Inspection Report

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

Care 1st Homecare

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Tel: 01179426005

Date of Inspection: 25 September 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 25 September 2013, sent a questionnaire to people who use the service and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

As part of our inspection we spoke with 12 people directly about their experiences, or the experiences of their relatives. We also received feedback questionnaires from 16 people who used the service and 14 friends or relatives. Overall, the feedback we received suggested that people were satisfied with the care and support they received. We did hear some individual concerns about communication difficulties with the office and occasional late visits. These individual concerns were fedback to the manager.

We viewed a sample of five people's care files and saw that care plans were in place for a variety of needs. Brief risk assessments were in place, and senior staff had identified that improvements were required in this area. We viewed the new paperwork that was to be used.

People reported feeling safe in the company of care staff. Staff were aware of their responsibilities to safeguard people they supported and had received training in this area. Staff told us that they were well supported and received training to support them in their roles.

There were systems in place to monitor the service and this included gathering the views of people using the service and acting on complaints and concerns.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

From reviewing people's care records we found evidence that people using the service and their representatives were involved in and given information about their care and support. For example, we saw that files contained a 'signature document' which people signed to acknowledge receipt of their 'Care 1st report book, which contained care plans and risk assessments as well as their service user guide.

We saw that within people's care plans, thought had been given as to how people's dignity would be maintained. For example, we saw that it was identified where people wanted privacy within their personal care routines. The provider might find it useful to note that on occasion, the language used within care plans did not reflect a person centred approach to care. For example, in one person's plan, we read that 'I will be standaided' which could be interpreted as the person being treated as an object rather than a person who requires support with their mobility.

People that we spoke with on the phone told us that they were treated well by staff and that staff had respect for their homes when they visited. One person that we spoke with told us that the person who supported them, always made sure the bathroom was left clean after supporting them with a bath or shower.

In addition to the people that we spoke with on the phone, we received questionnaire feedback from a total of 30 people. 16 of the responses came from people using the service and 14 were received from friends or relatives. Most people said that they or their relative was treated with respect either always or most of the time. Most people said that they had never been discriminated against by staff from the agency. The provider may find it useful to note that 37% of people using the service said that they hadn't received any information about the agency before began receiving support from them.

We also noted that within peoples care plans, it was identified where people were able to be independent. In one person's file, we read that they were to be actively encouraged and supported with their mobility and that moving and handling equipment should only be used as a last resort. It was also identified where people were to be offered choices in their day, for example with their lunchtime meals.

There was a care review process in place which included the individual concerned and their family members. This provided opportunity for people to provide feedback and raise any concerns about their care and support. We saw examples of these meetings where the opinions of relatives had been recorded.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

As part of our inspection, we were able to speak with 12 people who used the service and two relatives by phone. We also sent feedback questionnaires to 54 people who used the service. We received a number of positive comments about staff during our phone calls and within the feedback we received. Overall people were satisfied with the support they received, although it was evident that on an individual basis, there had been some issues which we fed back to the manager.

One person commented "The care support I receive is extremely good & enables me to continue to live in my own home", another person wrote "all the care workers who have given me a service have been very pleasant and helpful, I am very pleased with their efforts". Other comments reflected the fact that communication with the office could be difficult at times.

We asked people about whether they had experienced any concerns in relation to missed or late visits. The responses we received were mixed. Two people that we spoke with raised particular concerns about late visits and a lack of communication when this happened. We fed back these concerns to the manager, who told us that they would contact the individuals concerned. Other people that we spoke with told us that they has experienced occasional issues but this hadn't been a particular concern for them.

From the questionnaire feedback that we received, 87.5% of people using the service said that care staff arrived on time either all of the time or most of the time. Amongst relatives/friends the percentage was 93%. 94% of people using the service said that they received the care that they required either all or most of the time.

We discussed the timing of visits with staff . We heard that the allocated travel time between visits could be a problem. Staff told us that packages of care were allocated geographically in order to minimise the travel time between people's homes, however travel times could be unpredictable due to unforeseen circumstances such as traffic.

Staff told us that at times when they were running late, they would phone the office in order to pass on a message to the person awaiting support. We heard that communication

usually worked well during normal office hours but that weekends could be more difficult. We heard that this was the case for both staff and people who used the service. We spoke with the Quality Assurance manager for the agency about this and we were told that at the weekends there was a call centre available to take calls from people who used the service and also senior staff on call .

