previous provider) we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to help protect people from the risk of harm or abuse. Care workers received training and were confident about how they would report any concerns both internally to the service management and externally to local safeguarding authorities. A care worker told us, "Any concerns I raise regarding a person, I find are dealt with by the company very quick and efficiently."
- The registered manager understood their responsibilities to safeguard vulnerable people from abuse and gave us an example where they had liaised with the local authority safeguarding team in a person's best interests.
- People and their relatives told us care workers provided safe care for people. One person told us, "I do feel safe, they [care workers] are so friendly, they just make sure you are safe, they do it naturally."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures developed to remove or reduce the risks. Risk assessments enabled people to stay as independent as possible within the confines of their health needs.
- Care workers said people's care plans helped them provide safe and effective care. One care worker said, "I have always felt confident going into people's homes to give care with reliable care plans and risk assessments in place."
- The registered manager helped ensure people received support in the event of an emergency. The management team provided an on-call service and provided emergency cover if needed for sickness absence or other such events.

Staffing and recruitment

- People's relatives told us they thought there were enough care workers available to meet people's care needs consistently. There had not been any missed care calls and all feedback indicated people's care had been delivered within agreed timeframes. One relative said, "We have the same care worker who is extremely reliable. [Care worker] is very careful and brings any concerns to my attention."
- The registered manager operated robust recruitment procedures and undertook the checks required to ensure care workers were suitable to work at the service. Criminal record checks and satisfactory references had been obtained before care workers were able to work with people independently. A recently recruited care worker told us, "At my interview I had to provide ID and references, apply for a new police check, was asked lots of questions regarding my previous care experience and was given scenarios of different care situations. I had to then describe how I would deal with it."
- Newly recruited care workers were introduced to people who used the service by the provider's Intake Team who were responsible for undertaking assessments of new care packages and supporting the package

until it was running smoothly.

Using medicines safely

- Care workers received training to support them to administer people's medicines safely. The registered manager told us, "All people we administer medication to are visited monthly by a senior staff member and their records are checked."
- People's medicines were managed safely. The provider had robust digital and physical monitoring systems to continuously monitor medicine safety. Some people needed support with taking their medicines and care workers just prompted others to take theirs as needed.
- Registered manager said the ethos she promoted in this area was, "If not sure, pick up the phone."

Preventing and controlling infection

- Care workers were provided with training and personal protective equipment (PPE) such as gloves and aprons to help promote effective infection control. The management team monitored practice in this area. A care worker told us, "During the Pandemic we never ran short of PPE in order to provide safe and careful care. We were advised and updated regularly on changing developments throughout the pandemic."
- People and their relatives told us care workers promoted good hygiene practices.

Learning lessons when things go wrong

- The registered manager took appropriate actions in response to any concerns, and learning was shared with the whole team. The registered manager told us, "We know mistakes happen, and whilst we don't want them to, we have worked hard to give our care workers the confidence to let us know if something has gone wrong, so it can be addressed and hopefully put right." The registered manager gave recent example where a care worker had suffered a minor injury whilst supporting a person. The registered manager put actions in place to reduce any risks going forward and reminded the team how to maintain their safety whilst supporting people.

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 our last inspection (under the previous provider) we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had created an Intake Team, made up of experienced senior staff, who manage all new care packages and provided all care for people during the first few weeks people used the service. The registered manager said, "We make sure our care plans and risk assessments are detailed and robust as well as being tailor-made for each person, before we introduce the person to their care workers."
- This period of assessment enabled the service to identify the best possible match of care worker with individual people. The management team met weekly with the Intake Team to discuss people's needs and requirements. Once all parties, including the person and their representatives, were satisfied the care package was working well the person was introduced to their allocated team of care workers. A care worker said, "People's needs are assessed, and we are given the appropriate amount of time to meet the needs of people safely."
- People's relatives praised the service for the effective care and support they delivered. For example, one relative said, "[Care worker] is very thoughtful to [person's] condition and is patient and tolerant." A person told us, "Without the fantastic help and support I receive from the care workers, I would have no quality of life."

Staff support: induction, training, skills and experience

- Care workers received training in areas including safeguarding, moving and handling, advanced dementia, fire safety and the Mental Capacity Act. Supervision and competency observations were undertaken to help ensure care workers had the right skills to perform their job roles.
- Care workers described robust support from the management team. One care worker said, "We have yearly training sessions down at the office and also we have regular supervisory visits where an office member comes out and checks our work." Another care worker said, "We have had regular as possible training throughout the pandemic. Staff from the office have also come out to check the care plans were working properly."
- Inductions for new care workers were thorough, their skills were assessed during shadow shifts prior to them working with people unsupervised. The registered manager was passionate about providing good care for people, they understood the positive impact of ensuring their team were suitably trained. They were proud to describe the care worker team as, "Experienced, extremely competent and reliable carers who are passionate about the work they do."
- People and their relatives praised the care workers for the care and support they delivered. One person said, "Oh yes, they certainly know what they are doing. They have lots of training, I know that."

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

- The registered manager told us care workers prompted people to eat. At the time of this inspection nobody using the service required any further support.
- People's dietary needs and requirements were identified in their care plans and care workers had a good understanding how to support people with these.

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

- Care workers and the management team worked well with external professionals for the benefit of people who used the service. These included GPs, district nurses and social workers.
- Information was shared with other agencies if people needed to access other services such as hospitals.
- People told us care workers supported them to attend health appointments when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People said care workers always asked for consent when supporting them. People had been asked for their consent to be supported in line with their care plans and risk assessments.
- Care workers received training in the Mental Capacity Act and had a good understanding of how to put this in to practice.

