

1st for Care (GB) 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

This inspection visit took place at 1st For Care on 30 January 2017 and was announced. We told the registered manager before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

1st for Care (GB) Ltd is a domiciliary care agency which provides care and support to people with complex care needs to people living in their own home. 1st for Care (GB) Ltd offers a service nationally but has its office base in Lancaster. At the time of the inspection 1st for Care (GB) Ltd was providing domiciliary care to two people.

There was a registered manager in place. 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.

This was the first inspection since the agency changed location. However previous inspections had been carried out at the last location.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to provide safe care for people.

The registered manager made sure new staff had a full employment history and obtained recruitment checks before employing them. Staffing levels were sufficient to meet people's needs and their agreed care packages.

Risk assessments had been developed to minimise potential risk of harm to people during delivery of their care and when staff visited homes of people. These had been reviewed when changes occurred.

Staff knew people they supported and provided a service that was suited for the individual. Care plans were in place detailing how people wished their care to be delivered. People told us they had been involved in making decisions about their care.

People supported by the service told us staff who visited them were polite, reliable, patient and respectful in their approach to their work. A comment included, "They are very good and caring people."

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The service had a complaints procedure which was made available to people when they received a service.

One person we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included spot checks, care plan reviews and staff meetings.

Staff and one person who received a service told us the registered manager was supportive and approachable. The registered manager met with people and provided opportunities for them to comment about the quality of their care.

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.

Recruitment procedures the service had in place were safe.

The provider had procedures in place to protect people from abuse and unsafe care.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

When required people would be supported to eat and drink according to their plan of care.

Is the service caring?

Good ●

The service was caring.

People who used the service were treated with kindness and respect by staff at 1st For Care.

Care and support had been provided in accordance with people's needs and wishes.

People were involved in their care planning and their delivery of care. This which was evidenced in care records.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs.

The registered manager had a system to ensure people's records were updated both at the office and in their own homes.

The registered manager had a variety of systems to check and manage people's complaints and concerns if they had any.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. The views of people who used the service were sought in a variety of ways.

Quality assurance was checked upon and action was taken to make improvements, where necessary.

1st for Care (GB) 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 checked 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 visit took place on 30 January 2017 and was announced. The registered manager was given 48 hours' notice because the location provides a care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of a social care inspector.

Before our inspection on the 30 January 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

The service was currently supporting two people and we were able to speak with spoke with one person by telephone for their opinions of 1st For Care. We also spoke with the registered manager and four staff members. In addition we visited the office base for 1st For Care.

We looked at the care records of one person, recruitment records and training records of staff members. We also looked at records relating to the management of the service. In addition we received positive information from health and social care professionals about the care 1st For care provided. This helped us to gain a balanced overview of what people experienced who were supported by the service.

Is the service safe?

Our findings

People we spoke with who received a service told us they felt safe and secure in the care of the staff who supported them. Comments included, "[Staff member] is very good and I feel relaxed and safe in their company." A staff member we spoke with told us the amount of support for the two people who used the service ensured they were kept safe. For example one staff member said, "We provide a lot of support and make sure people has the best care possible."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. We spoke with staff about safeguarding training and all were confident they knew the process to follow and what signs to look out for if they felt abuse was taking place.

The service had a whistleblowing procedure so staff were aware of the process. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about unsafe or abusive practices they may witness.

The registered manager informed us they had a process for reporting and acting on accidents and incidents. However they had not yet had any accidents to report or record. Discussion with the registered manager found they were aware of their responsibilities to document such incidents.

We looked at care records of a person who received a service. They had detailed risk assessments intended to reduce potential risks of harm or injury to people and staff. These included risks related to their own premises, mobility and personal care. Staff were aware of any potential risks or hazards. We found they had been reviewed when circumstances changed or on an annual basis. One staff member said, "We have introduced more thorough risk assessment records that reduce the risk of potential accidents and keep people safe."

We looked at staffing levels and how the service supported people in their own homes for long periods. We did this to make sure there was enough staff on duty at all times to support people in their care. We found by talking with staff they were satisfied with staffing arrangements. One staff member said, "We have no problems with staff support. We have never let anyone down." A person who used the service told us they had not had any problems with staff being late or not turning up. One person said, "They are always on time and are never rushed."

