First Call Homecare Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 5 May 2017 and was announced.

First Call Homecare Ltd is registered to provide personal care to people living in their own homes. There were 70 people using the service on the day of our inspection.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection, there was no registered manager in post. We met with the director who was carrying out the day-to-day management of the service, and had applied to CQC to become registered manager of the service.

People were protected from harm and abuse by staff who had been trained in how to work safely. Staff understood how to recognise and report abuse to the management team. The provider had developed clear procedures for dealing with any abuse concerns. The risks to people had been assessed, recorded and plans implemented to manage these. People's involvement in decisions about risks was encouraged. The provider employed sufficient staff to ensure a consistent and reliable service. People had the consistent support they needed to take their medicines safely.

Staff had the training and support needed to carry out their job roles effectively. People's consent to care was sought and their day-to-day decision-making supported by staff. Staff helped people to have enough to eat and drink, where required. Staff supported people to access professional medical advice and treatment when there was a deterioration or change in their health.

Staff took a caring approach towards their work and got to know people well as individuals. People were encouraged and supported to express their views, and these were listened to by the management team and staff. Staff understood and promoted people's rights to dignity and respect.

People received care and support that was tailored to their individual needs and requirements. Staff recognised the importance of working in accordance with people's care plans. People and their relatives knew how to raise concerns and complaints with the provider, and felt comfortable doing so.

The management team encouraged a positive ongoing dialogue with people, their relatives and staff. People found the management team responsive to any issues and approachable. Staff had confidence in the management team, felt valued in their roles and were clear what was expected of them. The provider's quality assurance activities enabled them to assess and improve quality of the service people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood how to recognise and respond to abuse. The risks associated with people's care and support had been assessed and plans put in place to manage these. People received a reliable and consistent service. Staff supported people to take their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the necessary skills and knowledge to effectively meet people's individual needs. People's consent to care was sought by staff and their decisions and choices respected. Staff supported people to have enough to eat and drink. Staff helped people to access healthcare services, as needed.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion, and promoted their rights to dignity and respect. People were supported to express their views and contribute towards care planning and other decision-making that affected them.

Is the service responsive?

Good

The service was responsive.

People received care and support that reflected their individual needs and requirements. Care plans contained details of people's interests and preferences, and staff made use of these. People and their relatives knew how to complain to the provider and had confidence their concerns would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

The management team promoted an open and inclusive culture within the service. Staff were well supported by management and clear what was expected of them. The provider had developed quality assurance procedures to assess, monitor and improve the quality of the service people received.

First Call Homecare Ltd

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.

This inspection took place on 5 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of one inspector.

As part of our inspection, we reviewed the information we held about the service. We also contacted representatives from the local authority and Healthwatch for their views, and looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we talked to five people who used the service and seven relatives. We also spoke with six members of staff, including the director, senior care staff and care staff.

We looked at three people's care files, complaints records, three staff members' recruitment records, staff training and induction records, medicines records and records associated with the provider's quality assurance systems.

Good

Is the service safe?

Our findings

People told us the support they received from staff at First Call Homecare Ltd helped them to stay safe in their own homes. Two of the people we spoke with explained they were only able to bathe and dress safely with the assistance of staff, as they were prone to falls. People's relatives felt staff played an important role in protecting their family members' safety and wellbeing. For example, one relative said, "[Person's name] is very unsteady on their legs and very forgetful. The staff steady them and make sure things are not in the way."

Staff had received training in how to work safely, and how to protect people from harm and abuse. The staff we spoke with understood the different forms and potential signs of abuse. They gave us examples of the kinds of things that would concern them, such as marked changes in people's behaviour, unusual weight loss, sudden lack of funds and any unexplained marks or bruising. Staff recognised the need to report any abuse concerns to the management team immediately. One staff member explained, "I would phone the manager, and also document everything." The provider had developed clear procedures to ensure any allegations of abuse were reported to the appropriate external agencies and thoroughly investigated. Our records showed they had previously made external notifications in line with these procedures.

The director or care coordinator met with people before their care calls started to discuss the risks associated with their care and support. This assessment considered key aspects of people's safety and wellbeing, including the security and layout of their home environment, their current health needs, and any risk of falls or malnutrition. Care plans were agreed with people to manage these risks, and then reviewed with them on a periodic basis. People and their relatives confirmed they felt adequately involved in decisions about risks and staying safe.

