

Firstcol Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

The inspection took place on 16 January 2017. FirstCol Services Ltd is a home care service providing care and support to 35 people living in their own homes who are in receipt of the regulated activity of personal care. The service supports older people and people who are living with dementia or other conditions, to enable them to continue living in their own homes. Some people privately funded their care whilst others had their care funded by the local authority. The service is based in Worthing, West Sussex.

At the time of the inspection there was a new manager in post who had applied to become the 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. Since the inspection took place the new manager had become registered with the CQC.

Some people were supported by staff to have their medicines. Some people were prescribed PRN medicines. PRN medicines are given 'when required' and should be administered when symptoms are exhibited. There was no specific guidance for staff regarding when and how to use such medicine, what the expected effect would be and the maximum dose and duration of use. This meant that people were at risk of not being given PRN medicines consistently and in accordance with prescribed instructions. Medication Administration Records (MAR) were used to record and monitor the administration of people's medicines. We found that there were some gaps in recording on the MAR charts. The provider's system for monitoring recording had identified that there were gaps, but it was not clear what actions had been taken as a result. The manager had introduced a new system for monitoring MAR charts, but this was not yet fully embedded. We have identified this as an area of practice that needs to improve.

People told us the service was reliable and helped them to feel safe living at home. One person said, "They do make me feel safe, very much so, they are all very good." Risks to people had been identified and were managed effectively. People were supported by staff who had a clear understanding of their responsibilities with regard to keeping people safe from avoidable harm and reporting any safeguarding concerns. The provider had robust recruitment procedures in place to ensure that staff were suitable to work with people. There were enough staff to provide care safely and people told us that they received their visits on time and that staff stayed for the expected duration of the visit.

Staff received the training and support they needed to carry out their roles effectively. People told us they had confidence in the staff. One relative said, "They have helped my husband to be able to walk again, their perseverance and encouragement has contributed to his recovery." Staff had a good understanding of their responsibilities with regard to the Mental Capacity Act 2005. They asked people for their consent before providing care. Where people lacked capacity, best interest decisions were documented in line with the legislation.

People were supported to have enough to eat and drink. Where risks and nutritional needs were identified staff monitored their food and drinks and checked their weight regularly to manage the risks. Staff told us they offered people a choice depending upon what food they had available. People told us that staff supported them to access health care services if they needed to. One relative said, "They have been excellent, the physiotherapist showed the carers what to do and they encourage (person's name) to move. They pick up on little things and bring it to my attention in case I need to speak to the doctor."

People spoke very highly of the care they received. One person said, "You can't run people down who are wonderful." A relative commented, "The way they speak to (person's name) is lovely. They are always gentle and kind, but never patronising, they speak to him like a person." Staff told us they had developed positive relationships with people and knew them well. One care worker told us about someone who loved music and enjoyed a dance, saying, "You have to be able to multi-task, they enjoy a waltz around the room, so we combine that into the routine." People told us they had been involved in planning their care and felt their views were listened to. One person said, "I feel that I am in charge and they listen to what I want." People told us they were treated with dignity and respect. They said that staff were never rude and always kind. Staff spoke about people positively, one staff member said, "The best part of my job is seeing people smile and knowing that they are happy with what I've done. That's the best reward."

People's care plans were personalised and guided staff in how people wanted to have their care needs met. People told us that staff were flexible and responsive to their needs. One person told us, "They adjust things when needed, for example, when I wasn't well they were very good, they put in a lunch call to make sure I was alright." Staff told us that they used information about people's personal history and interests to engage with them when providing care. One staff member told us about one person saying, "I know they love Elvis, so we sing Elvis songs together and that distracts them from their worries." Staff said they made time to talk to people at each visit. One staff member said, "One person likes to get their photo box out sometimes and we have a cup of tea and look through them, to them that is more important than anything else we do."

People knew how to make complaints and they were confident that their concerns would be acted upon. They spoke highly of the management of the service, their comments included, "It's a well- managed, reliable service," and "It's a very good service, we have no complaints and I would recommend it to anyone." Staff spoke highly of the new manager and the provider. There was clear leadership and staff described an open and positive culture with "no blame culture" and high morale. One staff member said, "FirstCol really cares about its workers, they care about whether we are happy." Staff told us they were able to contribute to the development of the service and that their views were valued.

