

Firstcare (GB) Ltd

Princeton Court

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?	Requires improvement	

Overall summary

Princeton Court is a domiciliary care agency providing personal care and live in care to people in their own homes. At the time of our inspection the service provided approximately 70 packages of personal care and support.

The inspection took place on 11, 16 and 17 March 2015.

The service had 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.

People felt safe and were protected from the risk of abuse.

Staff were knowledgeable about the risks of abuse and there were suitable systems in place for recording, reporting and investigating incidents.

Summary of findings

Risks to people's safety had been assessed and staff used these to assist people to remain as independent as possible.

Staff numbers were based upon the amount of care that people required, in conjunction with their assessed dependency levels.

Staff had been recruited using effective recruitment processes so that people were kept safe and free from harm.

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. They supported people to make choices about their care and daily lives.

Staff attended a variety of training to keep their knowledge and skills up to date. They were further supported with supervision by senior staff.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People could make choices about their food and drink. They were provided with support when required to prepare meals if this was an assessed part of their package of care.

Prompt action was taken in response to illness or changes in people's physical and mental health. They were supported to access health care professionals when required.

Staff were caring and ensured that people's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions and planning individual care.

People had been made aware of the complaints process and knew how to make a complaint if they needed to.

People felt dissatisfied that office staff did not always communicate effectively with them and were not always updated when staffing rotas had been changed or calls were going to be delayed.

The registered manager and senior staff reviewed the quality of care people received and encouraged feedback from people and their representatives, to identify, plan and make improvements to the service.

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?

This service was safe.

Staff had received safeguarding training had a good understanding of the different types of abuse and how they would report it.

People had risk assessments in place that were reviewed, in order that staff had up to date information to meet people's needs.

Staffing arrangements meant there was sufficient staff to meet people's needs. The service followed robust procedures to recruit staff safely.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

This service was effective.

Staff attended a variety of training to keep their skills up to date. They were further supported with supervision by the registered manager.

Consent was sought before care was delivered and staff understood the steps to take if people were unable to make decisions for themselves.

Staff provided people with support with meals where required as an assessed part of their care package.

People were supported to access health care professionals when required.

Good



Is the service caring?

This service was caring.

Staff respected people's privacy and dignity.

People who used the service received care and support that met their needs.

People and their relatives were consulted about their assessments and involved in developing their care plans.

Good



Is the service responsive?

This service was responsive.

People and their relatives were involved in decisions about their care and their care planning.

Support plans were personalised and reflected people's individual requirements.

People knew how to make a complaint if they needed to and the provider listened to feedback in order to make improvements to service delivery.

Good



Summary of findings

Is the service well-led?

This service was not always well led.

The service had a registered manager who was supported by a staff team and the provider.

People were not consistently updated when staffing rotas had been changed or calls were going to be delayed.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

There were internal and external quality audit systems in place. Checks and audits were in place and completed regularly to address areas of poor performance and drive improvements across the service.

Requires improvement



Princeton Court

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 11, 16 and 17 March 2015 and was announced. We gave 48 hours' notice of the inspection to ensure that people were at home and that the registered manager and staff were available.

The inspection was undertaken by one inspector and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. They supported us during this inspection by making telephone calls to service users.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views.

We spoke with 18 people and their relatives, in order to gain their views about the quality of the service provided. We also spoke with five care staff, a care co-ordinator, the registered manager and the provider, to ensure that the service had robust quality systems in place.

We reviewed the care records of ten people who used the service and the recruitment and training records of five members of staff.

Is the service safe?

Our findings

People felt safe and told us that the support they received from staff kept them free from harm. One person said, “I feel very safe, no problems at all.” Another person told us, “Yes, I feel very, very safe with them.”

Staff had an understanding of the different types of abuse that could occur. They explained about the signs they would look for and what they would do if they thought someone was at risk. One carer told us they would make sure the person was safe and ensure that everything was documented within the records. They were aware of the reporting process that should be used and were confident that any allegations would be appropriately dealt with by the provider. Staff had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this. The provider had taken appropriate action in response to safeguarding concerns and investigations and the registered manager confirmed that the service had been able to use the findings to improve future practice, for example in respect of medication administration.