We also saw evidence that the management team liaised with and sought support from external health and social care professionals in their efforts to keep people as safe as possible. For example, a recent multi-disciplinary meeting had been organised to discuss how to best to support one person who was refusing personal care, food and medicines.

Staff understood the purpose of risk assessment and the need to follow care plans to keep people and themselves safe. They told us communication within the service was good, and that the management team kept them up to date about any changes in risk. One staff member explained, "If something dramatic has changed, the office will tell us." Staff said they had access to the equipment they needed to support people safely in their homes. One staff member told us, "Somebody's hoist was out of date. I got onto the office and they sorted it quite quickly." If people were involved in an accident or incident, staff understood the provider's procedures for recording and reporting these events. We saw the management team used these reports to monitor patterns of incidents, and identify any actions needed to keep people safe. For example, having identified a recent increase in one person's falls, they had made contact with the person's GP, the occupational therapist and the local falls prevention team to agree a plan of action to keep the person safe.

People and their relatives told us the provider employed enough staff and organised their rotas in a way that

enabled them to receive a consistent service from regular staff. One person said, "They (staff) are very rarely late and they don't miss calls." Another person told us, "I have one regular carer Monday to Thursday, and then another regular carer on the weekend." They went on to say, "They (staff) turn up on time and they leave on time." The director explained that office staff and senior care staff stepped in to cover any unplanned staff absences. People and their relatives told us staff informed them if they were going to be unavoidably delayed. A relative explained, "If they (staff) do get held up with someone, the will ring and tell us. They've never missed a call." Staff said they were given adequate travel time between their calls and that their rotas were well organised. One staff member said, "The care coordinator is excellent; they (calls) are usually street to street."

The manager checked the suitability of prospective staff before they were allowed to start work with people. These checks included employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS carries out criminal records checks to help employers make safer recruitment decisions. Staff confirmed they had undergone these checks, and we saw evidence of these in the recruitment files we looked at. The provider had developed and made use of formal disciplinary procedures to deal with any serious conduct issues once staff were in post.

People and their relatives told us staff gave people the level of support needed to take their prescribed medicines on a consistent basis. A relative told us, "They (staff) don't go until they've seen [family member] take their medicines." We saw the provider had put systems and procedures in place to ensure people received their medicines safely. For example, all staff received medication training and their competency in this area was checked during periodic unannounced spot checks. In addition, accurate medicines records were maintained, and the management team had liaised with the local pharmacy to ensure the instructions on medicine packaging were sufficiently clear for people and staff.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the skills and knowledge of staff employed by First Call Homecare Ltd. One person explained, "Being blind, I need someone who is completely reliable. They send people out who know what they are doing and who put things back in exactly the same place." A relative said, "They (staff) are all quite likeable and know what they are doing. They do seem to quite professional." Another relative described how the friendliness and professionalism of staff had calmed both of their family members' anxieties over having staff support them in their homes. They explained, "I turned up and heard [family member] laughing and joking with staff, and it was really reassuring. [Other family member] has also told me we've got a good team; staff have really reassured them as well."

The director had assessed and addressed the staff team's learning and development needs. Upon joining the service, staff underwent a period of structured induction training. This gave new starters the opportunity to work alongside more experienced colleagues, read people's care plans, and complete initial training. The director confirmed their induction programme incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. Staff felt their induction with the provider had been a useful, unpressured introduction to their new job roles. One staff member told us, "It was a very good induction. I had two days shadowing, and they (management team) said that if I needed any more shadowing I could have this."

Following their induction, staff participated in an ongoing programme of training and annual refresher training through e-learning. E-learning refers to training completed using a computer, as opposed to face-to-face training. Staff told us the training they had received enabled them to work with people safely and effectively. One staff member said, "The e-learning covers all the bases. A lot of it is common sense." Another staff member told us, "It's good to have health and safety training on a yearly basis, as things change all the time and it brings you up to date." Staff felt confident about approaching the director with any specific training requests. One staff member told us, "When I started, I had never worked with people with dementia before. I talked to the manager and they sent me on a council-run course for it." We saw the director maintained up-to-date training records to help them keep on top of staff training.

