

Firstcare (GB) Ltd

# FirstCare-Bedfordshire & MK

## Inspection report

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18 October 2019

23 October 2019

11 November 2019

22 November 2019

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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

### About the service

Firstcare (GB) Bedfordshire and MK is a care agency providing care and support to people living in their own homes. At the time of the inspection the service was providing personal care to 75 people.

Not everyone who used the service received personal care. 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

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

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

Where required, people were supported to have enough to eat and drink, and to take their medicines as prescribed.

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 told us staff were caring and treated them with dignity and respect. People's independence was promoted and encouraged by staff.

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

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (report published 20 April 2017). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 the Safe findings below

**Good** ●

### **Is the service effective?**

The service was effective.

Details are In the Effective findings below

**Good** ●

### **Is the service caring?**

The service was caring

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in the responsive section below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in the Well-led section below

**Good** ●

# FirstCare-Bedfordshire & MK

## 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 one inspector and one assistant inspector.

#### 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 a short period of notice of the inspection visit. This was because it is a care at home 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 18 October 2019 and ended on 22 November 2019. We visited the office location on 11 November 2019. Before the office visit we carried out telephone interviews with people who used the service and their relatives. After the office visit we carried out telephone interviews with staff.

#### 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 work with the service. We used all of this information to plan our inspection.

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-

During the inspection period, we spoke with eight people who used the service and/or their relatives by telephone to get their views of the care provided by Firstcare (GB) Bedfordshire and MK. When we visited the office, we spoke with the registered manager and the director of finance, who are also the providers, the head of training, the quality and compliance manager and four care staff. We reviewed a range of records, including those related to staff employment, training, care, medicines administration, care visit monitoring and auditing systems.

After the inspection

We spoke with a further two staff by telephone.

# 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 as Good. At this inspection the rating for 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 told us they felt safe. They mostly credited this to having regular care staff, who they knew and trusted, and who knew their needs well.
- 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.

Assessing risk, safety monitoring and management

- People's individual risks were assessed, and measures were put in place to reduce risks to help keep people safe.
- Risk assessments were kept under regular review to ensure they remained current and up to date.

Staffing and recruitment

- Some people and relatives reported experience of late or inconsistently timed calls on occasion. However, most people told us this had occurred due to heavy traffic in the area which had caused delays. This was confirmed by the provider who was aware of temporary road works that had resulted in some delay. They were now able to address this in the planning of calls for the duration of the road works.
- The new electronic system used to monitor calls had improved the provider's responsiveness to delays or potentially missed calls. The system showed a 'live' view of care calls, so the provider could easily identify problems and address them quickly.
- People were supported by staff who had been recruited safely with pre-employment checks completed.
- 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.

Using medicines safely

- Medicines were administered safely
- Staff received training on how to administer medicines before they were able to carry out this duty.
- The provider checked staff competency following training and at regular, three monthly intervals. This helped to ensure staff had retained their skills and understood safe practice in relation to medicine

administration.

#### Preventing and controlling infection

- Staff had training in the control and prevention of the spread of infection.
- They understood good practice and wore protective equipment such as gloves and aprons when providing personal care. People confirmed this.
- Staff confirmed they had a good supply of gloves and aprons available to them and that they made sure to request them in time to ensure they did not run out.

#### Learning lessons when things go wrong

- Incidents and accidents were managed effectively and used to support the service to develop and improve.
- Records showed the registered manager reviewed this information and took appropriate action 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 as good. At this inspection the rating for 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

- People's needs had been assessed prior to admission in line with legislation and up to date guidance. The assessments identified people's needs in relation to issues such as eating and drinking, mobility, skincare, emotional wellbeing and mental health, personal care, specific health conditions and communication. This information had been used to develop a care plan to support staff to understand how to meet the person's needs.
- Care and Support was reviewed and updated as people's needs changed.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the right skills and knowledge to care for them well. One relative said, "My [family member] is in a wheelchair with degenerative spine condition and our carer knows exactly what to do and how to look after her."
- The provider ensured staff had support to develop their skills through a flexible and robust approach to training. There was a strong emphasis on face to face training and competency checks to ensure staff understood how the content related to their work.
- Although computer-based training was sometimes used, this was to supplement face to face training, rather than to replace it. Training requirements in relation to the specific needs of people using the service, when identified, was sourced and provided.
- Staff confirmed they received a comprehensive induction when new to the service which included shadowing experienced staff before working independently. The provider was in the process of developing a mentoring system to support new staff. This involved training a group of established staff to become skilled mentors to ensure the shadowing process was as effective as possible.
- Staff confirmed they attended one to one supervision meetings where they discussed their role, training and development needs and issues relating to their work.