Risks to people’s safety had been assessed and guidance for staff was contained in people’s care plans. One person told us they knew that there were risks associated with their care delivery and that they had to be assessed on a regular basis to keep both them and staff safe. Staff told us there was sufficient information within the risk assessments for them to be able to understand what people’s needs were and how they wanted their support to be provided. Risk assessments guided staff as to the support people needed if they had an increased risk; these included risks associated with nutrition, falls and keeping safe. Staff told us that these had been developed with the person themselves, and that if required this information had been shared with other services. Evidence of up to date risk assessments were seen within people’s support plans which were reviewed by the registered manager and senior care staff.

Staff were aware of the reporting process for any accidents or incidents that occurred in people’s own homes. Accidents were reported directly to the registered manager so that appropriate action could be taken. We found that where appropriate, body maps had been completed and action taken to monitor people for signs of deterioration.

The registered manager showed us the accident reporting records, and these were all completed correctly. We observed that they were analysed for any emerging trends, so that where required, action plans could be developed.

There was an effective recruitment and selection process in place which ensured staff were checked safely before they began working with people who used the service. The registered manager explained the importance of using safe recruitment processes and detailed the information obtained before staff commenced employment. Records were well organised and new staff had completed application forms which included a full employment history. We saw interview questions and answers. Staff files included evidence of criminal record checks, proof of identification and two employment references.

People thought that there was enough staff on duty to meet their needs safely and this view was mirrored by staff. One staff member said, “We have our own group of people to provide care for, so we know who needs double up visits. Where that is required it is taken account of in the rotas.” Another member of staff told us, “The office have worked hard to make our runs better. I can say that we do have enough staff now.” The care coordinator explained that people who used the service were allocated a number of support hours on specific days by the local authority, for specific tasks and activities. She had the responsibility for allocating staff to those hours and tried to ensure consistency of carers where possible. Staffing levels within the service were reviewed and adjusted when people’s needs changed. We reviewed staff rotas and saw that staff members were generally allocated to the same group of people, for most visits each week. The only exceptions to this were at weekends or when unforeseen situations arose. There were sufficient numbers of staff available to keep the current group of people who used the service safe.

Those people who required support with medication told us they received their medication on time. One person said, “The carers make sure I’ve taken my tablets.” The level of support people required with medicines varied, some required minimal prompting and some more support and guidance. Staff told us that they always signed the medication administration records (MAR) after giving medication. We looked at five MAR charts and noted that there were no gaps or omissions. The correct codes had

Is the service safe?

been used when medication had not been administered, and the reasons were recorded. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.

Is the service effective?

Our findings

People said that staff had the knowledge and skills to carry out their roles and responsibilities appropriately. One person told us, “I think it’s an excellent service. We have a team of around 10 carers who are all good. There was a new one recently, and she got trained up within a week which I thought was excellent. My wife was a carer and she tells me that they don’t cut corners in the care she now receives from them, they are good.”

Staff told us they had received an induction when they commenced work. This was helpful in giving them some experience of the work they would go on to do. Initial shadowing visits with experienced members of staff helped them to understand people’s needs. These were completed in conjunction with competency based assessments, such as safeguarding, infection control and manual handling, which staff had to undertake before they began to work more independently.

Staff files contained relevant documentation to show that the induction process had been completed.

Staff had access to a regular training programme and on-going support provided by the registered manager and senior staff. They confirmed that they had a range of training to support people and keep them safe, including first aid, infection control and mental capacity. Staff told us that they had annual refresher training to update their skills and knowledge and were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. Training records we looked at confirmed that staff had received appropriate training to meet people’s assessed needs.

Staff received supervision, both formal and informal. Gaps in the supervision and appraisal records had previously been identified by the registered manager and were now being addressed. Those that had worked at the service for more than a year said they had an annual review of their work performance, during which their training needs were identified. If they had any problems or questions between supervisions, they could go to the registered manager, who they said was very supportive and accessible to them. Staff were also subject to unannounced checks carried out by senior staff, where working practices were evaluated and they received feedback on the findings. The registered manager confirmed that there was an out of hours on call

system in operation, that ensured that management support and advice was available for staff when needed. There was always a senior person available to support staff and give advice in times of emergencies.