There were systems in place to monitor the quality of the service and to drive improvements. This included feedback from people who used the service as well as a number of audits and checks. The new manager and the provider were committed to ensuring high quality 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?

The service was not consistently safe.

Some procedures for managing medicines were not consistent and did not provide staff with all the guidance they needed to manage medicines safely.

Risks to people were identified, assessed and managed and staff understood their responsibilities with regard to keeping people safe.

There were robust recruitment procedures in place. There were enough staff to ensure that people received a reliable, punctual service from staff they were familiar with.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had the training and support they needed to carry out their roles effectively.

People were supported to have enough to eat and drink and to access health care services when they needed to.

Staff understood their responsibilities with regard to the Mental Capacity Act 2005.

Good ●

Is the service caring?

The service was caring.

Staff had developed positive relationships with people and knew them well.

People were supported to be involved in developing their care plans and felt that their views were listened to.

Staff protected people's dignity and privacy.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised and guided staff in how to provide care to people that was responsive to their needs.

Staff were flexible enough to respond to changes in need.

People knew how to complain and felt comfortable to do so.

Is the service well-led?

The service was well-led.

There was clear leadership and staff felt well supported and motivated within their roles.

The provider's values were understood by staff and embedded within their practice

There were systems and processes to monitor and improve the standard to care.

Good ●

FirstCol Services Limited

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 16 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the manager and other staff were available to speak to us on the day of the inspection. The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure we were addressing relevant areas at the inspection.

We spoke to three people who use the service and four relatives by telephone. We interviewed six members of staff and spoke with the manager. We looked at a range of documents including policies and procedures, care records for five people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the providers systems for allocating care visits and other information systems.

This was the first inspection of the service since it was registered in January 2015.

Is the service safe?

Our findings

People who used the service and their relatives told us that the service was reliable and the staff helped them to feel safe living at home. One person said, "I feel safe when the carers are helping me, they make sure I'm not going to fall." Another said, "They do make me feel safe, very much so, they are all very good." A relative told us, "I don't have to worry because they always turn up and they know what to do." We found some areas of practice that needed to improve.

Some people needed support to take their medicines. The service has policies and procedures in place to support staff to manage people's medicines safely. Staff had received training in how to administer medicines safely. Medication Administration Record (MAR) charts were used to record and monitor the administration of people's medicines. We found that there were some gaps in recording on the MAR charts. The provider had a system in place to monitor recording of MAR charts. This showed that gaps in recording had been noticed over a period of several months previously. However, there was no indication of what actions had been taken to address these omissions and ensure that medicines had been given safely. We identified this as an area of practice that needed to improve. We brought this to the attention of the person in charge who explained that a new system for monitoring had recently been introduced. Although not yet fully embedded, this system provided a more robust system of monitoring and documented what actions had been taken to investigate gaps in MAR charts.

Some people were prescribed PRN medicines. PRN medicines are given 'when required' and should be administered when symptoms are exhibited. The provider's policy gave no additional instructions for staff in how to manage PRN medicines safely. Good practice guidance produced by the National Institute for Clinical Excellence (NICE) states that PRN medicines, that may include variable doses, should have clear guidance for staff regarding when and how to use such medicine, what the expected effect will be and the maximum dose and duration of use. We could not find this information in the care records which meant that people were at risk of not being given PRN medicines consistently and in accordance with prescribed instructions. For example, one person had been prescribed two types of medicines for pain relief. The PRN sheet had a handwritten note to indicate that it was not safe to give both medicines together, but there was no other clear guidance for staff to follow. This could have resulted in an overdose and harm to the individual. This meant that it was not possible for the provider to be assured that medicines had always been administered safely. We have identified this is an area of practice that needs to improve.

Risks to people were identified, assessed and managed and care plans guided staff in how to provide care safely. Risk assessments identified hazards in the person's home that might present a risk to them or to care workers. This ensured that staff had a safe environment in which to work. For example, one risk assessment identified that staff needed to remove a rug before using a hoist to prevent trips and falls. Risk associated with providing care to people were identified and assessed. For example one person had poor mobility and needed support to mobilise; a risk assessment identified appropriate equipment for staff to use when supporting the person. Another person required the use of a hoist to assist them to transfer from bed to a commode. A manual handling assessment had been completed to guide staff in how to complete the transfer safely.

