

1st Homecare (Oxford) 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

1st Homecare is a domiciliary care agency that was providing personal care to 37 people at the time of the inspection. Not everyone using the service received personal care. The 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

The service was exceptionally responsive to people's needs and immediately acted upon any occurrences. Staff went above and beyond the call of duty to provide individualised, person centred, high quality care. The service listened to people and implemented changes to the service to accommodate their needs and wishes. People and their relatives told us the service provided excellent care that exceeded their expectation.

The management and leadership of the service were exceptional. The management team had an excellent understanding of the provision of care and support for people with complex needs. There was an excellent culture within the service which promoted clear values and a drive to provide high quality care. The high quality, compassionate culture was embedded through every part of the organisation and ensured every person received exceptionally person-centred care.

People told us staff had enough time to support them and they had not experienced any missed visits. Staff were aware of what might be a safeguarding concern and explained how they would raise it. Risk assessments ensured people were supported to manage risks in their daily lives. There were systems in place to ensure people received their medicines safely. Staff were recruited safely.

Initial assessments were carried out to ensure people's needs could be met. These were used to produce personalised care plans and to guide staff on how to best support people. People were enabled to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff acted in people's best interests; the policies and systems in the service supported this practice. Staff had the right skills and experience to meet people's needs. A comprehensive induction and training programme were completed by all staff.

People and their relatives told us staff were caring, kind and polite. Staff treated people with dignity and respect. People and their relatives told us they felt able to express their views and had been involved in making decisions about people's care.

The provider had an up to date complaints procedure and people and their relatives told us they would know how to make a complaint if they needed to.

People, their relatives and staff were complimentary of management team. The provider had effective

quality assurance systems in place which were used to drive improvements. The management team promoted a caring ethos at the service, which was supported by passionate and dedicated staff.

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 this service was good (21 March 2019).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

1st Homecare (Oxford) 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 comprised of 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.

There was no registered manager in post. The service was run by a manager from a sister service who was to register with The Care Quality Commission.

Notice of inspection

We gave the service a 48 hours' notice of the inspection. This was because we needed to be sure that the management team would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and one person's relative about their experience of the care provided. We spoke with the manager, the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. These included care and medicine records for five people. We looked at four staff files in relation to recruitment and staff supervision, and we examined a variety of records relating to the management of the service.

After the inspection

We contacted five members of staff to obtain their views on the quality of care provided to people. We continued to seek clarification from the provider to validate the evidence found. The provider sent us additional information we requested, and this was looked at as part of the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe receiving care and support from 1st Homecare. One person told us, "Everyone I've encountered has been kind, considerate and caring. I haven't had a moment when I've been concerned about my personal care or safety since I've been with the agency."
- The provider had an effective safeguarding procedure which protected people from the risk of avoidable harm and abuse. Staff understood how to recognise and respond to safeguarding concerns.
- There was a comprehensive 'no reply' policy for staff on how to act if a person did not respond and staff were unable to gain entry to the person's property. For example, it provided staff with instruction on what to do if they suspect that there had been a crime.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed with guidance in place for staff to follow. These included risks to people's mobility, falls, skin conditions and administration of medicines.
- Environmental risk assessments had been completed to support staff safety when visiting people's homes.
- There was a business continuity plan in place in case of an untoward event such as fire in the office or unexpected staff shortage.

Staffing and recruitment

- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.
- Sufficient numbers of staff were employed to safely meet people's needs. People told us, and records confirmed there was a continuity of care as people were supported by a regular team of care staff. Everyone told us that staff stayed the amount of time needed and if running late, people were informed. One person told us, "Although I can see quite a few staff, when it's all added up at the end of the week, I would say that at least 95% of those are known to me and look after me quite regularly."
- Staff confirmed there were enough of them to meet people's needs effectively.

Using medicines safely

- Where the service was responsible, people were supported to manage their medicines. Medicine records and audits ensured issues were identified and resolved in a timely way.
- The provider had a medicine policy in place which guided staff on how to administer medicines safely.
- People received their medicines as prescribed.

Preventing and controlling infection

- The service had an infection control policy.
- Staff told us they were provided with appropriate protective clothing to prevent the spread of infection.
- Records confirmed staff completed training in infection control.

