

Caring Comes 1st Ltd

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Inspection report

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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?	Good ●

Summary of findings

Overall summary

About the service

Caring Comes 1st Ltd is a domiciliary care agency. It provides support and personal care to people living in their own homes. The service provides support to adults who have a range of physical, sensory or mental health needs. At the time of the inspection, 32 people were receiving personal care from 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 were kept safe from avoidable harm because staff knew them, had received training and knew when they should act. The service worked well with other agencies to safeguard people.

People's needs were assessed before they were supported by the service. Assessments were available to staff and included information about risks and how these should be managed to help keep people safe. People's medicines were managed and administered safely by trained staff, and clear records were kept.

People and their relatives were involved in assessment, developing plans and reviews. Staff routinely read records and updates to ensure they provided support which continued to meet people's needs and preferences.

There were enough staff to meet people's needs, and new packages of care would only be taken on if there were enough skilled staff to provide safe, high quality support. Safe recruitment practices were in place.

Staff had the skills and knowledge required to provide effective support. Staff completed induction and core training as well as more advanced courses to provide a service which reflected best practice.

Staff understood the importance of giving people choice and control where possible. They responded to people's needs and wishes and treated them as individuals. People and their relatives were supported to express their views and be actively involved in making decisions about the support they received.

People and their relatives felt able to raise concerns. The service treated concerns and complaints seriously, investigated them and learned lessons from the results. Learning was shared to improve the service.

The registered manager and staff were clear about the responsibilities of their roles. The management team worked directly with people and led by example. Managers apologised to people and their relatives when things went wrong.

Governance processes were effective and monitored performance, kept people safe and provided good quality support. Actions were taken when shortfalls were identified.

People and their relatives were positive about the support they received. Professionals praised staff and the service they delivered. Staff felt supported and valued by senior staff and managers. They were proud to work for the organisation.

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

Rating at last inspection

The last rating for the service at the previous premises was good, published on 15 January 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caring Comes 1st Ltd on our website at www.cqc.org.uk.

Follow up

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Caring Comes 1st Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

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

Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 April 2022 and ended on 22 April 2022. We visited the location's office on 20 April 2022.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection at the previous premises. We reviewed CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

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.

We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and eight relatives about their experience of the care provided. We received feedback from four professionals who work with the service. We spoke with eight members of staff, including the registered manager. Their comments have been incorporated into this report.

We looked at a range of records relating to the management of the service. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff support. We read records relating to the management of the service, including policies and procedures and audits.

We considered all this information to help us to make a judgement about the service.

Is the service safe?

Our findings

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

At our last inspection at the previous premises 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

- People were protected from the risk of abuse and felt safe with the staff who supported them. Everyone we spoke with told us they felt safe with staff. One relative said, "Carers are very good at following the care plan; they're the best company we've had. They always come into the house together and are very careful when they transfer [Name] or shower them".
- Systems and processes were in place to help protect people from abuse, harassment and neglect. A safeguarding policy provided staff with guidance to help keep people safe.
- Staff received training in safeguarding and understood how to recognise signs of abuse and raise concerns. Staff told us they were confident they would be listened to and appropriate action taken if they raised concerns. Staff said, "I know who to go to. I would raise concerns as soon as possible. It's always better to check" and "I check with the office all the time, they're really good, they always deal with concerns".
- The registered manager was transparent and liaised with other agencies to safeguard people.

Assessing risk, safety monitoring and management

- Risk assessments were in place and these were clear and reviewed on a regular basis. People's risk assessments gave staff guidance about how to manage identified risks.
- Information was provided about how to safely access people's homes, and personalised plans were in place for managing emergency situations. This helped staff to support people to stay safe.
- The provider had a contingency plan which gave guidance in the event of different risk situations. For example, COVID-19 infections and staffing shortages. This had been put into practice during the pandemic.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager was clear that they would only take on new packages of care if they had enough staff and the skills necessary to provide safe, good quality support. The provider had a rolling programme of recruitment, but there was a recognised staffing crisis in adult social care nationally at the time of the inspection.
- People told us staff were skilled and good at their jobs. Comments from relatives included, "Carers are very good with [Name]. They do a lot for them, take their time with them and stay for the full amount of time" and "We are very happy with the carers. They know what to do and get on with it".
- Safe recruitment practices were in place. This included criminal and employment checks being carried out to confirm staff were suitable to work with people in their homes.

