First Practice Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 29 June 2015. We gave the provider 48 hours' notice to make sure that there would be someone in the office at the time of our visit. First Practice is a small domiciliary care agency which provides personal care to people in their own homes. At the time of our visit there were 44 people using the service.

The service has 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.

We last inspected this agency in May 2014. At that time the systems in place to recruit new staff and monitor the

Summary of findings

safety and quality of the service were not adequate. The registered provider and manager took action and at this inspection we found the required improvements had been made.

People using this service told us that they felt safe. There were good systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

We were told by people who used the service and staff, that people were supported at each call by the number of staff identified as necessary in their care plans. People told us that the agency had improved so that they were usually supported by the same care staff. This had helped people to build up close relationships with the care staff who provided their personal care.

All staff received an induction when they were initially employed but the provider's induction and training arrangements did not always ensure staff had the right skills and knowledge to carry out their role effectively.

People were supported to eat and drink in ways which maintained their health and respected their preferences. People's care plans did not contain all the necessary information to inform care staff how to meet some people's health needs effectively.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) which applies to services providing care in the community. Although staff were aware of the principles of the MCA, they did not have access to sufficient information to enable them to understand the ability of some people to make specific decisions for themselves.

People who used the service told us that they were confident that care was provided in accordance with their needs. People described the staff as being kind and caring and staff spoke affectionately about the people they supported.

The provider had arrangements in place to deal with any concerns or complaints. People told us that they would not hesitate to contact the agency office if they had a concern.

Systems were in place to regularly assess and monitor the quality of the service. This included checks on staff competency, a range of audits such as medication and regularly seeking the views and feedback of people and staff. The registered manager had failed to ensure that staff had been provided with a shared understanding of risks experienced by some people who used the service, and of action that should be taken by staff in certain circumstances, for example in relation to specific health conditions.

Summary of findings

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.

People told us that they felt safe. Staff were trained in recognising the possible signs of abuse and they knew how to report safeguarding concerns.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs.

People received their medication safely but staff needed additional information about what the medication was prescribed for.

Good

Is the service effective?
The service was not consistently effective.

The provider's induction and training arrangements needed improvement to ensure staff have the right skills and knowledge to carry out their role effectively.

People were supported to eat and drink in ways which maintained their health and respected their preferences. People's care plans did not contain all the necessary information to inform care staff how to meet some people's health needs effectively.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

Requires Improvement

Is the service caring?
The service was caring.

Staff had positive caring relationships with people. People had been involved in decisions about their care and support. Their dignity and privacy had been promoted and respected.

Good

Is the service responsive?
The service was responsive.

There were good systems for planning the care and support which people needed and people were involved planning their care.

People's comments and complaints were listened to and appropriate changes were made in relation to complaints.

Good

Is the service well-led?
The service was not consistently well led.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

Requires Improvement

Summary of findings

Systems were in place to regularly assess and monitor the quality of the service. This included checks on staff competency, a range of audits such as medication and regularly seeking the views and feedback of people who used the service.

The registered manager had failed to ensure that staff had been provided with a shared understanding of risks experienced by some people who used the service, and of action that should be taken by staff in certain circumstances, for example in relation to specific health conditions.

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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 29 June 2015. We gave the provider 48 hours' notice to make sure that there would be someone at the office at the time of our visit. The inspection was carried out by one inspector.

Before the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received when we requested it. The local authority commissioner provided us with information about a recent monitoring visit to the service. We spoke with three people using the service and with the relatives of three people to ask them about the care they received. We used this information to plan what areas we were going to focus on during our inspection.

During our visit to the service we met the registered manager and one care co-ordinator. We sampled the records relating to three of the people using the service and three records relating to staff recruitment and training. We also reviewed records relating to the management and quality assurance of the service. After the visit we contacted and spoke with four care staff.

Good

Is the service safe?

Our findings

We last inspected this agency in May 2014. At that time the systems in place to recruit new staff were not adequate. The registered provider and manager took action and at this inspection we found the required improvements had been made.

The provider had a system in place to assist them with recruiting staff who were suitable to support the people who used the service. The staff we spoke with felt the provider's recruitment system was robust and confirmed that it included checks such as a Disclosure and Barring Service check (DBS) and checking people's employment history by gaining references from previous employers. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed. The registered manager told us and records confirmed that they made further enquiries and completed an assessment of risk when checks raised potential concerns with an applicant's suitability to work with people.

People had no concerns about their safety regarding the service they received in their own home. They said they were well cared for and felt safe with the staff who provided their support and personal care. One person told us, "I feel safe in their care."

The registered manager told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. There were whistleblowing guidelines for staff in case they witnessed or suspected that colleagues were placing people at risk. Staff also told us they could raise concerns with the management team and felt that the service kept people safe. One care staff told us, "If there is abuse you cannot leave it, it's not right. I consider if that was my Mother would it be right?."

The provider had conducted assessments of potential risks to people before they joined the service and as their conditions changed. These covered risks such as health, mobility, moving and handling and the environment. Staff confirmed that they had been trained in moving and handling people safely.