We viewed a selection of five people's care files and saw that a range of support plans were in place for various aspects of people's needs. For example, support plans took account of people's communication, mobility and personal care needs. We saw that some risk assessments were in place, however the details of these were brief. We discussed this with the Quality Assurance Manager who told us this was due to feedback from staff that information in people's care files needed to be easily accessible. Particularly, for example if they had a short allocated visit time and needed to understand the person's needs quickly.

We spoke with the Quality Assurance manager about the risk assessments and we were told that they had recently identified that there were gaps in the information held in people's files . A new risk assessment form had been designed and was about to be put in to practice. This had been designed to achieve a balance between providing adequate information about people and enabling staff to access information swiftly when required.

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

Staff that we spoke with demonstrated knowledge of safeguarding and their responsibilities to protect the vulnerable adults that they were supporting. Staff told us that they hadn't had cause to raise any safeguarding concerns to date but were able to give us examples of what might constitute a concern such as unexplained bruised or financial abuse. Staff told us that they would feel confident and able to raise safeguarding concerns. They also felt able to report concerns about colleagues under whistleblowing procedures.

Staff received training in safeguarding to support them in their duties to safeguard and this was refreshed on a regular basis. One member of staff commented that safeguarding was discussed with them during a supervision session. We viewed records of supervision where it was documented that safeguarding had been discussed with staff. There was a safeguarding policy in place to support staff in managing safeguarding concerns.

People that we spoke with on the phone told us that they felt safe in the company of staff. This was reflected in the responses we received from people filling in our questionnaire. People had contact numbers for the office and told us that they would feel able to report any concerns about the care they received if they needed to. For those people that received support with their shopping, we were told that receipts were always provided. This measure would help protect people from the risks of financial abuse.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with five care assistant staff during our inspection. We heard that these staff felt well supported in their work and that they had received adequate training to support them in their roles. Training was refreshed on a regular basis and included areas such as moving and handling and safeguarding. We viewed evidence of certificates in staff files to show that training had been completed.

One member of staff told us that they did not have previous care experience prior to joining the agency, but their induction had been good. Staff told us that they were given opportunity to shadow established members of staff during their induction and that this was an effective way of learning new skills. The amount of shadowing that people completed, was variable according to their level of previous experience.

There was a dedicated training room within the agency which was well equipped and enabled staff to gain practical experience of using equipment before being required to work with people in their homes. Staff commented that they felt able to call in to the office at any time in order to request advice or support with any particular concerns. This meant that people who used the service benefitted from being supported by staff that were trained in the skills required for their roles.

Of the people that we received questionnaire responses from, 93% of people using the service said that either all or most of the staff that supported them had the right skills. This figure dropped to 62% when asked about staff who were covering for the absence of regular staff. This was reflected in some of the comments we received, such as "weekend staff not as experienced as regular carers."

Staff confirmed that their performance was monitored through formal supervision and spot checks. Spot checks involve a senior member of staff carrying out an unannounced observation of care assistants to check on how they are performing in their role. We viewed recordings of spot checks and saw that notes were made about various aspects of the care assistants performance such as their interaction with the individual being supported.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

As part of our inspection, we looked at what processes were in place to monitor the quality of the service provided. We saw that systems were in place and this included gathering feedback from people using the service. We were told that a feedback survey took place on an annual basis. At the time of our inspection a survey was due to be sent.

We viewed a sample of recent complaints and saw that these were managed appropriately and where possible to the satisfaction of the person raising the concerns. We saw that necessary action was taken as a result of investigating complaints, for example by following disciplinary procedures for staff.

There were processes in place to help ensure that people were cared for safely. For example, we saw that a register of people who had pressure wounds was kept and this recorded what other professionals were involved and the treatment that was being undertaken. This would help staff monitor the safety and wellbeing of people they were supporting.

The agency's computer based management system enabled senior staff to access a wide range of information that would support them in monitoring how well the service was being delivered. For example we saw that people's care reviews were scheduled into the system so that staff could see that these were being completed. We also heard about how there were systems in place to flag up if a care worker had failed to attend an appointment. This would help ensure that alternative arrangements could be made.

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

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