Learning lessons when things go wrong

- Accidents and incidents were recorded so any patterns or trends could be identified, and action taken to reduce the risk of reoccurrence.

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 the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service completed assessments of people's needs and wishes to ensure they could meet their needs.
- People and their relatives were involved in developing people's care plans.
- Further assessments of people's needs and abilities were completed regularly to ensure staff had up to date information about people's needs and preferences.

Staff support: induction, training, skills and experience

- New staff received a comprehensive induction programme based on the Care Certificate which represents best practice when inducting staff into the care sector.
- Staff received annual appraisal and regular supervision, which is a one to one meeting with a senior member of staff to discuss their role and development needs.
- The provider sought training for staff based on people's changing needs, as well as before taking on people with more complex needs such as dementia, autism and learning disabilities.

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

- Where it was part of an assessed need, staff supported people with eating and drinking. People's food and drink related preferences were recorded and understood by staff.
- Not everyone required support with preparing foods and drinks. Some people either had the skills to do this independently or they were supported with this by their relatives.
- People and their relatives told us that staff assisted them with their meals and encouraged them to eat and drink. One person told us, "They'll make my meals and then tidy up for me in the kitchen. I don't often feel like eating too much, but they do their best to encourage me to eat something." Another person told us, "They're my eyes in the fridge, and they remind me what I've got and use by dates."

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

- Records showed staff were vigilant in identifying any health concerns and ensuring people received prompt treatment and advice. If staff noticed people were becoming unwell, this was immediately reported to the office, where referrals were made to the relevant health professional.
- We could see from the records that health care professionals such as specialist doctors, district nurses and the GP had been involved in people's care.
- The service worked closely with other agencies, including health services and care commissioners, to provide consistent and effective support. Contributions from other agencies were included in care plans.

Information about specialist health needs were available for staff to refer to.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes, an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood the importance of gaining consent before providing support. The provider had a clear process for obtaining consent before care and treatment were provided.
- Staff had received training in the MCA and understood the importance of asking for people's permission before providing care and support.
- People confirmed staff respected their wishes and asked them for their consent before carrying out a task.

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 the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. 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

- People had nothing but praise for staff who were caring, kind and considerate. One person told us, "All the carers I see are lovely, I get on really well with all of them."
- Staff told us that they had time to build relationships and get to know people. People's care plans detailed their life histories and important information which helped staff engage and respond to their individual needs.
- The service ensured staff understood equality and diversity through training and by providing access to the equality and diversity policy.

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

- People and their relatives were consulted and involved in people's care and support.
- Care plans were used to record people's preferences and how their care and support should be delivered. The care plans showed how people were involved in managing their care arrangements in partnership with the service and staff to enable them to live independently. As people's needs changed, care plans were reviewed and updated.
- Where required, information was provided to people in a format that was accessible to them. For example, people had access to information written in large print.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and maintained their dignity. One person told us, "The curtains are never opened in the morning until all the chores are done and I'm fully dressed." A member of staff told us, "I support my client with dignity, privacy and confidentiality by respecting her wishes, allowing her privacy during care and ensuring her medical details are protected."
- People were supported by staff to be as independent as possible. Care plans considered people's strengths and abilities, such as their ability to participate in making decisions about their care, or what aspects of care they were able to complete themselves.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated 'good'. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People we spoke with consistently praised the responsiveness of the management team and their ability to support them to express their views and wishes. One person told us, "The carers are all lovely and never mind what they do, including extra jobs if necessary." Another person told us, "I couldn't be without my carers any more. They keep me cheerful and I'm always looking forward to their visits."
- People and their relatives told us the service regularly went above their contractual duties. For example, staff were supporting one person at their own home. However, the person's partner also had a care plan in place and staff were instructed to perform some care related tasks and to assist them both with preparing their meals. This allowed the person and their partner to have a meal together at this same time. Religious needs of the person and their partner were taken into account when providing meal options for staff to prepare.
- Some people had pets which required care and attention. As some people were not able to care for them due to their condition, the service produced care plans and risk assessments for pets to ensure people could show how staff should take care of their pets. For example, one person was no longer able to walk their dog. The dog was their main source of companionship and it was crucial to their psychological wellbeing that the dog remained with them at home. Staff went the extra mile by walking the dog on a daily basis which allowed the person to put their mind at ease knowing there was always someone to take care of their dog.
- The responsive approach to people's needs and circumstances by the management, office staff and care staff was outstanding. For example, a member of staff assisted one person on trips in their own time. This allowed the person to enjoy a long planned trip improving their emotional wellbeing. In another example, the service provided an extra member of staff just to enable one person's partner to travel abroad. The person's partner was anxious that while they were away, one member of staff would not be able to perform all care tasks. The service was responsive and accommodated the person's needs regardless the short notice.
- Coffee mornings were organised with external organisations on a regular basis. Where people who regularly attended coffee mornings could not be present at such a morning, staff delivered them some coffee morning's cake. This means people could still feel they were taking part in the event.
- People and their relatives consistently told us that staff went the extra mile to ensure the care and support being provided was responsive to people's individual needs. One person wrote, "When you look for a provider, you look for a friendly and professional service. 1st Homecare (Oxford) Ltd provide both. Sometimes care needs change or are required urgently and the care manager has always been quick to respond and effective." Another person's relative wrote, "My daughter has been a client of 1st Homecare for over ten years. The nursing care that she receives is superb. The nurse's exact quality of care, attention to