People said that staff asked them if they could give them support before they gave care. They said that staff always knocked on their doors and asked if they needed help. One person said, “They always ask me if they can help me to do things, they don’t just do them.” Staff told us they obtained people’s consent before assisting them with personal care and knew that people had the right to refuse or accept their support. In the care plans we examined we found that people had signed an agreement for staff to support them with their personal care and to assist them with their medicines.

Staff told us that they had received training in the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS]. Staff and the registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and how it worked in practice. The registered manager said that at the time of our inspection no one using the service was being deprived of their liberty unlawfully.

People explained that the support they required with nutrition, food shopping and meal preparation was incorporated into their care plans and part of an assessed package of care. Not all the people we spoke with received support with food preparation as part of their delivery of care. One person said, “Staff check with me before getting me something, they always ask me if it is ok for me.” Staff said that they ensured people had enough fluids. For example, before leaving they would ensure that people had a drink of their choice. Details of people’s dietary needs were recorded within care records, which indicated people’s food likes and dislikes and if they needed any support with eating and drinking.

People told us that most of their health care appointments and health care needs were managed by themselves or their relatives. Staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people’s care if their health or support needs changed. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP or district nurse. We saw that people’s care records included the contact details of their GP so staff could

Is the service effective?

contact them if they had a concern about a person's health.

Where people had seen health professionals and the advice had an impact upon the care package, care had been reviewed to ensure that it met people's assessed needs.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and treated them with compassion. One person said, “I think they are spectacular. The whole service is super.” Another person told us, “They are all lovely, very caring and pleasant.” Some people said, “We have regular carers and they give us brilliant care, it’s unbelievable what they do. Just brilliant.” We were also told, “I have a regular carer during the week that is brilliant, and is now part of the family.”

Although people found the carers to be courteous towards them, we received mixed comments about their ability to build up positive relationships with staff. People with regular carers told us they were extremely pleased with their care. Those who did not have a consistent group of care staff were happy but felt they would benefit from having constant care staff, although they appreciated that this was not always possible. For example, people were not always happy with the variety of staff that supported them at weekends. One person said, “I have one or two stalwart carers who support me. Things work well with the carers for a week or so, then it all changes and I never know who is coming through the door.” We were also told, “Well, you do get used to the carers over time, but then they leave and you have to get used to new people.” However, people acknowledged that staffing was transient and likely to change which meant they might not be able to see a regular group of staff. We discussed this with the registered manager and care coordinator who were aware that weekend care had been an issue and impacted upon people’s ability to form positive relationships with staff. They assured us that they were looking into ways to improve upon this.

Staff told us that the support provided to people was flexible and based on their individual needs. During the initial pre assessment, people’s needs were discussed with them and they were asked for their views on how they wished to be cared for in a holistic manner, inclusive of any culturally specific requirements. Where specific carers were requested, we were told that this would be accommodated where possible. As a result of the pre assessment visit, care plans outlined people’s needs and the support they required from staff to ensure care was delivered in a personalised manner.

People knew what was in their care and support plans. One person commented that staff took time to review this before they started to give care so that they made sure that the care was right. They felt involved and supported in making decisions about their care and treatment and were listened to when they contributed an idea. Care records contained information that staff needed to know, to enable them to support the person. The care plans we looked at outlined people’s needs and the support they required from staff to ensure care was delivered in a personalised manner.

People told us they were supported by staff in a patient and encouraging manner when they received care. One person said that staff would communicate with their family about matters should this be required. They told us this made them feel looked after. Staff told us that they always tried their best for the people they supported, as they wanted them to receive good quality care. They appreciated that mistakes were made on occasions but said that if they could learn from these and improve the care they delivered, that this was the main thing. One carer said, “I would not come to work if I did not want people to feel cared for and supported. We become like family and really do care for them.” Staff told us they were keen to provide effective care for people so that they felt valued and cared for.