We had previously been made aware of an incident where a care staff had not appropriately reported an incident to senior staff. This had been investigated by the local authority under their safeguarding procedures. We found that the provider had taken action to reduce the risk of future similar incidents occurring in future. The staff who spoke with us were confident about how to manage emergencies in people's homes. Staff were able to describe how they would respond to emergencies such as a person being unwell, having a fall or finding that a person was not at home when they arrived. Staff had access to a 24 hour on-call system, should an emergency arise out of office hours.

There were sufficient staff employed to meet people's individual needs. One person told us, "I always get the same two staff, I cannot fault them." Another person told us, "My relative gets the same staff so that they know their needs. The consistency of the staff is invaluable." The registered manager told us that they only offered a service to people if staff were available. They told us the number of people they visited was based on the number of staff employed.

We were told by people who used the service and staff that people were always supported by the number of care staff identified as necessary in people's care plans. Some people needed two staff to assist them. A care staff told us that they always worked alongside another member of staff and had never worked on their own with a person who had been assessed as needing two staff. Staff told us they had travel time factored into their schedules and this meant that they spent the full length of time with people and were not rushed.

We looked at how the agency supported people who required support with their medicines. People told us that they felt confident staff supported them to take their medication safely. One person told us, "I get help with my medication and get it on time." The registered manager told us that all staff who administered medication had been trained and assessed to make sure they were competent to do so. Records confirmed this. Staff knew how to administer people's medication safely but told us that most of the people they supported required only prompting to take their medication or their relatives gave them their medication.

Each person had a specific plan detailing how their medicines should be given but we noted there was no

Good

Is the service safe?

information about what the medication was for or any possible side effects that care staff should be alert to. This meant that care staff did not have sufficient information about the medication that they were prompting people to take. The registered manager told us this information would be added to people's care plans as a priority.

Requires Improvement

Is the service effective?

Our findings

People and relatives of people who used the service told us they were happy with the care provided and that it met their needs. One person told us, "The staff do all the care tasks they are supposed to." Another person told us, "I am extremely happy with the care I get."

Before a person commenced using the service, senior staff undertook a pre-assessment with the person to identify their individual needs, their personal preferences and any risks associated with providing their care. Senior staff met with people on a regular basis to discuss their care needs and identify if there have been any changes. People we spoke with said that they were supported in line with their care plans. Relatives of people who used the service said that care staff knew the care people needed to maintain their welfare and had no concerns about how the care was delivered.

People told us that care staff would call the doctor or other health professional if they asked them to. Due to some people's specific health care needs there was an increased risk that they may not always receive effective care. People who were living with diabetes did not have guidance for care staff to follow. There was no information on how to recognise and manage possible changes in these people's physical or behavioural demeanour as a result of their diabetes. This meant there was a risk that care staff would not recognise the signs of this person becoming unwell and know how to respond. This was an area that required improvement.

Staff told us, and the records confirmed, that all staff had received induction training when they first started to work for the service. We discussed the agency's induction and training processes with the registered manager and checked the information against three staff files. Whilst staff had completed an induction the provider had not yet introduced the new 'Care Certificate' that should be completed for staff who are new to the care sector from April 2015. The registered manager was aware of the 'Care Certificate' and told us she was waiting until she had a larger group of staff who needed to complete this before it was introduced.

Following their induction, each new starter was assigned to work with a more experienced member of staff before working on their own. Feedback from care staff and the registered manager confirmed there were systems in place for regular supervision and care staff told us they felt supported in their role. One member of staff told us they were due to work with another person whilst their regular staff was on holiday. They told us they had received a handover about the person so that they felt confident to meet the person's needs.

The registered manager had recently conducted a survey with care staff and part of the survey sought their views on the training they had received. One care staff had commented that they needed more practical training in relation to assisting people to move and first aid. The registered manager told us and provided evidence that staff had been provided with additional moving and handling training that had been provided by an external training company. We were informed that first aid training was still done by watching a video and then a question and answer test to assess knowledge. The registered manager told us they were still investigating alternative, more practical training for care staff.

Some care staff worked with people who were living with dementia but they had only completed a very short and basic introduction to this important area. Following our inspection we were informed by the registered manager that a more in-depth training package had been purchased and that arrangements were also being made for a health professional to undertake additional training with care staff.

The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA). Care staff we spoke with were able to tell us how they sought consent from people and offered choice however we saw that people's care files were unclear if people had the capacity to make all or some their own decisions.

Where people required support with their meals and diet this was documented in their care plan and people told us the staff met their needs in line with this. Staff had relevant information about people's dietary and nutritional needs. People using the service were able to discuss their preferences with staff when they were preparing food so people received food which they had chosen.

Good

Is the service caring?

Our findings

People and their relatives told us the staff had a caring approach. One person said, “They are excellent. All the staff are really kind.” One relative told us that when the regular care staff was not available it was good that the replacement care staff had been able to ‘shadow’ the more experienced staff. However they were disappointed that the office had not given the person prior notice that they would be sending a different care worker and this had caused the person some initial confusion.

