Care 1st Limited

Care 1st Homecare

Inspection report

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Date of inspection visit:
13 April 2016
14 April 2016

Date of publication:
24 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an inspection on the 13 April 2016 and called people who used the service and relatives the following day. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. The last full inspection took place on 7 January 2015 and there were no breaches of the legal requirements. The service was rated as 'requires improvement'.

Care 1st provides personal care to people living in their own homes in the Bristol and South Gloucestershire area. At the time of our inspection the service was providing personal care and support to approximately 300 people.

The provider is also the registered manager. 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.

Medicines were generally managed safely but there were areas of administration which required further development.

The service used the CM2000 system which is a database which allows the service to electronically monitor calls. Between the period of 14 March and 3 April 2016 the service made 8060 calls out of 8065 planned calls. 81.45% of calls were made within 30 minutes of the planned time. 49.71% of actual visits made were equal to or in excess of the planned time. This meant that people were not receiving the appropriate allocated time.

The provider operated safe recruitment procedures and ensured all pre-employment requirements were completed. Staff had received appropriate training to identify and respond to suspected abuse.

Staff received training to enable them to carry out their roles. Staff spoke positively about the training they received and felt they were able to provide good care as a result of the training. An induction process was completed by staff newly employed at the service.

People in the main felt they received good care from staff and that staff were confident and knowledgeable when providing their care. Some concerns were expressed regarding communication difficulties where English was not the carer's first language.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves.

Records showed that staff liaised with other healthcare professionals when it was appropriate to do so. This

helped to ensure that there was good communication and sharing of information about the person's care needs.

People generally spoke positively about the staff and told us they were caring, kind and compassionate.

People told us the service was in the main responsive to their needs. People said they generally saw the same staff, except at times of holiday or sickness. They appreciated this continuity and the consistency of care it provided. In most cases we saw that there were systems in place to ensure that staff were matched to the needs of the person they supported.

There were systems in place to respond to complaints and this was set out in a written policy. We saw that the concerns outlined in the complaints had been responded to comprehensively and with openness and transparency, Apologies were made when the service had not performed as expected.

There were systems in place to monitor the quality of the service provided by the agency. To ensure continuous improvement where issues of concern have been identified by the service such as punctuality and an increase in complaints the management team has a service improvement plan in place. The plan identifies the actions they need to take; what does completion look like; the responsible officer and timescale for completion. We noted that actions taken included the review of the rostering planning and staff being more accountable regarding their attendance and punctuality.

Although some staff raised concerns regarding travelling times and their rotas being changed with limited notice they felt well supported by their managers.

People were given the opportunity to feedback their experience of the service through care planning reviews and surveys

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were generally managed safely but there were areas of administration which required further development.

The database that monitored calls identified that a high proportion of people were not receiving the appropriate allocated time.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

Is the service effective?

Good

The service was effective.

Staff were supported through a training and supervision programme.

People's rights were upheld in accordance with the Mental Capacity Act 2005.

Staff worked with other healthcare professionals when required to.

Is the service caring?

Good

The service was caring.

People generally spoke positively about the staff and told us they were caring, kind and compassionate.

People were given opportunity to express their views about the care they received.

Is the service responsive?

Good

The service was responsive.

People said they had been involved in deciding their care packages.

There was a complaints procedure in place. Formal complaints were responded to with openness and transparency.

People reported that their needs were generally met. Support plans were reviewed regularly to ensure they were up to date.

Is the service well-led?

Good

The service was well-led.

Systems were operated to assess and monitor the quality and safety of the service provided.

Staff generally felt well-supported by their managers.

People were given the opportunity to pass on their feedback regarding their experience of the service through care planning reviews and surveys.

Care 1st Homecare

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.

The inspection took place on 13 and 14 April and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. The last inspection of this service was in January 2015 and we had not identified any breaches of the legal requirements at that time. The service was rated as 'requires improvement.'

This inspection was carried out by two inspectors 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.

On the day of the inspection and the following day we spoke with eight people and the relatives of five other people who received care from the service. We visited two people at their house to discuss their experience of the service. We also spoke with eight members of staff, the area manager and the provider.