Advocacy services were available for people and the service had available information on how to access the services of an advocate. Although no-one was using advocacy services at the time of our inspection, information on how to access their services was accessible if it was required.

People said that staff made an effort to protect their privacy and dignity. For example, by making sure they were covered when receiving personal care, and by ensuring that doors were always closed. One person said, “Yes, I would say that the carers treat my [family member] with dignity.” Staff understood the importance of maintaining people’s privacy and dignity in their own home. One member of staff said, “I make sure the curtains are closed and the door shut.” Staff promoted people’s privacy and dignity whilst providing care.

People told us that staff encouraged them to promote their independence. One person said, “Staff know what I am able to do for myself.” Staff encouraged people to do as much for themselves as they could and provided assistance

Is the service caring?

when people needed it. The care plans we looked at detailed the level of assistance that people required to maintain their independence and guided staff as to how they should support people with this.

Is the service responsive?

Our findings

People received the care they needed and felt they received individual care, because they had been involved in their care planning before the package began. One person said, “Yes the care suits all my needs. I have beautiful carers and all my needs are met.” People told us that were asked their views about how they wanted their support to be provided, for example, about their daily routine or whether they required support with meal preparation. The records we reviewed confirmed that pre admission assessments of people’s needs were carried out prior to a package of care being commenced. This helped to ensure that the service could meet people’s needs.

Staff told us that people had been involved in any assessments that had been undertaken. These detailed people’s past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. Records detailed that people were consulted and able to tell the service what their needs were and how they wanted them to be met. They were written in a personalised manner and included information on the level of support people required to maintain their independence as well as their background, preferences and interests.

People told us that staff were aware of how they wanted their care and treatment to be given to them, for example, with medication or food preparation. During our conversations with staff it was evident that they had a good awareness of people’s needs and they were able to explain what people’s past medical histories and needs were. We found that these mirrored what was contained within people’s care records. Care plans were specific to people as individuals and provided staff with information on how to manage people’s individual needs. People had the opportunity to contribute to their care and tell the service if the support still met their needs.

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs, even when they were visiting people they did not see on a regular basis because of the regular updates they received from senior staff. One staff member said, “We review things on a daily basis, just because someone can do something on one day does not mean

that they will be able to the next day. We need to do what is best for them.” Any changes in people’s needs were passed on to staff through phone calls, handovers and supervisions. This enabled them to provide an individual service that was reflective of people’s current needs.

The care coordinator said that the care plans were reviewed when people’s needs changed. This was an area that was being addressed to ensure that more frequent reviews took place. Staff and the registered manager confirmed that all of the care plans we reviewed were reflective of people’s current needs. We saw evidence in some of the care plans we examined that the person’s needs had changed and they required more support to assist them with their mobility. Additional support was provided and the care plan had been updated to reflect the new changes.

The registered manager provided people and their families with information about the service when they were assessed in a format that met their communication needs. It included a welcome pack which provided information about the services, the costing's of the care and the support offered and provided people with sufficient information to determine if the service was right for them.

There was an effective complaints system in place that enabled improvements to be made. At the time of our inspection there were no current complaints. One person told us, “I have had no reason to complain about anything. I did have to call the office once, but that was when one of the carers left a scarf behind. The office people were very pleasant.” We looked at the complaints file and saw that the registered manager had dealt with complaints in a timely manner and in line with the provider policy. A system was in place to analyse the trends and patterns of complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future.

People were supported to express their views during reviews of their support packages and annual surveys. They could contact the office at any time if they wished to discuss anything about their support with the registered manager. There were procedures in place to obtain people’s views and monitor and improve the quality of the service provided. The registered manager sent out questionnaires to each person who used the service to

Is the service responsive?

determine how the service was performing. An analysis of the results on any areas that had been highlighted as requiring improvement was completed and used to make improvements.

Is the service well-led?