People told us that although care staff on occasion ran late they were usually kept informed. The registered manager said a person’s preferred time for a visit was discussed at the initial assessment and they would try to suit their visit to the preference.

All the staff we spoke with said they enjoyed supporting people and spoke affectionately about the people who used the service and it was clear that they valued their relationships with the people they supported.

People told us that the agency had improved so that they were usually supported by the same staff members. Care staff told us how they were given time to build relationships with people when starting their care and because they were given time to shadow other care staff so that they could get to know the people they were supporting. One care staff told us, “I usually work with the same four people so I get to know their needs well.” This had helped people to build up close relationships with the staff who provided their personal care.

People told us that the care staff respected their privacy and dignity when assisting them with their personal care. One person’s relative told us, “The staff are very respectful of the older generation.” Staff received training to ensure they understood the importance of respecting people’s privacy, dignity and rights. This formed part of the induction programme.

People were encouraged to maintain their independence. During our discussion with staff they used terms such as ‘support’ and ‘choice’ when describing how they supported people. We also saw in people’s records that staff had recorded that they had ‘assisted’ people or written that a person had carried out a task independently on that occasion. People had been involved in developing their care plan and identifying what support they required from the service and how this was to be carried out.

Good

Is the service responsive?

Our findings

People gave examples of when the service had responded to their requests and concerns. One person described how they had not felt comfortable with one member of staff and had been provided with a different staff when they requested this. We saw evidence in the records that staff were encouraged to provide people with choices as they carried out their duties. For example with regards to the clothes people wanted to wear and the meals they wanted to eat.

The registered manager told us that they conducted an initial assessment in a person's own home when they were initially referred to the service. During the assessment they discussed the person's care needs and conducted risk assessments for the environment and the person who needed the care package. People told us that the service met their needs and that they had been included in planning and agreeing to the care provided. People's care plans had been reviewed by senior care staff and people and their relatives, if appropriate were involved in these reviews.

People who used the service and their relatives told us they felt comfortable to complain if something was not right although some people could not remember if they had been given a copy of the provider's complaint procedure. The service had a complaints policy and procedure on display. We brought to the registered manager's attention that the policy needed to include details of the local authority and ombudsman that people could approach if they were not satisfied with how the provider had dealt with their complaint.

People told us that they knew how to contact the manager and would have no hesitation in doing so if they were not satisfied with the standard of care. They expressed confidence that the manager would act on concerns raised. One person told us that they had raised a concern and that since then "It has been brilliant." We saw records of issues which people had raised and the registered manager had recorded the action which had been taken in response to comments so that the situation had been resolved to the person's satisfaction.

Requires Improvement

Is the service well-led?

Our findings

We last inspected this agency in May 2014. At that time the systems in place to monitor the safety and quality of the service were not adequate. The registered provider and manager took action and at this inspection we found the required improvements had been made.

A system to record complaints and incidents had been introduced and this was analysed on a monthly basis. This helped the registered manager to monitor the number and type of complaints and incidents so that any trends or themes could be identified.

We looked at how the agency checked each person had received their correct medication in order to keep them well and we saw that care staff had filled in daily records to record any medication they had prompted the person to take. Regular audits were carried out by senior staff and these usually identified where there were any gaps in people's medication charts and the action taken. However we brought to the registered manager's attention that for one person there had been gaps in their records in May but these had not been identified on the medication audit that had been completed.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People told us that they were asked for their opinions of the service. One person told us, "The office staff ring me and check everything is okay." The agency also used questionnaires to seek the feedback of people using the service and their relatives. We looked at a sample of questionnaires and these showed that overall, people were satisfied with the support they received. The provider had a system of spot checks to review the quality of care people received in their homes.

The registered manager had attended some recent workshops to keep themselves up to date with issues in the care sector. This included attendance at a safeguarding forum and a briefing on the new Care Certificate. However the registered manager was not fully aware of their responsibilities under the Health and Social Care Act 2014. Our discussions showed they were not aware of the implications of the new regulation regarding the duty of candour. This meant there was a risk that the provider might not act in accordance with current legislation when something went wrong. We had also not received a notification from the provider about an incident that the provider was legally required to report to us. The registered manager told us that at the time of the incident they had not been aware it should have been reported. They told us that following a recent visit from a local authority commissioner they were now aware of their duty to report such incidents.

People and care staff told us that the registered manager was approachable. One care staff told us, "The manager and all the office staff are approachable and available for advice if needed."

The registered manager told us she felt it was important that people and their relatives were able to speak to her if they did not wish to speak to the staff in the office. She said that to facilitate this she ensured that people were given her own personal mobile number as a contact.

Care staff spoke positively about the support they received from the registered manager. They felt they had the information they needed and that senior staff were approachable. Staff meetings were arranged on a regular basis with staff so that the provider and acting manager could feedback any issues to staff to help improve the service people received.

The registered manager had failed to ensure that staff had been provided with a shared understanding of risks experienced by some people who used the service, and of action that should be taken by staff in certain circumstances, for example in relation to specific health conditions.