We looked at five people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, complaints, surveys, recruitment and training records.

Requires Improvement

Is the service safe?

Our findings

Medicines were generally managed safely but there were areas of administration which required further development. Risk assessments relating to medicine management were undertaken. These detailed the support people required when taking medicines. People were assessed as requiring support in one of three categories. They were level one: prompting; level two: administration and level three: specialist administration.

People in the main received their medicines when required. One person's medicine administration records (MAR) for a two month period indicated that they had received their medicine. The person confirmed that staff supported them to take their medicines at the appropriate times. One person had complained to the service about late calls regarding time critical medicines. They stated; "I either get my morning pills late and miss my lunchtime pills or take lunchtime pills and forget breakfast. Either way I am not able to take my full meds." The service attempted to resolve the issues by changing the timed calls. We reviewed the calls made to the person from 14 March to 3 April 2016. Nine calls during this period were either 30 minutes late or 30 minutes too early.

One person required level two support with their medicines. Their MAR did not specify the name of the medicine or dosage that had been given. The service had failed to follow their medication policy and procedure which stated; 'The MAR for an individual service user will include the name of the service user, date of birth, weight, name of the drug, the dose, and the time to be given, and any special requirements.' The provider took this forward on the day of the inspection.

For the same person there were also two handwritten additions to the MAR sheet. This was when staff had transcribed details of a prescription onto the MAR. The handwritten additions had not been signed by the person who did the transcribing and a witness statement had not been obtained. They were not adhering to their own policy which states; 'The handwritten record must be checked and verified by a second member of staff with the same training before use.'

Records demonstrated that medicine errors were recorded and appropriate action had been taken where required, such as additional staff training.

Staff told us they reported to the office if they were going to be more than 30 minutes late for a call, and the person was informed. Staff told us they used people's telephones to log their visit times. When people did not give permission for their telephones to be used, staff completed time sheets. Staff told us they were generally given enough time to complete the care people needed. Some staff thought they were not provided with enough travelling time. On call arrangements were in place so a designated senior member of staff could be contacted during out- of-office hours.

We received mixed feedback from people regarding the timeliness of calls. Some people felt that the office staff did not relay messages from carers if they were going to be delayed. They also felt that office staff did not return their calls. Some people felt that the service did not appreciate the traffic problems faced by

carers and they did not provide sufficient journey times between calls. Others felt the service was reliable and did not mind if staff were running late and felt that the office staff kept them up-to-date. Comments included; "If they're running late they'll let you know", "They're regularly late"; "I don't object about the time-keeping. It's because of the traffic. I would recommend them to other people" and "They're late due to traffic. The carers phone the office but the office doesn't always phone me."

The service used the CM2000 system which is a database which allows the service to electronically monitor calls. Between the period of 14 March and 3 April 2016 the service made 8060 calls out of 8065 planned calls. 81.45% of calls were made within 30 minutes of the planned time and 49.71% of actual visits made were equal to or in excess of the planned time. This potentially meant that a high proportion of people were not receiving the appropriate allocated time. The service has implemented a weekly roster planning review which highlights areas which are going well and areas which require further development. Their aim is to improve punctuality and attendance at the person's home.

People felt safe and most of the comments we received were positive. They generally spoke positively about their relationships with the staff. Comments included, "I feel safe when they're here. They're very helpful", "The girls are committed and efficient, all carers are good"; and "They're all lovely and I'm quite happy with them."

The provider operated safe recruitment procedures and ensured all pre-employment requirements were completed. Staff files had completed initial application forms together with the staff member's previous employment history and employment or character references. Photographic proof of the staff member's identity and address had been obtained. An enhanced Disclosure and Barring Service (DBS) check that ensured the applicant was not barred from working with certain groups such as vulnerable adults had been completed.

The provider had ensured staff had received appropriate training to identify and respond to suspected abuse. Staff understood safeguarding procedures and explained the process they would undertake to report concerns. Staff recognised the different types of abuse or harm people could experience and said concerns would be reported to senior staff.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way. The provider had appropriate policies for safeguarding and whistleblowing.