Using medicines safely

- People's medicines were managed and administered safely.

- Records showed people received their medicines as prescribed. Staff recorded medicines administration electronically. This ensured records were accurate and clear and helped to keep people safe. When errors occurred, these were reported and managed appropriately.
- Staff completed training in the safe management and administration of medicines. Staff competency was regularly checked through follow up training and spot checks during visits.
- Additional training was provided when a person had more specialist needs. For example, one person was given medicines through an enteral feeding tube. Staff had received training from a district nurse about how to do this safely.
- Medicines audits were carried out to check practice and ensure standards were maintained. Action was taken if necessary to improve practice.

Preventing and controlling infection

- The provider had managed risks effectively during the recent coronavirus pandemic. We were assured that people were protected by the prevention and control of infection as far as possible.
- People and their relatives told us staff wore personal protective equipment (PPE) in line with guidance. A relative said, "Carers always use the full PPE when visiting. We've never caught anything from carers. They protect themselves well to protect us".
- Staff told us they always had access to enough PPE and said they had felt 'safe and well looked after' during the recent pandemic.
- The management team kept staff updated when there was a change to government or local guidance about managing the spread of Covid 19.

Learning lessons when things go wrong

- The management team were open and willing to learn and took actions when things went wrong.
- Accidents and incidents were recorded and regularly monitored and analysed. Themes or concerns were highlighted, and changes made where necessary.
- There was a process for managing complaints, and people and their relatives told us the registered manager was responsive and resolved issues as soon as possible. One relative told us, "I had to make complaints about the way [Name] is cared for and I have been happy with the way it was dealt with".

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 at the previous premises 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

- People's needs were assessed before they were supported by the service.
- Assessments included details about people's needs and preferences and provided guidance to help staff in meeting people's needs. For example, a visually impaired person's night time routine was described in detail to ensure their needs were met safely and they could be as independent as possible.
- People and their relatives were involved in assessments, developing plans and reviews. One relative told us, "When this company took over, they came out and talked to [Name] about what they wanted. They asked questions about [Name's] background just to get to know them. Everything we wanted them to do is in the care plan".

Staff support: induction, training, skills and experience

- People and their relatives felt staff had the skills and knowledge required to provide effective support. One person said, "Carers are extremely kind, efficient and friendly. We get along very well". Comments from relatives included, "We are very happy with the carers. They know what to do and get on with it" and "They're well trained and they know [Name]. They use their initiative to make sure everything is ok".
- Staff completed induction and ongoing training in core subjects in line with national guidance. Staff were encouraged to develop their skills and knowledge and several staff had undertaken additional training and advanced courses.
- The registered manager had undertaken additional specialist training in dementia. This was cascaded to staff to ensure they had good awareness and understanding about how best to support people who were living with dementia and their families.
- Staff felt very well supported and received regular formal supervision. Comments from staff included, "Supervision is helpful. I like hearing the feedback" and "You're not left out on a limb. We're always supported if there are any issues".

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

- Staff supported some people to prepare meals and drinks.
- People's needs were assessed, and guidance and preferences were documented in support plans.
- One relative told us, "The carers get [Name] their lunch each day. Because of their health, they can only have pureed food. It is important that staff stay with [Name] while they eat, because there is a risk of choking. This always is done properly."

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

- Staff usually knew people well. This meant they noticed changes in people's health and wellbeing and were able to raise concerns or changes with relatives or health professionals in a timely manner. A relative told us staff had picked up subtle changes in their family member which they hadn't noticed. This meant action could be taken promptly to implement changes to improve their health and wellbeing.
- People and their relatives told us staff could be flexible to support them to attend appointments when necessary. One relative said, "They went over and above to help us out with a hospital appointment".
- Professionals were positive about Caring Comes 1st. One professional said, "I have found the staff at Caring Comes 1st to be very professional and good to work in collaboration with". Another added, "They have provided flexible services and went the extra mile when requested to bridge gaps in other services due to Covid circumstances".