detail, analytical skills and dedication to their client has made an enormous difference to the quality of my daughter's and our family's lives. My daughter has high complex medical needs and profound disabilities; her nurses treat her with warmth, care and sincere respect."

- Where people's condition deteriorated, staff stayed with them so they could have a familiar face near them. This provided families with time for a break and enabled people to feel safe and supported when they experienced a health decline. One person's relative wrote, "Just before Christmas, dad became extremely ill and was rushed into hospital. We were told he had about three hours to live. I rushed to the hospital along with my family. We were in complete shock as his health was failing so quickly. Even the priest turned up and read dad his last rites. Thankfully, dad hung on in there and pulled through. We all felt so exhausted and decided to go home to freshen up. We later discovered from the nurses that 1st Homecare staff put aside their own plans for Christmas and went to the hospital to make sure dad was ok and had someone with him whilst we took a break. These very special, wonderful carers selflessly went above and beyond to care and help my whole family with their huge hearts and endless kindness."
- People and their relatives were given opportunity to recognise and reward staff going the extra mile for them through provider's 'employee of the month' incentive scheme. One person's relative nominating a carer wrote, "Every day [staff] gives to [person], our family, her colleagues and her work with enormous dedication, conscientiousness, professionalism and love. Each week there are gifts for [person], it might be a favourite pudding, a new cream for hand massages or new pyjamas. If a colleague or a member of my family has had a tough time, [staff] is there with kind words, thoughtful actions, little cards and gifts. When [staff] is off-duty or even on holidays, she will send notes enquiring as to how [person] and everyone is; she will remind us that certain items need to be ordered/picked up or various health professionals contacted (she did this yesterday while holidaying abroad). [Staff's] work is truly a vocation. She has the highest standards and nurtures us all. If I am sick or taking a break, [staff] ensures that laundry is done, that [person's] food, medical and oxygen supplies are kept on top of. She's invaluable. I don't know what I'd do without her."
- The provider had introduced an electronic care planning system. This allowed information to be shared with people, care staff, and office staff in real time. This meant the service was able to respond rapidly to changes in people's needs. The electronic medication administration sheets (MARs) were updated in real time. This meant changes to people's medicines could be updated immediately. The electronic care planning system monitored if all tasks were completed by staff. Staff using the system were provided with personalised instructions on how to perform tasks. For example, they were told that a person would like to have their face washed first, then their hands and their legs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was complying with the Accessible Information Standards (AIS) and was able to provide information about the service in a range of formats, such as large print and an easy-to-read format.

Improving care quality in response to complaints or concerns

- Although the service had a system in place for recording complaints, none had been received by the time we conducted our inspection.
- Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.
- People and their relatives told us they knew how to make a complaint.