There were sufficient numbers of suitably qualified staff to ensure that people's needs were met. We spoke with staff who were responsible for rotas. We were told that at the present time, staffing levels were balanced with the care hours provided so that all visits were able to be covered. At times of unexpectedly high levels of staff absence, they would call existing staff to provide care. Failing this, we were told that senior staff would be available to cover visits. Staff we spoke with felt staffing levels were generally adequate to meet people's needs. One member of staff did comment that it was difficult to provide cover when someone called in sick and they were expected to cover their calls as well as their own. However they did advise that they "Managed but everything was rushed and I needed more time." One member of staff thought the service needed more staff.

An assessment of people's needs and risks had been completed and identified risks were managed through detailed guidance for staff to follow. For example, moving and handling assessments detailed the mobility equipment needed to keep the person safe. The assessments included staff guidance on how to use the equipment and position the person.

Environmental risks had been assessed and risk management guidance produced where required. This assessment highlighted the external and internal areas of a person's home that staff would visit. It ensured that staff were working in a safe environment and any risks to people or the staff member were identified. For example, the assessment ensured that access to the home was clear and well lit, it highlighted if people had any pets in their property, if they smoked cigarettes or if they had any medical equipment within their property. This demonstrated the provider had ensured that staff were working in safe conditions.

The provider monitored incidents and accidents reported by staff. Incidents or accidents were reported by staff and relevant information was recorded on a designated form. This was then reviewed by senior members of staff. The incident reports showed that the cause of the incident together with any contributory facts were highlighted, together with any measures that could be put in place to prevent a repetition of the incident.

Staff told us they were supplied with the right equipment to be able to support people safely. We observed staff using the appropriate personal protective clothing when providing personal care and preparing food, such as aprons and gloves.

Good

Is the service effective?

Our findings

People in the main felt they received good care from staff and that staff were confident and knowledgeable when providing their care. Some concerns were expressed regarding communication difficulties where English was not the carer's first language. Comments included; "All carers are consistently good except their use of the English language"; "They're brilliant"; "The regular ones are ok, once they have been trained up. But some new ones I have to explain how to wash me."

People's rights were upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. There was documentation related to a service user's capacity to make decisions and how to support a service user when there was evidence that they lacked, or had variable capacity to make informed decisions. Staff received training to help them understand their obligations under the Mental Capacity Act 2005 and how it had an impact on their work.

Mental capacity assessments were conducted on specific issues such as the provision of personal care; assisting with medicines; nutrition and hydration. Where people were unable to make decisions the person's representative and health professionals were involved in best interest meetings. Involving the person's representative would enable the service to take into account the person's wishes, feelings, beliefs and values.

Staff received training to enable them to carry out their roles. Staff spoke positively about the training they received and felt they were able to provide good care as a result of the training. Records showed staff had received regular training in a variety of relevant topics such as moving and handling, health and safety, safeguarding adults and infection control.

An induction process was completed by staff newly employed at the service. New induction training in line with the Care Certificate guidelines had been implemented. These are recognised training and care standards expected of care staff. The induction ensured new staff received training in key areas such as medicines, first aid, moving and handling and safeguarding adults. The new staff member also completed a period of shadowing an experienced member of care staff prior to themselves being observed by senior staff giving care. Evidence of the staff member's level of competence was recorded during these observations. There was no set specified number of observations a new staff member had and they were undertaken until the staff member was both competent and confident in their role.

Staff told us that in the main they felt well supported and received regular performance supervision. Staff records demonstrated that staff received supervision, in some cases they needed to be up-dated in line with their supervision policy. Staff supervision was completed following a spot check of care delivery by staff within a person's home. Senior staff would attend a person's home unannounced to the staff member and monitor the standard of care delivery during a care appointment. Supervision documentation showed that in addition to a discussion and feedback about care that was provided during the observation, additional matters were discussed. Staff would discuss their overall performance, people's care needs, if they felt sufficiently supported and a plan was created for any areas improvement or development identified.

Staff provided assistance to some people in the preparation of their meals and drinks. People told us they were supported by staff with their meals, and care records reflected the level of support people received. One person was receiving nutritional supplement through a percutaneous endoscopic gastrostomy (PEG) feeding tube. PEG allows nutrition into the stomach, bypassing the mouth and oesophagus. Records evidenced that only staff who had received training in respect of PEG supported the person. We observed staff leaving people's homes ensuring they had access to snacks and drinks until their next call.