Staff had a good understanding of how to support people to be safe in their homes whilst maintaining their ability to be independent. One staff member told us, "Sometimes we have to use our judgement because people's ability can be changeable. We have to see how they are. For example if someone is having a bad day it can make them very wobbly- I might suggest bringing a bowl to them for a wash instead of standing at the sink." People's care plans reflected the need for care workers to be flexible in their approach. One stated 'Mobility can be variable; staff may need to provide care in the bedroom.' Incidents and accidents were recorded and monitored by the manager. Actions were taken to evaluate why the incident or accident had occurred and what could be changed to prevent a further occurrence.

Staff had the knowledge and confidence to identify safeguarding concerns, they were able to give examples of different types of abuse and how they might recognise signs as well as describing the actions they would take to keep people safe. The provider's safeguarding policy was in line with the Sussex Safeguarding Adults Policy and Procedures. Where concerns had been identified records showed that appropriate actions had been taken in line with local safeguarding arrangements. One care worker told us, "I would always report anything that wasn't right. It's crucial information, we can't just ignore things."

Staff said that there were enough staff to cover all the care visits and they did not feel overloaded. One staff member said, "We have enough staff to cover for any gaps. If something happens that causes me to be late, such as an emergency with someone or a traffic jam, I can phone the office and they will contact people to let them know. If need be they will arrange for someone else to cover the call." People told us that care workers usually arrived on time and if they were going to be late they would be informed. The provider's system for scheduling calls showed that there were enough staff to allocate all the care visits. Although travel time was not shown on the care workers schedule they told us that they had enough time to travel between their visits. One care worker said, "The planning is good, we work within post-code areas to minimise our travel." Another care worker told us, "They try and keep our travelling to a minimum, sometimes we only need a few minutes sometimes longer depending on the traffic, but people understand that." People told us that the care workers stayed for the duration of the call, one person said, "If they finish what needs doing they will stay and have a chat." Another person said, "They always stay for the time that's needed." A relative told us, "The carers are very efficient and always stay for the allocated time, there's never been a problem with that."

There was a robust recruitment process in place. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work in the care industry.

Is the service effective?

Our findings

People and their relatives told us that they had confidence in the skills and abilities of the care workers. One person said, "They know what they are doing with my care." Another person said, "Even the younger ones are well trained, they are all good." A relative told us, "They have helped my husband to be able to walk again, their perseverance and encouragement has contributed to his recovery."

Staff told us that they had received a thorough induction when they started working at FirstCol. One care worker said, "I had training in a classroom and had to complete some on-line training too. Then I went out with an experienced carer until I was confident." Another care worker said, "The induction was really good, and the opportunity to shadow before I went out on my own, that really helped." Staff had received the training they needed to meet people's needs. They told us they felt well supported. Staff comments included, "FirstCol cares about us, they want us to be happy in our work," and "I feel really well supported, it can be scary working out on your own, but I can ring someone day or night with any problems, the support is really good." Records confirmed that staff received regular supervision from a manager. Supervision is a mechanism for supporting and managing workers. It can be formal or informal, but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Staff told us that they found supervision useful. One care worker said, "It's an opportunity to talk through any issues or difficulties you are having." Spot checks were also carried out on a regular basis for each care worker. This meant that a supervisor arrived at a visit without the care worker having prior knowledge that they were coming. A check list was completed at the spot check to identify any areas of practice that the supervisor needed to address. This included checking the competency of the care worker when administering medicines or when supporting someone to move using equipment such as a hoist. A supervisor told us that this was an effective system for identifying any training needs that the care worker had and to make sure that they were adhering to good practice.

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.

We checked that the provider was working within the principles of the MCA. Staff understood that they needed to get consent from people before providing care and support. One staff member said, "I always ask people first, if they say no then I have to respect that. I might ask them again later or make a suggestion. For example, someone might not want a shower, but they might accept help with a strip wash instead." Another care worker said, "You can never force anyone to do something they don't want to do. It's important to respect people's wishes, but if I was worried I would phone the office. For example, if someone refused to take their medicine, I would record it and let the office know because they might need to be reassessed." Records confirmed that the provider was seeking consent in line with the legislation. For example, one person lacked capacity to consent to the use of bed rails, which restricted their freedom. They had been assessed as needing bed rails in order to keep them safe. A decision had been taken that this would be in

the person's best interests. This was signed by the person who had legal authority to make decisions about the person's health and welfare. This was clearly documented in the person's care records.