End of life care and support

- The service was not supporting people who were on palliative or end of life care. The management team told us they would work alongside other health professionals if care was needed in this area.
- Staff told us people's advanced wishes would be respected.

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 the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider's ethos, vision and values were very person-centred. This ensured people were placed at the heart of the service and were the focus of everything the service worked to achieve. A member of staff told us, "In order to achieve the above, we have an internal set of values by which we judge ourselves. These values are introduced during the interview process for all staff and are embedded in everything we do as part of our processes for training and supervising all our staff."
- We saw that part of the recruitment questions were based on the provider's values. They were also often referred to during meetings with people and staff, including meetings where staff's performance was an area of concern. We saw that an 'Our Values' poster was displayed in the office. The nominated individual told us, "The values are a great way for the staff to identify with the company and what it believes in. Indeed, I have heard one carer say to another after she had witnessed some sub-standard care: 'We stand for Compassion and Kindness in this company and I'm not going to let anyone pull us down' as she pointed to one of our values posters."
- The management team was highly visible in the service and was an excellent role model for staff, promoting a truly person-centred culture. They led by example to ensure staff shared the same vision and values.
- There was an open, honest, caring and positive culture across the service. This was clearly led from the top down. People told us the management team were supportive and approachable.
- The provider was extremely committed to ensuring staff felt valued and very supported. This benefited people through enhancing the consistency of care as staff remained with the company and they were motivated to go the extra mile for people. The management team recognised the need for a stable staff team that could be achieved through an incentive scheme and quality training. The nominated individual told us, "Face-to-face training is a key part of what makes us different which has created a more loyal cohort of employees and which has also allowed us to provide better, safer care." We saw that specialised kinds of training were booked for the staff members responsible for training at the service. As a result, their knowledge would be later on disseminated throughout the service. For example, there was a booking for training in a positive, person-centred method of managing Alzheimer's disease and other forms of dementia
- Since the last inspection the provider had continued to develop and improve the service. This led to improved outcomes for people and excellent levels of support. The management team developed and launched a number of initiatives. These included introduction of a mobile application for a next of kin. The application provides times of visits, specifies which tasks were completed and which were not, and gives the name of the carer visiting the person. This has feature has been trialled within the service and is to be

introduced shortly. This application aims to reduce the number of calls from family members concerned if, for example, their relative had a meal or had their personal care completed.

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
- The registered manager understood their responsibilities and had notified the CQC about all incidents, safeguarding concerns and events where required. The nominated individual told us, "In the case of clients we often use our 'openness and honesty' values when we own up to any mistakes that may have been made."

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

- Staff were clear about their roles and responsibilities. They received information on their induction and continuous updated refresher training ensured they were skilled and knowledgeable.
- The provider had quality assurance systems in place which were used effectively to monitor key aspects of the service. The management team completed audits and checks on a regular basis and acted to improve the service.
- Regular checks helped identify areas where improvements could be made to the service or to an individual's care.

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

- The service actively encouraged people to engage with the service and give their feedback. Feedback was obtained through annual surveys and regular quality monitoring phone calls.
- Staff told us they felt supported by the management team and they would be able to raise their opinion or concerns if needed. A member of staff told us, "I feel that if I had a problem, I could speak to my manager in confidence and I would be well supported. I haven't had to voice a concern, so I can't give you an example, but I share a good relationship with the company."
- Protected characteristics, such as sexuality, religion, race and disability, were respected and supported.

Continuous learning and improving care

- The service had a track record for high quality care. Since the last inspection the service had made further improvements to the systems and processes which monitored the quality and safety of services provided. These included the introduction of an electronic care planning system.
- The provider used new innovative ideas to recruit stable workforce. As they realised that some prospective staff members did not apply as they had no driving licence, the provider introduced a scheme where staff were issued with electric bikes which would enable them to reach people on time. This had already been introduced in the sister service and there were plans for the whole service to follow this scheme.

Working in partnership with others

- Staff and the service worked in partnership with a range of health and social care professionals to ensure people's needs were met. The management team worked with commissioners of care, health and social care professionals and other stakeholders to ensure the quality of care was consistently good.
- People's care plans clearly stated advice from other professionals. Staff were aware of this information

and knew how they should support people in line with it.