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 our last inspection (under the previous provider) we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care workers a good understanding of the people they supported and took time to get to know people's likes and dislikes, their pasts and interests and incorporated these into their care.
- We saw many compliments received by the service, all praising the care workers and management for the kind, caring and reliable service they received. For example, one relative had written, "Thank you again for your kindness and help with [person]. I feel [person] is much better with your visits."
- People and their relatives praised the care workers for the care and support they provided. A person told us, "I feel so safe with the care workers, they are all so nice and caring."
- Relatives were able to view records remotely via a digital device. A relative found this helpful but was grateful for care workers taking the time to maintain brief notes at the person's house. The relative was able to refer person to the care workers notes when they became confused about who had visited or called and when. The person read the notes to the relative over the telephone and so re orientated themselves in day and time.

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

- People were consulted about changes to their care. Regular reviews of people's support involving people, their relatives, and other professionals, took place.
- Care workers supported people to make decisions and changes where needed. For example, a person's needs had increased, as a result the length of the care visit was no longer fully meeting the person's needs. In discussion with the person, the care worker contacted the office and the visit time was increased. The care worker told us, "It has made a difference to [person], even though it's a small change, [person] is now happier and more relaxed about the care visits."
- People and their relatives told us they were always involved in any decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Care workers knew how to support people to maximise their wellbeing.
- People and their relatives said care workers promoted people's privacy, dignity and independence. The provider's satisfaction survey results included comments about people feeling enabled to be independent due to the quality of the care and support the care workers provided. A person had commented, "I couldn't stay independent in my own home without you."

Is the service responsive?

Our findings

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

At our last inspection (under the previous provider) we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care to meet their individual needs, likes, dislikes and preferences.
- People's care was adapted to meet their changing needs. For example, where people began to regain some of their independence, the element of support was reduced. One person told us their needs fluctuated but the service was responsive to any changes needed. The person told us, "If I feel I need extra support I can just ask for it, they are very accommodating."
- Care plans were detailed with regards to people's preferences, likes and dislikes. Care workers told us the care plans supported them to provide the right care at the right time to meet people's needs.

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 told us they had not had the need to make information available in different formats yet, but said they could do so should the need arise. They gave examples where they had overcome challenges of impaired communication successfully for the benefit of the person receiving care and support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager gave examples where people were supported to maintain contact with friends and relatives during the pandemic using electronic devices and mobile phones.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy. People and their relatives told us they had a copy of the policy in their homes to access if needed. People and their relatives told us the management team were responsive to anything raised with them so there was no cause to raise a formal complaint. For example, a relative told us, "We did have an issue where [person] did not get on with the care worker provided. The office dealt with it straight away and changed the allocated care worker, they were very approachable."

End of life care and support

- The registered manager told us care workers supported people at the end of their life with comforting 'sitting' shifts, so people were not alone at this time. End of life clinical support would be accessed from

appropriate external professionals.

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 our last inspection (under the previous provider) we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a good understanding of their legal and ethical responsibilities towards the people they supported and had a passion for delivering person-centred care. The registered manager told us, "1st Homecare has a clear set of values which are at the heart of everything we do. They include compassion, respect and dignity, openness and honesty, collaborative working, commitment to quality of care and the delivery of care with a smile! We apply these values to our relationships with both our clients and our carers and they form the basis of what we are looking for when we recruit."
- People and their relatives valued the service provided by 1st Homecare Kings Langley. For example, a relative told us, "I would recommend 1st Homecare to others looking for care and support at home. The service is thoughtful. For example, [they] give proper notice when the care worker is not available or when weather conditions could interrupt care."
- Care workers were positive about working for 1st Homecare Kings Langley. One care worker told us, "I would recommend 1st Homecare to a person looking for care work. They [management] support you with your work and are a phone call away, you never feel alone to deal with a situation." Another care worker said, "I would recommend 1st Homecare as a good quality provider. I feel we have a good team of care workers who are competent and caring and provide a fantastic service."

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; Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear understanding about the duty of candour and encouraged care workers to be open and honest in their feedback.
- The registered manager was a member of a local care provider's association and kept themselves up to date with changes in the care sector guidance and legislation.
- The registered manager often worked in partnership with external professionals to achieve good outcomes for people. For example, district nurses, occupational therapists, and GPs.

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

- The management team and care workers understood their roles and respected the impact their roles had for people and their wider family.
- The provider operated a system of quality assurance to assure themselves they were providing good

quality care. They listened to feedback from people who used the service, care workers and relatives, and used it to improve the care they delivered.

- The service had a clear and simple management structure where everyone understood their roles and areas of responsibility. The structure supported care workers to provide safe and effective care because they had always had support to call upon if needed.

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

- People and their relatives gave positive feedback about the service and how it operated. One relative said, "I would recommend the service to anyone looking for care and support in their own home, we cannot fault what they have done so far." A person told us, "The office staff are always very friendly and helpful, they don't just fob you off."

- Regular feedback was collected from people and their relatives. A person told us, "Somebody from the office contacts me regularly to check I am happy with my care. I would definitely recommend 1st Homecare Kings Langley."

- The provider's Intake Team undertook quality reviews, spot checks of the care delivered and care worker competencies. The provider had found people were more comfortable to discuss their care needs or any concerns because the team were familiar to them.