In addition to their formal training, staff attended one-to-one meetings with the management team to provide them with feedback on their work performance and identify any additional support needs they may have. The director told us these meetings had not taken place on a consistent basis over recent months, due to the recent change in management, but that they had introduced a new system to address this. Staff told us they felt able to approach the management team for support at any time, and that they had not been hindered by any lapse in formal supervision. One staff member explained, "I speak to them (management team) all the time, so if I do have any issues I phone them straightaway." The director, care coordinators and senior care staff provided 24-hour on-call support to deal with any urgent requests for guidance or advice from staff.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We found the director had an appropriate understanding of people's rights under the MCA and the role of best-interests decision-making. However, staff demonstrated a limited understanding of what the MCA meant for their work. There was also limited information in people's care files about their mental capacity and how to support their decision-making, aside from the initial consent sought to their care and support. However, through speaking with people and their relatives, we were assured staff understood and respected people's rights to make their own decisions, and helped them to do so when needed. The staff we spoke with also recognised the need to make the management team aware of any changes in people's ability to make decisions for themselves. In light of our findings, the director told us they would carry out a review of staff training on the MCA and the associated record-keeping in people's care files.

People and their relatives told us staff encouraged and supported people to have enough to eat and drink each day, where this was an agreed part of their care package. People said staff prepared food and drinks based upon their choices and requests. One person told us, "They (staff) always ask what I want to eat, and whether I want anything else." A relative explained, "We talked it though and put a menu on the wall after discussion with [family members]. They (staff) follow the menu; they're absolutely great." The provider had assessed and put plans in place to manage any specific needs or risks connected with people's eating and drinking. In doing so, they had sought guidance and advice from nutritional specialists, where needed. For example, one person had been referred to the local speech and language therapy team and a dietician due to concerns about their swallowing difficulties and poor diet. Information about people's nutritional and dietary needs was clearly recorded in their care files.

People and their relatives told us staff played a positive part in helping people maintain their health. They said staff used their day-to-day contact with people to monitor any changes or deterioration in their health, and helped people seek professional medical advice or treatment when needed. One person told us, "When my health hasn't been great or I've not felt well, they (staff) have told me to ring the doctor that day." Another person described how, when they had suffered a recent, serious nosebleed, staff had immediately called an ambulance and remained with them until the paramedics arrived. A number of the relatives we spoke with praised the prompt manner in which staff had responded to, and alerted them to, previous medical emergencies involving their family members. We saw information about people's medical history and current health conditions was recorded in their care files, to give staff appropriate insight into these.

Good

Is the service caring?

Our findings

People and their relatives told us staff adopted a kind and compassionate approach towards their work. They used words like "lovely", "helpful" and "kind" when describing the staff to us. One person said, "I'm used to them (staff) and I like them." A relative told us, "The staff are very caring; they do seem like a caring company." People and relatives said staff took the time to get to know people well as individuals. For example, one relative described how their family member's strong rapport with staff had given them the confidence to allow staff to shower them. They explained, "[Family member] felt safe enough and trusting enough to let them (staff member) do it. That's the first time and I was made up by that. [Family member] rang me to say they had had a lovely shower." The staff we spoke with talked about the people they supported with respect and affection, and showed good insight into their individual needs and requirements.

People told us they felt able to feely express their views and opinions to the management team and staff at any time. They were satisfied with the level of involvement they had in care planning and other decision-making about their care and support. People felt the management team welcomed and took their views seriously. Senior care staff met with people on a regular basis to review their care plans, and ensure their individual needs and requirements were still being met by the service. We saw evidence of these reviews in the care files we looked at. People were also invited to complete periodic "member assessment forms" to give feedback on the performance of specific staff members.

The service had the facility to provide people with information in alternative formats, such as large print, if they requested this. At the time of our inspection, none of the people who used the service were accessing independent advocacy services. However, the management team were in the process of putting together a "signposting folder" to give people a better overview of local services, including advocacy, that may be of interest or benefit to them.

People and their relatives told us staff treated people with dignity and respect, and gave people their privacy when they needed this. Staff had been given guidance and training on people's rights, from their induction onwards. The staff we spoke with understood the need to treat people in a respectful and dignified manner, and gave us examples of how they put this into practice in their day-to-day work with people. This included respecting people's choices and decisions, protecting their modesty during personal care tasks, promoting their independence and treating their personal information confidentially. One staff member said, "It's about speaking to them (people) properly, and not speaking over them. You should ask their permission if others are going to speak on their behalf." Another staff member told us, "You never discuss clients with other clients."

Good

Is the service responsive?

Our findings

Like people themselves, the relatives we spoke with were satisfied with the efforts the management team and staff made to involve them in care planning and decision-making. They referred to the periodic reviews carried out by senior care staff at their family members' homes. People and their relatives felt that, through their involvement, the service provided by First Call Homecare Ltd was shaped around their individual needs and requirements. For example, one relative praised the flexibility the provider had shown regarding their family member's call times. They told us, "They've been flexible with (family member) and have bent over backwards for us."