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

- People were supported to eat, drink and prepare meals where this was identified as a need in their care plan.
- Food and fluid intake charts were in place where assessed as needed due to a person being at risk of not eating or drinking enough to maintain good health.
- Staff told us they would always offer to provide a drink or a biscuit to people whether or not this was a part of their care plan.

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 very well and ensured that any changes in a person's condition was noted and discussed with the management team.
- 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.

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.

- The registered manager had a good understanding of the principles of the legislation and understood the process should they need to apply to deprive a person of their liberty.
- staff had training on the Mental Capacity Act and understood the principles of it and how this applied to their work.

# 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 as good. At this inspection the rating for 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 told us staff were kind and treated them well. One person said, "They are nice, very nice. A very good crowd. It's nice to have someone to talk to."
- 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 said, "We've had a regular carer for five or six years and she's great. We're really happy with her."
- The provider confirmed that, where possible, they tried to match people with staff who were best suited to meet their need. For example, if a person's first language was not English and a staff member was able to speak their preferred language, the staff member would be allocated to that person to support.

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

- People and their 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.
- Office based staff told us they periodically made telephone calls and spot check visits to check on care and to seek people's views of the service they received. People and relatives confirmed this was the case.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was promoted. Staff told us they always explained what they were going to do before providing care and checked the person's consent. They were able to tell us about ways to protect people's privacy and dignity when providing care, such as using towels to keep them as covered up as possible, and closing curtains.
- Staff told us they promoted people's independence by making sure they knew and took account of what people were able to do for themselves, and what they needed help to do.

## 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 as Good. At this inspection the rating for this key question has remained the same.

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.
- Care Plans varied in detail and quality. Some were very person-centred and gave staff clear guidance in relation to people's needs and preferences. Others were less detailed and were more task focussed. The provider confirmed this was a work in progress. The first step of the process had been to ensure all documentation was stored on the electronic system. The process of reviewing and improving care plans was now underway.
- People and their relatives were involved in the development and on-going 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. One relative said, "We get mostly the same four or so carers. They know us and we know them, we have a good laugh. We get someone from the same team of carers each time."

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.
- The provider told us they would provide information in other formats if this was required to support people to understand it. For example, by providing care plans in an easy 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 any 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

- The service had limited input regarding the medical needs of someone at the end of their life, or in relation to funeral planning.
- However, the provider confirmed that, when they supported a person at the end of their life, 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 this 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.

At the last inspection this key question was rated as Good. At this inspection this key question remains 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; 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 provider promoted a person-centred service. They recognised the link between well trained and supported staff and the provision of truly person-centred care with good outcomes for people.
- The provider encouraged an open and honest approach within the service. They took responsibility if anything went wrong and took action to put things right. One person told us they had raised an issue with them in relation to late care visits. The provider took action to address their concerns straight away.
- Throughout our inspection, the registered manager and provider were receptive to feedback and showed a commitment to continuous improvement in the service to meet people's needs effectively.

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

- The management team and staff had good understanding of their roles and worked well together as a team to provide high quality care. A member of staff said, "I've always had high standards of care and I feel that I am able to deliver that standard with First Care."
- Staff confirmed they received supervision and annual appraisal regarding their performance and to support their professional development.
- The provider and the registered managers carried out regular audits to check on the quality of the service and to support continuous improvements.
- Information obtained through complaints, surveys, meeting, audits and the analysis of incidents was used to make continuous improvements to the service.
- When necessary, the registered manager sent notifications to the Care Quality Commission as required by law. For example, to improve the accuracy of medicines management

Continuous learning and improving care

- The provider was continuously looking for ways to improve the service. They were particularly interested in how technology could be used to do this. For example, at the time of the inspection they were looking at how robotics might be used in a care setting to improve the efficiency of the service provided.
- The provider had recently taken part in a parliamentary review in relation to how they were using

technology to support an innovative approach to care at home.

- The head of training told us about a recent initiative to develop a complex support team to respond to people who used the service who had high or complex support needs to ensure they received good care from well trained staff. This was to be achieved through training existing members of staff who showed an interest or aptitude for supporting people with specialised 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.
- The new electronic system used by the provider was accessible to staff, people and their relatives through a personal log on and password. This meant they could check their care plan and family members could check that visits had taken place, however far away they were.
- 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, "They [management team] are always open to listening and they're quite active if there's an issue. Either with myself or with clients. They are very accommodating. They have an open-door policy you can speak to management at any time."

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.