Records showed that staff liaised with other healthcare professionals when it was appropriate to do so. This helped to ensure that there was good communication and sharing of information about the person's care needs. One staff member commented that they had contacted the office about a person's hoist harness being too small. This resulted in the person's occupational therapist being contacted and a more comfortable hoist being provided.

Good

Is the service caring?

Our findings

People generally spoke positively about the staff and told us they were caring, kind and compassionate. They told us the staff were skilled and knew what they were doing. Comments included; "I think I've been fortunate. I'm perfectly happy with the care", "My carers look after me very well, some have become firm friends", "I am happy with my carer"; and "Some are genuinely caring, others not so."

The feedback we received showed that good relationships had been established between staff and the people they provided care for. People mentioned qualities in the staff they particularly liked, such as staff members being caring and respectful and making them feel at ease. We were also told the staff understood the need to respect people's privacy and dignity. One person gave the example of staff providing personal care, "My body is moisturised in a respectful manner. I've never felt not respected."

Assessments ensured staff promoted people's independence when supporting them. Within one person's record it showed that the person had requested that they would like to maintain their personal hygiene and remain living at home with the appropriate support. Instructions were provided in the care records regarding the provision of personal care and the specific tasks that should be undertaken by the care worker. This enabled the person to maintain control and make choices about their care. The person commented, "I'm quite independent and they provide support with a strip wash and apply cream to my legs."

Staff understood people's needs and demonstrated they knew how people preferred to be cared for. Staff we spoke with told us the service aimed, where possible to ensure that the same care staff supported people. Staff said this ensured they were able to know people well, learn their preferences and understand what was important to them in relation to their care. One staff member told us about one of the people they cared for, "I do everything that's in the care plan. I always ask what they want. I get on well with my client. I know how she likes her tea and how she likes things done. It's her way or the highway."

People were given important information about the service. People were given a 'service user guide' when they commenced a care package. The guide contained information about the service, for example the provider's statement of purpose that explained the aim of the service and how they would achieve their aim. People had the main contact number and the out of hour's emergency number so they could contact the service at any time. People told us they received other information such as their scheduled care appointment times and information on who would was scheduled to provide their care. We were told by people that the person scheduled to provide care may differ at times.

Staff we observed were fully engaged with the people they were caring for. They asked what needed to be done and how tasks should be undertaken. Owing to them being regular visits staff knew the people well. They discussed the person's interests such as travelling, opera and church activities. Staff were encouraging and enabled people to be as independent as much as they wanted. They knew people's preferences such as the food and drinks they like. Staff were caring and empathetic. The staff followed the guidance in the care plan and ensured people were happy and had everything they needed before they left. The people we

visited told us that their decisions were respected and they were documented in the care plan.

Good

Is the service responsive?

Our findings

People told us the service was in the main responsive to their needs. People said they generally saw the same staff, except at times of holiday or sickness. They appreciated this continuity and the consistency of care it provided. In most cases we saw that there were systems in place to ensure that staff were matched to the needs of the person they supported. We did note that some people at times did not experience continuity of care or have their preferences respected. One person told us they did not want a male carer and the service had sent a male carer to their home. They told us: "I object to a male carer and sometimes I get one. Sometimes they tell me, sometimes they don't." Another person advised; "I had to complain about the continuity of care because it varies. I had six different carers at times."

Before people commenced a care package with the agency, a full assessment of their needs was carried out. This included gathering full information about the person's needs and their views on the kind of support they wished to receive. This included details about their medication, an environmental risk assessment, moving and handling requirements, daily routine and various other risk assessments.

People said they had been involved in deciding their care packages. People's records contained personalised care information within them, for example how somebody liked their personal care given, what drinks and snacks they preferred or tasks they required the staff to complete prior to them leaving. People told us that care was delivered that met their needs and in line with their care preferences. One person told us; "Someone from the office came to discuss the care plan and the terms were agreed."