The care plans we looked at in people's care files reflected an individualised approach to assessment and care planning. As well as providing staff with guidance on the nature and level of support people needed, they also included information about what was important to people. This included details of people's preferred daily routines, their food and drink-related likes and dislikes, and their interests. Staff recognised the importance of working in accordance with people's care plans, and told us they checked these on a regular basis. One staff member said, "The first thing I do when I arrive at someone's home is get the care plan out and read the notes from the other carers."

People and their relatives knew how to raise any concerns or complaints with the provider if they needed to, and said they felt comfortable about doing so. One person said, "I'd probably speak to staff, because they'd listen to me." A relative told us, "I'd have a word with staff and ring the office if needed to." We saw people had been given information about how to complain to the provider, as part of the provider's "service user guide".

The provider had developed a formal complaints procedure to ensure good complaints management. We looked at the most recent documented complaint received by the service, and saw this had been dealt with and investigated in line with this procedure. One of the relatives we spoke with expressed their satisfaction with the prompt manner in which the provider had resolved their complaint about the conduct of a member of staff. They told us, "The manager dealt with it straightaway."

The provider invited people and their relatives to provide more general feedback on the service through, amongst other things, the distribution of annual feedback surveys. The feedback received from people and their relatives was analysed and acted upon by the provider. For example, during the feedback survey completed in May 2016, some people had expressed uncertainty about the provider's complaints procedure. As a result, the provider had issued a letter to people re-explaining their complaints procedure and had reiterated this procedure to staff at the next staff meeting.

Good

Is the service well-led?

Our findings

During our inspection, we met the director who, following the departure of the registered manager, was carrying out the day-to-day management of the service. The director had recently applied to CQC to become registered manager of the service. We found the director demonstrated a clear understanding of the duties and responsibilities associated with the management of the service. They told us they kept themselves up to date by, amongst other things, attending events run by the local authority, accessing care websites and networking with other providers. Our records showed the management team had submitted statutory notifications to CQC in line with statutory requirements.

People and their relatives described an open and inclusive culture within the service. They knew who the director was and spoke positively about their dealings with them to date. One person said, "I have quite a bit of contact with [director]. I think they're very nice and very good at explaining things." A relative told us, "I think [director] is very attentive and listens to what you say. You feel you can speak to them freely. They've always been there for us and are very approachable and caring. They'll do anything for the service users." People and their relatives referred to open lines of communication with the director and office staff. They felt listened to and had confidence in the management team's ability and willingness to act on issues promptly and fairly. People's relatives praised the manner in which they kept up-to-date about events affecting their family members. One relative explained, "If there has been any issue, staff are straight on the phone – even if [family member] has simply run out of teabags!"

Staff spoke about their work for the provider with enthusiasm. They felt well supported and valued by the management team, and were clear what was expected of them. One staff member told us, "They (management team) are all lovely. I have a lot to do with [care coordinator]. I can ring them at 9 p.m. at night and can be on the phone for half an hour. They have never told me to call back; they always have time for you." Another staff member said, "It (service) is well organised. Nothing is ever too much bother and there is always someone at the end of the phone. You can always get that back up and support." A further staff member told us, "[Director] is approachable. I know I can sit down and talk to them about anything." Staff understood the role of whistleblowing, and told us they felt confident enough to challenge the provider's work practices and decisions, if needed. One staff member explained, "If there is something I don't like or I don't understand, I will ask them (director)."

We looked at how the management team assessed and monitored the quality of the service people received. We found they carried out a range of quality assurance activities. These included annual audits on key aspects of the service, such as recruitment procedures and the management of people's medicines, and more frequent checks on the contents of people's care files and staff personnel files. Feedback surveys were distributed to people and staff on an annual basis, and staff also underwent periodic spot checks with senior care staff. The management team also monitored complaints and any accidents or incidents involving the people who used the service on an ongoing basis.

These quality assurance activities had led to some improvements in the service. For example, the director had recognised and addressed the need for a better system to keep on top of staff supervisions, staff DBS

updates and staff meetings. They had also identified advantages to people and staff of an electronic care planning system and had put plans in place for this transition. Improvements had also been made to the recording of staff competency assessments during the induction period, and hot water temperatures were now being recorded when staff assisted people to shower or bathe.