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 MCA 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.

- Staff had received training and were working within the principles of the MCA.
- People told us staff asked their consent before they provided care or support. Relatives said staff always checked with people and let them know what they were doing.
- The registered manager was aware of the need to record decisions which were made in a person's best interest if they could not make a decision for themselves.
- At the time of our inspection, no applications had been made to the Court of Protection and no-one was deprived of their liberty.

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 at the previous premises 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

- Staff were kind, respectful and friendly. People and their relatives shared many examples of the positive interactions and good relationships they had with staff. Comments included, "The carers are very nice; they are good at their job, are friendly, kind and caring. We couldn't fault them", "Staff are very nice to [Name]. Because we get a consistent group of carers, they know him well and he knows them. He's more relaxed with them" and "Staff are very patient. They are lovely".
- Staff spoke in a caring way about the people they supported. They valued the positive relationships they had developed. Comments from staff included, "I like meeting people and looking after them. Sometimes we can have a laugh and a joke. It's nice" and "I love working with people. I treat them as if they were my mum and dad".
- Staff told us they were well supported by their colleagues and managers and their own needs were respected. Some staff described personal challenges they had faced and told us the provider and their colleagues had been supportive in managing difficult situations.

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

- People and their relatives were encouraged to express their views and be actively involved in making decisions about the support they received. Comments from relatives included, "We've been with this company for over 3 years now and we have a very good care plan. We contributed to that plan and can change it if it needs to be changed" and "I'm always involved in decisions and planning, so is [Name]".
- Relatives told us they had very regular contact with the service and felt informed and up to date. This also meant they were able to give regular feedback or raise any issues.
- A survey had been completed 12 months ago. This showed people and their relatives were satisfied with the service they received. Most people had selected 'satisfied or very satisfied' in response to questions, and additional written feedback was positive.

Respecting and promoting people's privacy, dignity and independence

- Care plans gave staff information about how to sensitively meet people's personal care needs and preferences. This supported staff to treat people compassionately and with respect and kindness.
- One relative said, "Carers always talk to [Name] when they are doing personal care for them. They give them a running commentary of what they are about to do before they do it."
- Staff told us ways in which they respected people's privacy and dignity. For example by ensuring curtains were closed and the person was covered when carrying out personal care.

- People had as much choice and control as possible in their lives. They were usually given choice about the staff who supported them, and preferences were respected where possible. One family member said their female relative would prefer not to be supported in the shower by a male staff member. They had not raised this with the provider, but now planned to do so.
- One relative told us it was unsafe for their family member to do some tasks, but the person wanted to remain independent. They said, "Although staff help [Name], they also enable them to keep their independence. Carers only do what [Name] asks them to do".

Is the service responsive?

Our findings

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

At our last inspection at the previous premises 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 were empowered to make choices and have as much control and independence as possible. This helped to ensure people received personalised care which met their individual needs and preferences.
- Staff knew people well, and people told us staff supported them in the ways they preferred. For example, tailoring the level of support provided with daily tasks, recognising food preferences or stepping back at times. One relative said, "[Name] can't speak more highly of the staff. [Name] loves them. They chat to [Name] and help when they need them to".
- Care plans contained additional personal information to support staff to understand and meet people's needs. Staff told us they routinely read records and updates to ensure they provided support which continued to meet people's needs and preferences.
- Where possible, staff were matched with people they got on well with or had things in common with. For example, shared hobbies or people of similar ages who had shared interests. This helped ensure support was person-centred and staff understood the factors which influenced people's choices and decisions.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and it was clear how information should be shared with them. This helped to ensure people received information in a way which was accessible for them.
- Information was given to staff to ensure they knew how to communicate effectively with people. Reasonable adjustments were made, and action taken to remove communication and access barriers for people.