The registered manager explained there was an emergency on call system in place for management support outside of office hours. On call management was provided to ensure staff and people who used the service were able to contact the management team in an emergency.

We looked at records of one staff member who had been recruited. We found the procedures were in place to make sure suitable personnel were employed. The registered manager followed their procedures to protect people from employment of unsuitable staff. For example we found files contained references and

criminal record checks obtained from the Disclosure and Barring Service (DBS). The registered manager reviewed the applicant's full work history, training certificates and qualifications. We spoke with a staff member recently recruited and they said, "They made sure I had my checks in place before I started it was a very thorough process, but very good."

We looked at the procedures the service had in place for assisting people with their medication. The registered manager told us at present they did not support people with administering medicines. Staff we spoke with confirmed this. Staff employed by the service received medication training to ensure they were competent to administer medicines should they be required to.

Is the service effective?

Our findings

Although we had limited contact with people who used the service we saw written compliments on how effective the service was. For example one relative wrote, 'We were fortunate [person who used the service] had a great relationship with [staff member] that helped'. Also one person who received a service said, "The staff who visit me know me and know what I need."

We looked at the training and development records for 1st For Care and spoke with staff about training opportunities. They had a training programme for staff that consisted of moving and handling, basic life support safeguarding of vulnerable adults and equality and diversity. Staff we spoke with told us training was very good and they were encouraged to develop their skills by obtaining qualifications. Staff comments included, "Great opportunities for training. We are well supported by [registered manager]." Also, "If we support someone with special needs, training would be provided by [registered manager] who is very good."

When we undertook our inspection visit staff received supervision and annual appraisals. These are one to one meetings held on a formal basis with the registered manager. Staff spoken with told us they felt supported by the registered manager.

A care record we looked at in the office showed evidence of people's consent to their care. Where the person was unable to, their representative would discuss their support needs. Staff confirmed care records were kept in the homes of people who used the service and had their consent to provide support and care. We also confirmed this by talking with a person who received a service. They said, "I am always involved in what I need give my agreement."

People who used the agency told us they were good at matching staff that would suit them and meet their needs. For example the person who used the service would always meet staff first prior to any visits. A person who we spoke with who received support told us, "The agency would not just send anyone without an introduction and input from me." Also they said, "That is what I like I have had bad experiences previously with other agencies but they will always consult me on staff who come here."

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager confirmed she was aware of the process to assess capacity and the fact that it is decision specific.

People who used the service if they required support with meal provision would receive it by staff that had

completed 'food and hygiene' training. We spoke with staff members who confirmed this.

We spoke with the registered manager about communication with other health professionals. They worked in association with district nursing teams and General practitioners (GP's). The registered manager and staff told us they had good relationships with the GP and advised they would not hesitate in contacting them if a person's health needs deteriorated. We found people's care records included the contact details of their General Practitioner (GP) or other health professionals that they required contact details of. This was so staff could contact them if they had concerns about a person's health.

Is the service caring?

Our findings

1st for Care (GB) Ltd provided a service for two people. We were able to speak with one person who spoke positively about the care they received. Comments included, "They are very good and caring people." Also, "I get along really well with [staff member] so kind." We also saw written comments from people who used the service and relatives received by the registered manager. They included from a person who used the service, 'I truly would have been lost without them.' Relative's responses included, 'We were treated with dignity and respect'. And, 'The highest standard of care and support was delivered.'

As part of the caring and respect policy of the agency they involve people who use the service has part of their recruitment process. For example by including them at the interviews stage and introducing the person to possible candidates to make sure they were suitable and caring people. A person who used the service said, "They would involve me with making sure people were right for me they are very good at that."

Daily events that were important to people had been recorded so staff could provide care to meet their needs. Information was also contained daily of how the person was in terms of social and health. This supported staff to be aware of any issues when they visited the person or when the next staff member was due to visit.

When we discussed the principles of dignity in care with staff, we found they had a good understanding. Staff spoke respectfully of the people they supported. All the staff we spoke with knew the people they cared for well and were able to describe support people received. This was confirmed by looking at care records and visiting a person who received a service. This meant staff were aware of what people required and how they would want to be supported in a dignified way. Staff confirmed they had received training in person centred care and respect and dignity towards people who used the service.

