

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Care 1st Homecare

63 Shirehampton Road, Stoke Bishop, Bristol,
BS9 2DW

Tel: 01179426005

Date of Inspection: 12 September 2014

Date of Publication: October
2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Safeguarding people who use services from abuse

✓ Met this standard

Management of medicines

✓ Met this standard

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Care 1st Limited |
| Registered Manager | Mrs Kunda Morley-Cooper |
| Overview of the service | Care 1st is a domiciliary care agency providing support to people in their own homes, in Bristol and South Gloucestershire |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Care 1st Homecare had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Management of medicines

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 September 2014 and talked with staff.

What people told us and what we found

During our inspections we set out to answer a number of key questions about a service: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

During this inspection we looked at the arrangements being made for safeguarding people who use the service and for medicines. This helped us to answer the question 'Is the service safe?'

Is the service safe?

At our inspection in May 2014, we found that people weren't fully protected from the risks of abuse because recording of incidents was not always accurate. Notifications were not always made to the Care Quality Commission when they should be.

We returned to the service in September 2014 and found that improvements had been made. Staff had received training in when incidents would need to be reported and the procedures for managing safeguarding incidents had been discussed in a staff meeting. We viewed recording of incidents that demonstrated staff had acted promptly in response to concerns about people they supported.

At our inspection in May 2014, we also found that people were not fully protected in relation to the management of medicines due to the way in which medication was being recorded. When we returned to the service in September 2014, we found that improvements had been made. Paperwork had been reviewed so that it was easier to use and staff were receiving refresher training in medication to reduce the risks of errors occurring.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We inspected the service in May 2014 and found that people who used the service were not fully protected from the risks of abuse because the provider did not always notify the commission of safeguarding concerns. Recordings relating to incidents were not always accurate.

The manager submitted an action plan setting out how they would achieve compliance and we returned to the service in September 2014. We found that action had been taken to improve how safeguarding incidents were managed and notified to CQC where necessary.

We viewed minutes of an office staff meeting where safeguarding was discussed and the procedures for escalating concerns to senior staff when necessary. This would help ensure that prompt action was taken to ensure that people who used the service were safe and the appropriate agencies informed.

We saw evidence that training had been completed with relevant staff in July 2014 in relation to making notifications to the Care Quality Commission. This would help ensure that the Commission were able to monitor the service's response to safeguarding concerns.

We viewed records of recent incidents that demonstrated safeguarding concerns had been responded to immediately. For example, in one case we saw that immediate contact had been made with the safeguarding team in the local authority following an allegation being made to staff. We saw other examples of staff taking action to ensure that a person was safe, for example by contacting another healthcare professional or family member. This demonstrated that staff were aware of when they needed to raise concerns in order to ensure people's health and wellbeing.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We inspected the service in May 2014 and found that people were not protected against the risks associated with medicines. This was because the arrangements in place for the recording of medicines did not always demonstrate which medicines had been administered. Staff were signing to record that all medications had been given so that it wasn't possible to identify individual medications had been given on a particular day. We also found that lists of medications were updated at the time of reviews. This meant that if medication changed in between reviews, this would not always be recorded.

We returned to the service in September 2014 and found that action had been taken to improve practice. There was an on-going programme to retrain all care staff in medication. Staff were being prioritised for training according to the level of medication needs of the people they supported. We saw sign in sheets for the two sets of training that had taken place to date.

We also saw that medication paperwork had been reviewed so that information was easier for staff to use. There was clear information at the front of the paperwork to guide staff on the level of support that a person required with their medication. There was space to record if a person had declined to take a particular medication, otherwise all medication contained within the blister pack would be administered. The manager told us that in the event of having to investigate a medication error, they would be able to cross reference their records with the pharmacy to ascertain exactly what medication had been given that day.

At our last inspection we found that the names of creams and ointments were not always stated in a person's records. The new paperwork included space to record information about short term medications and creams and their directions for use. We saw evidence that at review, supervisors were now including the names of creams and how they should be applied. We were told that medications would continue to be updated at a person's review. In the meantime if staff found that medication had changed when they visited a person, they would be expected to phone the office for advice. Staff in the office would then phone the GP or pharmacist for advice if necessary.

We were told that monthly audits would take place to review medication and help identify

any further issues. Due to the recent implementation of the new paperwork, we weren't able to see a completed audit at the time of our inspection. We weren't therefore able to make any judgement about how well the new system was working.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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