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

- Staff supported some people to maintain relationships with family and their local community. This had been particularly important during the coronavirus pandemic when the risk of social isolation and loneliness increased.
- Care plans described people's life history, previous interests and hobbies. This enabled staff to discuss

meaningful activities or encourage people where possible.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt able to raise concerns or complaints about any aspect of the service. They were confident that concerns would be investigated and responded to in an open and transparent way. One person was disappointed that their request to change the time of a visit could not be achieved currently, but they understood this would be reviewed as soon as possible.
- The registered manager told us they used learning from feedback, concerns and complaints as an opportunity for improvement which was also shared with staff as necessary.

End of life care and support

- No-one was receiving end of life care at the time of our inspection.
- The registered manager told us they ensured staff were competent and had the skills to care for people in a respectful way which met the individual's wishes.
- The registered manager said they would seek specialist support on an individual basis if this was required to support people at the end of their life.

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 at the previous premises 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

- There was an open culture which was supportive and caring. Managers shaped the culture in line with the provider's vision and values.
- People and their relatives were positive about the support they received. Comments included, "We've had many agencies help us over the years and I can honestly say these are one of the best we've had", "We've used other agencies, but they came nowhere near Caring Comes 1st" and "I'm really impressed with the care staff from this company. We've had two other companies before, and this one is really good. [Name] can't talk more highly of them. [Name] thinks they're great."
- The management team were actively involved and knew people well. They worked closely with staff to provide the person-centred care and support people required.
- The service was consistently well led, and managers were role models who displayed a supportive leadership style and prioritised high quality, compassionate care.
- Staff felt supported by the management team and were proud to work for the organisation. Comments from staff included, "If we raise any concerns, changes are made. They really try to keep staff happy", "The office staff are always there. They have your back" and "I love my job. I work to the best of my ability every day".
- The management team recognised staff achievements and challenges. For example, with financial bonuses, events and gifts. Travel times and payments had recently been changed to improve staff conditions.

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

- The registered manager was open and honest and understood their responsibilities following an incident.
- People, relatives and staff were involved in reviews of incidents or accidents and plans were shared about how to improve or prevent similar incidents in the future.
- Relatives and professionals told us they found communication with the service to be clear and responsive.

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

- A registered manager was in post and they were clear about the responsibilities of their role. Staff understood their responsibilities and the role they played in providing a good quality service.

- Legal requirements were met by the registered manager. For example, keeping up to date with government guidance about coronavirus and sending CQC notifications. Notifications are information about important events the service is legally obliged to send us within required timescales.
- Governance, management and accountability arrangements were clear. Systems and processes were in place to identify and manage risks and monitor the quality of the service. For example through regular checks, audits and performance monitoring.
- Regular audits included checks of records, medicines management, incidents and staff supervision. This monitoring helped to manage risks, provide accountability and drive ongoing improvement. Actions were taken when shortfalls were identified.

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

- People and their relatives had regular contact with the management team and were encouraged to give feedback and share their views about the service. People and their relatives found the management team approachable. One relative told us, "I know who the manager is, and all the office staff are very good. They are efficient, very respectful, polite and treat [Name] with dignity. They often pop out just to check that everything is done correctly".
- Staff said they felt able to raise any concerns or make suggestions about how they could improve the support or wellbeing of people who used the service.

Continuous learning and improving care

- There was an open and positive approach to learning and development within the service.
- The provider was keen to develop the service to maintain and improve people's wellbeing. For example, a day service for people living with dementia had recently been launched. As well as the positive impact on people who used the service, staff also benefitted by exploring new roles and developing knowledge and skills.

Working in partnership with others

- The service worked closely with other agencies to maintain health and wellbeing for people.
- Professionals were positive about the quality of the service and the staff team. Comments included. "They contact social services if they feel there have been changes in client's needs or circumstances and a joint review is advisable" and "If concerns were being raised, staff responded immediately and would help as much as possible to resolve things by adjustments to the care provision".