Staff had a good understanding of protecting and respecting people's human rights. We looked at training records and noted they had received guidance in equality and diversity. Staff confirmed this when we spoke with them. Staff told us the importance of treating people as an individual and respecting their rights and promoting independence. A person who used the service told us staff respected them as individuals and supported them with a person-centred approach.

During the inspection process we received information from external agencies about 1st For Care They included health and social care professionals. Links with these external agencies were good and we received positive feedback from them about the care being provided.

Is the service responsive?

Our findings

People's care and support was planned with them and their relatives where required. This was confirmed by talking with a person who used the service and staff. They told us 1st For Care responded to any changes that may occur. One person who used the service said, "We went through what daily needs I require and they always respond quickly if needed to."

Activities depended upon what the person wanted to do and their ability to partake in hobbies or activities of their choice. Staff told us it was their role to promote independence and empower people to make choices for their lifestyle. One staff member said, "It is really good we try and make sure people are as independent as possible and control their own lives."

People who used the service and staff told us when their care was planned at the start of the service and the registered manager spent time with them. This was to find out about their preferences, what support they required and how they wanted it to be delivered. We found by talking with people who used the service and staff the registered manager responded to any issues people had by keeping in constant contact with them.

We looked at care records of one person in the office. Care records were informative and organised so that staff could identify what tasks were required for the person they were supporting. They were updated daily and one staff member said, "We check care records in the home we are visiting and sign them." A person who received a service confirmed to us care records were kept in their homes as well as the office. Good assessments of care had been undertaken prior to support being provided. This meant staff had as much information as possible in order to provide quality care.

Staff and a person who received a service told us they found the agency was flexible and responsive in changing the times of their visits when required. For example one person who received care from the agency said, "They are very good and if required will change times, always to suit me."

The registered manager told us constant contact with people who used the agency developed relationships and encouraged people to discuss any issues or concerns they had. One person who received support from 1st For Care told us they were aware of the formal complaint procedure and that they were confident the registered manager would address concerns if they had any. We looked at documentation the agency gave to people when a service commenced. This contained details of the process to go through should people wish to make a complaint. No complaints had been received since they had registered the new location.

Is the service well-led?

Our findings

Relatives and the person we spoke with were positive about the way in which the service was managed. One relative wrote, 'The care delivered exceeded our expectations.' Also a person who used the service said, "A well run agency lots better than others."

We found the service had clear lines of responsibility and accountability with a registered manager/owner in place. The registered manager was experienced, knowledgeable and familiar with the needs of the people they supported. The agency also employed an office manager to support the registered manager.

Comments from staff and health care professionals we contacted told us the agency was well led. One staff member said, "A very good manager and I feel well supported." Also, another staff member wrote in a survey 'A great team to work for.'

The registered manager had systems to obtain both staff and people who used the service views about the quality and safety of their care. This included annual satisfaction surveys and regular contact by them to ensure they were satisfied with the service. This was done by visits to the homes of people who used the service and telephone calls. One staff member wrote, 'I love the job.' A person who used the service said, "[Registered manager] is very good at checking everything is alright."

We spoke with staff and asked them their opinion of the management and organisation at 1st For Care. All the staff we spoke with told us they felt well supported and were encouraged to discuss any areas on which they required assistance, guidance and clarity on any issues. They also told us there was a 24 hour contact number so in the event they required further information or support, this could be utilised. Comments included, "[Registered manager] makes herself available any time I feel well supported." Also, "Very good management and we are so well organised as a service."

There were a range of audits and systems in place. These were to monitor the quality of service provided. Audits were undertaken and covered areas such as medication, care plans and recruitment practices. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward. For example an audit identified a gap in training for safeguarding adults for when new staff started. This was dealt with by putting in place mandatory training at the start of each person's employment at the agency. This would ensure staff were trained to identify any signs of abuse and be aware of the process to follow.

The registered manager informed us as 1st For Care developed more audits would be undertaken on a regular basis. This was so they could monitor the service and improve the delivery of care for people going forward.

Staff meetings were held and records confirmed these were well attended. Staff we spoke with felt the meetings were useful and gave them a chance to discuss as a team any issues or concerns.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external

organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.