Following this initial assessment, support plans were created to guide staff in providing the right support. People spoke about the flexibility of the service and how staff took account of their changing circumstances. Care plans were reviewed regularly to ensure that they were current and updated when people's needs changed. People gave examples of when their changing circumstances had changed and the service accommodated their changing needs, such as increased help was required due to a broken shoulder.

Staff also felt the service was responsive to people's needs. Staff members commented, "I ask them what help they would like. I enable independence and offer choices. If circumstances change such as the change of meds I am messaged by the office. I generally have enough time for calls"; "I go to lady. They like their hoovering done in a certain way. They like their hair done in a certain way. I cater for their specific needs" and "I ask people and offer choices. I enable independence where possible and ask what they would like".

Plans had been produced which detailed the support to be provided by staff on each visit. Staff said the plans gave them the information they needed about people's care needs and their individual preferences. This enhanced staff understanding of the person and provided guidance on their personal interests in addition to their care preferences.

People we spoke with told us they would feel able to raise complaints when necessary. People who had made complaints regarding the level of service generally them resolved to their satisfaction. Examples of issues raised included punctuality and complaints about individual carers. As a result of the complaint

made punctuality improved and the carer did not return to the person's home. One person told us that they had made a complaint regarding the continuity of staff and timekeeping on 16 March 2016 and they had not received a response. The provider told us that they would take this complaint forward.

There were systems in place to respond to complaints and this was set out in a written policy. A record of complaints was kept. We saw that the concerns outlined in the complaints had been responded to comprehensively and with openness and transparency. Apologies were made when the service had not performed as expected. Where complaints had been substantiated regarding poor levels of care the provider progressed the issues through their disciplinary procedure.

Good

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service provided by the agency. This included a system to check that calls to people were being made as scheduled. This allowed reports to be created, to see what percentage of calls had been completed within the allocated time. The systems in place did identify that a number of staff were failing to log their calls and this matter is being taken forward by the management team.

Where a call had been missed, it was not clear from the data what the impact of this missed call was and whether it represented a risk to the person concerned. Although missed calls rarely occurred assessing them in more detail would better inform the service and ensure that the required improvements are made. It was also evident from their report that the area of work which required further improvement is the percentage of actual visits that are equal to or in excess of the planned time. Their current percentage rate is 49.71%. The management team acknowledged this position and agreed that a more detailed analysis of their calls would prove a productive way forward.

Where issues of concern have been identified by the service such as punctuality and an increase in complaints the management team has a service improvement plan in place. The plan identifies the actions they need to take; what does completion look like; the responsible officer and timescale for completion. We noted that actions taken included the review of the rostering planning and staff being more accountable regarding their attendance and punctuality.

Evidence of poor practice such as poor moving and handling skills, time-keeping concerns, failure to wear protective clothing were effectively processed through the provider's disciplinary procedure.

The provider had a system of spot checks in place to monitor the quality of the service provided by staff. A senior staff member attended unannounced to observe and check the delivery of care. We saw completed spot check records within the staff files and staff confirmed they had experienced these visits. The records showed that all areas of practice were monitored, for example, the appearance and professionalism of the staff, communication, adherence to the care plan and record keeping. We saw that when an observation had identified that standards were not being met or the skills and knowledge of staff were lacking, further training, feedback and supervision were provided.

Although some staff raised concerns regarding travelling times and their rotas being changed with limited notice they felt well supported by their managers. The manager communicated with staff about the service to involve them in decisions and improvements that could be made; we found recent meeting minute's demonstrated evidence of good management and leadership of staff within the service. Agenda items identified action items which needed to be taken forward such as safeguarding responsibilities and ensuring care coordinators plan time to be out in the field to meet existing and new clients.

People were given the opportunity to pass on their feedback regarding their experience of the service through care planning reviews and surveys. The most recent survey was conducted in December 2015. 200

surveys were sent and the service received 19 responses. Comments from the survey included; "I would like to say how pleased I am with [care staff name] help. She is a very caring competent lady and will help in any way. I am lucky to have her" and "the allocated time is rarely followed. The contractual time has been re-allocated without consent. The office never rings when a carer is known to be running late". People we spoke with felt listened to and felt confident to contact the service with any concerns. Although some people told us they did not always hear back from the office.