Our findings

The service promoted a culture that was open and inclusive. Staff told us that the registered manager was transparent. We were told, “If the registered manager does not know the answer, they will go and find out so they can keep us updated.” Staff said that the registered manager encouraged them to express their views and opinions so that they could make improvements to the service delivery.

Staff told us that the service values and philosophy were explained to them during their induction training, which meant that they understood the philosophy of care. They felt confident that if they raised any concerns or questioned practice with the registered manager, that they would be acted on appropriately. Staff confirmed that they received constructive support from the registered manager and senior care staff. One carer told us, “I know that if I need anything, I can come into the office and get advice and support. There has been a big improvement recently with communication.” Staff said they enjoyed working for the service and were clear about their roles and responsibilities.

Staff had access to the provider’s policies and procedures, which included safeguarding, complaints and reporting accidents and incidents. They told us that all incidents were recorded, monitored and investigated appropriately and that appropriate action was taken to reduce the risk of further incidents. There was a system in place for reporting accidents and incidents to the registered manager and we found that they logged these appropriately for investigation. All possible action had been taken to review risk factors to minimise the risk of reoccurrence.

Staff told us they were aware of the service’s whistle-blowing procedure and were able to tell us who they would escalate their concerns to. One said that they would not hesitate to use this process if they felt it appropriate because it was their duty to protect people. This meant that any incidents of poor practice would be reported by staff to the registered manager.

The service had a registered manager in post in accordance with their requirements. Information that CQC held also showed that we had received all required notifications and that these had been submitted in a timely manner by the registered manager.

There were not always adequate systems in place to deliver people’s care consistently. People told us that communication from the office was not always consistent and that if care staff were going to be late they were not always informed by the office. One person said, “I think it’s an appalling service. Bad time keeping and bad at replacement cover, in fact this morning, nobody has turned up.” Another person told us, “There was only one time I called the office when a carer didn’t arrive, although the office knew, they didn’t let me know that she wouldn’t be coming.” We were also told, “The office tend to forget arrangements and get confused when things change. We’ve had the same arrangements for years, but they still phone me up and ask if I need weekend support. I’ve always had weekend support, so why do they have to phone me up every week and ask me.” Staff told us that they worked hard to be on time for people but that it was not always possible, for example, because of issues with travel. One member of staff said, “We do try really hard, but when you get traffic on the road or you get delayed with someone else, it can be hard to get to the next person on time.” Staff told us the service was working hard to improve upon these issues. When people had experienced late calls, they said that staff were attentive to their needs and ensured that the care they received met their needs.

We discussed issues with poor communication from the office staff and late and missed calls with the registered manager and care co-ordinator during our inspection. They acknowledged that this had been an issue on occasions and said that when issues arose in respect of changes to people’s routine, the service ensured that where possible, alternative care was provided so that people were not affected. The provider and registered manager told us about a recently introduced quality monitoring system, used to monitor late or missed calls. Staff were required to log in when they arrived at a service users home, which then identified on the system whether the carer had arrived and the duration of the visit. Where care staff repeatedly failed to log in, appropriate action would be taken by the registered manager. The provider told us that this information would be used to monitor the effectiveness of the work allocation and to improve staff rotas, so that more consistency could be ensured for both people and staff. We reviewed recent reports that showed that improvements had been made in respect of late and missed calls.

The registered manager and provider discussed improvements that the service had made, and the lessons

Is the service well-led?

that they had learnt from safeguardings and complaints. They acknowledged that past systems for arranging staffing and having oversight/monitoring of staffing may not have previously have been as effective as possible. It was however clear that they had a vision for where they wanted to be and the action they needed to take to achieve this. For example, ensuring that people's feedback was gained on a more regular basis, so that any concerns could be taken on board. The care coordinator had identified the action that needed to be taken to implement this.

The registered manager told us about a variety of audits that were carried out on areas which included care plans and medication. Daily care logs and medication records were returned to the office for the registered manager and care coordinator to monitor and review on a regular basis. There were systems in place to monitor the quality of the care provided and we found that the findings from the audit checks, monitoring visits, complaints and compliments were used to identify areas for improvement; action plans were put in place with realistic timescales for completion.