

Firstcare (GB) Ltd

FirstCare-Warwickshire

Inspection report

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Date of inspection visit:
02 August 2021

Date of publication:
22 September 2021

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

FirstCare-Warwickshire is a care agency providing personal care and support to people living in their own homes. At the time of the inspection the service was providing personal care to 29 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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

People felt safe and trusted staff. Risks to people's health and safety were assessed and staff knew how to support people to keep them safe. Medication was administered safely. Carers had received training to recognise and report signs of abuse.

Safe recruitment processes were in place and staff received a thorough induction to familiarise themselves with the expectations of the role and the values of the service. They received good quality training and supervision to help them acquire the skills and knowledge to fulfil their role and responsibilities.

People told us staff were caring and knew their needs and preferences well. People were treated with dignity and respect and their independence was promoted and encouraged by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed before the service provided them with care or support. Care plans were developed from these assessments and gave guidance to staff about people's needs and preferences. People and their relatives, where appropriate, were involved in this process.

The service had failed to notify CQC of incidents in line with legislation. Once highlighted to the manager, these notifications were submitted immediately. The registered manager was open and transparent and promoted a person-centred culture within the service. Systems and processes were in place to monitor the quality of the service, and to seek the views of the people who used it. However, these processes had not identified the issues highlighted by inspectors during this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 20/01/2020 and this is the first inspection.

Why we inspected

This was a planned inspection as the service was unrated.

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?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

FirstCare-Warwickshire

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

This inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 August 2021 and ended on 10 August 2021. We visited the office location on 2 August 2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

When we visited the office, we spoke to the registered manager, the director, the head of training and the quality compliance officer.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection we spoke with five people who used the service and/or their relatives by telephone to get their views of the care provided. We also spoke to two care staff by telephone. We reviewed care records that had been updated in response to feedback on the day of the visit and sought clarification from the registered manager to validate evidence found. We looked at training data and infection control policies.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and measures were put in place to keep people safe.
- Some risk assessments required more details to guide staff in how to support people safely, for example a challenging behaviour care plan required more detail around de-escalation methods. There was no impact on people as a result of this as staff were able to tell inspectors what methods they would use if a person became agitated. Risk assessments were updated by the provider immediately following the inspection and contained the correct information.
- People's relatives told us that carers personalised their approach to managing risks around challenging behaviour by having a good understanding of the people they support. They said, "[Relative] has got really attached to little teddies and they [staff] diffuse the situation with teddies."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. They mostly credited this to having regular staff who they trusted and had a good understanding of their needs and preferences.
- Staff received training and were able to demonstrate they knew the process for reporting concerns.
- The provider had systems in place to regularly check staff competence in this aspect of their work.

Staffing and recruitment

- People were supported by regular staff. One relative told us, "There are two carers that come all the time and we may have others at the weekends."
- People and their relatives told us there had only been one or two occasions when staff had been late and they had been informed of the delay by the office staff.
- The provider had a system in place which alerted them to calls which were 15 minutes or more late. This enabled them to investigate the issue and update people using the service.
- Staff were recruited safely and had appropriate pre-employment checks in place.
- The provider used an electronic system to support safe recruitment practice. This prevented staff from being approved to start work until all checks had been completed with an acceptable outcome. Checks included taking up references, completion of a disclosure and barring check and proof of identity and right to work in the UK.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were managed effectively and used to support the service develop and improve.
- Records showed the registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence. For example the service had updated their processes around live-in carers testing positive for COVID-19 following an incident.

Using medicines safely

- Medication was administered safely.
- Some people were having medication administered as and when required but the MAR (medication administration record) indicated it should be taken regularly. People and their relatives told us they understood the medication was administered correctly and as they had been advised by medical professionals. The registered manager confirmed this issue had not been identified prior to our visit and they would clarify this further with the prescriber to ensure medication was given correctly.
- Staff were trained on how to administer medicines before carrying out this duty. They were able to demonstrate an understanding of people's medication and when as required medication should be administered.
- The provider checked staff competency following their training and at regular intervals. This helped to ensure staff had retained their skills and understood safe practice in medication.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's needs had been assessed prior to starting with the service in line with legislation and guidance. The assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility, skincare and communication. This information had been used to develop a care plan to support staff to understand how to meet the person's needs.
- There was some inconsistency across care plans where additional information was required to guide staff. For example, one pressure care plan viewed required more information about repositioning. These were updated by the registered manager immediately and had enough information following this.
- Care and support was reviewed and updated as people's needs changed. Due to an error on the electronic system it was not clear the dates that reviews had taken place however people, their relatives and staff told us that care plans were reviewed at least three monthly or more regularly where there had been changes.

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the right skills and knowledge to care for them well. One relative told us "[My relative] is different on different days. Carers know them well. They handle challenging behaviour well; they stand back and let them calm down."
- The provider ensured staff had support to develop their skills through a flexible and robust approach to training. COVID-19 had caused challenges in delivering training, where this was usually face-to-face. With the loosening of restrictions, the provider was increasing their face-to-face training and had a training manager in post to coordinate this.
- Staff told us they had a comprehensive induction process which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. They told us training was engaging and kept them interested.
- Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

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

- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with the management team or their relative where appropriate.
- They worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff work cooperatively with other health and social care professionals such as

GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.

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

- More detail was needed in some care plans where people required thickened fluids due to swallowing difficulties. People's relatives told us that the details of how much thickener to use were displayed clearly in the person's kitchen and that their relative measured out the thickener for staff to use. During the inspection period care plans were updated to more clearly reflect this.
- People were supported to eat, drink and prepare meals where this was identified as a need in their care plan.
- Staff told us they would always offer to provide a drink or something to eat to people whether this was part of their care plan.

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

- Whilst the service was working within the principles of the Act, mental capacity and best interests, assessments were not always completed appropriately. For example, one person was recorded as lacking mental capacity but there was no mental capacity assessment in their file. The registered manager informed us that until recently the Local authority were completing all mental capacity assessments. During the inspection period these assessments were updated, and the registered manager was arranging Best Interest meetings where required.
- People's relatives told us that staff worked within the principles of the Mental Capacity Act 2005 by always seeking consent from the person they were supporting. One relative told us "Everything they do they tell them [their family member] and say what they're doing at every step of the way."
- Staff were able to demonstrate a good understanding of the principles of the mental capacity act and understood what actions to take if someone had refused care.

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 told us staff were kind and treated them well. One relative told us, "It's not just a job to them [the staff]. It makes all the difference in the world when they actually care what they're doing."
- Many people said they appreciated having consistent care staff and this increased their confidence that staff were trustworthy, provided dignified care and treated them with respect. One relative told us, "They're all like daughters to me [the staff]."
- Staff told us that the provider made efforts to match staff's personalities with people receiving care.

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

- People and relatives confirmed they had been involved in decisions about their care. This included what they needed help with and how they liked care to be carried out.
- As well as satisfaction surveys and regular reviews of care, office staff were calling people regularly to gain feedback and discuss any concerns people had.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that privacy and dignity was promoted. One relative told us that carers always ensured doors and curtains were shut when supporting their family member with personal care.
- Staff told us how they supported people to do as much for themselves as they were able to. They told us about ways they protected people's dignity during care tasks for example by using towels to cover private areas.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs. One relative told us, "All I have to do is ring the office and straight away they will change things. If I'm out and I have a problem all I have to do is ring the office and they sort it."
- People were supported to achieve the goals that were important to them. For example, one person was supported by a carer to attend a recent family wedding.
- Care plans were person-centred and considered people's preferences, likes and dislikes. In some places additional details were required to ensure all risk management details were captured. For example, de-escalation techniques needed to be included in one person's challenging behaviour care plan. These records were updated with the appropriate information during the inspection period.
- People and their relatives were involved in the development and ongoing review of their care. Care plans were reviewed regularly or as and when their needs changed.
- Staff were kept informed about changes in people's care and support needs by office staff and through the electronic care system which was linked to their mobile phones. This helped staff to stay up to date with information about people's needs.
- People were cared for by a small, consistent team of staff. This promoted continuity of care and ensured as far as possible they had support from staff who knew and understood their needs and preferences.

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.

- Most people using the service were able to communicate verbally with staff. They could also read and understand information given to them by the service.
- Where people's communication abilities were limited, they had communication care plans in place to support staff to know how best to interact with them.
- The provider told us they would provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or using translation services to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns or complaints with the provider.
- Complaints were recorded on an electronic system which enabled the provider to review and analyse

themes and patterns of concerns raised and use this information to make improvements to the service.

- The provider investigated and responded to complaints appropriately and in line with their policy.

End of life care and support

- When the inspection was carried out the service was not supporting people at the end of their lives.
- Where people had a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT form) these were held in their files.
- The provider confirmed that when they supported people at the end of their lives, their care plan was amended to reflect changes to the care required to meet their needs. The provider worked collaboratively with other health and social care professionals to support the person appropriately and to ensure they were able to stay at home where possible, if that was their preference.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had not submitted statutory notifications about two safeguarding incidents. Once highlighted by inspectors these notifications were immediately submitted. The registered manager told us they had been advised by the local authority that these notifications were not required but now understood this advice was incorrect.
- Care plans and risk assessments required more details in some areas to be truly person-centred and these issues had not been identified through the quality assurance system. For example, guidance on the use of thickener, repositioning and challenging behaviour could be improved.
- Some improvement was required in the understanding of the Mental Capacity Act 2005 and the registered manager was directed to the Code of Practice published by the Office of the Public Guardian.
- The management team and staff had good understanding of their roles and worked well together as a team to provide high quality care.
- Staff confirmed they received supervision and annual appraisals regarding their performance and to support professional development.
- The provider and the registered manager carried out regular audits to check on the quality of the service and to support continuous improvements.
- There were no incidents which would have triggered the Duty of Candour, but the registered manager demonstrated awareness and understanding of this requirement.

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

- The provider promoted a person-centred service however more detail was needed in some care plans to capture this fully.
- They recognised the links between well trained and supported staff and the provision of truly person-centred care with good outcomes for people.
- Staff were positive about their roles and the support they received from the management of the service. One staff member told us, "I appreciate that the company I'm working for make me feel really valued. They make me feel that they're investing in me."
- The registered manager encouraged an open and honest approach within the service and were continuously looking for ways to improve. They took responsibility if anything went wrong and took action to put things right.

- During the inspection process the provider was responsive to feedback given and immediately made changes based on this. They showed a commitment to continuous improvement in the service to meet people's needs.

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

- There were several ways for people and their relatives to make their views known, including regular telephone quality checks, spot checks and surveys.
- Staff told us they felt well supported by the provider and said the registered manager and office staff were approachable and responsive if they raised any issues with them. A member of staff said, "Many times I've called [the office] and they haven't answered but I always get a call back within 10 minutes. I can rely on them."
- The registered manager ensured that, where required, staff had reasonable adjustments to support them in their roles.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.