People told us that staff supported them to have enough to eat and drink. One person said, "They know how I like things done and they always make sure I have a nice cup of tea before they go." Staff told us that they had the time they needed to prepare food and drink for people when it was on their care plan. One care worker said, "I always check what they have in the fridge and then ask them what they'd like so they can choose their meal." We saw that people's care plans included details about what they liked to eat if they were being supported with their food and drinks. For example, one care plan stated, ' Prefers Weetabix or a bacon sandwich for breakfast.' A member of staff explained that staff would offer both options. One person had specific dietary needs and required a pureed diet. Their care plan included instructions for staff about how the person should be positioned in bed before supporting them to eat.

We asked staff what they would do if they were concerned that someone was not having enough to eat. A care worker told us, "If I was worried that someone was losing weight I would report it to the office. I would ask them about what they had the previous day, check they have food in the house and make sure they are not just throwing food away. We have to complete food and fluid charts for some people to make sure they are eating enough." Records confirmed that staff had raised a safeguarding alert about one person who they were concerned was not eating enough. We saw that where food and fluid charts were being used they were completed consistently. For example, one person had been identified as being at risk of malnutrition and dehydration due to self-neglect and confusion. Their care plan included guidance for staff in encouraging the person to eat and drink. Food and drink charts were completed consistently and the person's weight had been monitored on a weekly basis. Their care record showed that health care professionals who were involved with the person had carried out a review and reported they were pleased with the person's progress and that they were putting on weight again.

People told us that staff supported them to access health care services if they needed to. A relative said, "The staff are good at recognising if (person's name) is poorly. They will tell me and suggest contacting the GP or District Nurse. For example, when the catheter was blocked they recognised it straight away and got onto the nurse for us. They have been very good." Another relative said, "They have been excellent, the physiotherapist showed the carers what to do and they encourage (person's name) to move. They pick up on little things and bring it to my attention in case I need to speak to the doctor." A third relative told us that their loved one had developed a bed sore during a stay in hospital. They said, "The carers were wonderful, between them and the district nurses they have managed to almost heal it, they are keeping a close eye on it." Staff told us that if people needed support to attend appointments they could contact the office to arrange this.

Is the service caring?

Our findings

People and their relatives spoke highly of the staff and said that they were caring and kind. Their comments included, "All the staff are good, they are extremely caring and the office staff are also very, very helpful." A relative commented, "The way they speak to (person's name) is lovely. They are always gentle and kind, but never patronising, they speak to him like a person." A third person said, "You can't run people down who are wonderful." One relative said, "I must tell you about one carer, they are so gentle and so kind, an absolutely wonderful caring person."

Staff knew the people they were caring for well and were able to tell us about people's individual preferences, their character and personality traits. For example, one care worker told us about the discussions they had with someone they cared for saying, "They love to talk about past holidays, they have really happy memories." Another care worker told us, "I read the care plan when we have someone new but it's through talking with people and their family that we really get to know them." A third care worker said, "One person I go to loves to have a laugh, he tells me stories about his life and I enjoy his company. I know that maintaining a consistent regime is important for his memory so we keep to a pattern but we can still have a laugh while we are doing it." Another care worker told us about someone who loved music and enjoyed a dance, saying, "You have to be able to multi-task, they enjoy a waltz around the room so we combine that into the routine."

People told us they had been involved in developing their care plans. One person said, "They ask you how you would like things done, I had a good chat with them about it and I have been very happy." Another person said, "I feel that I am in charge and they listen to what I want. I made the decision that I didn't want a lunch time call, they leave things as I want them and I can manage." The ethos and philosophy of the service, included within their statement of purpose, noted the fundamental right of individuals to have the opportunity to 'think independently and make their own choices.' Care plans encouraged staff to work in this way. For example, one care plan stated, 'Offer a choice from the food available, he can tell you what he would like to eat.' Staff told us that people could have a choice about the care workers that supported them. One staff member said, "If people have particular preferences we try and arrange their care accordingly, we want people to have staff that they like."

Staff told us that they supported people to maintain their independence whenever possible. One care worker said, "It's important to let people do as much as they can for themselves to maintain their dignity." They gave an example of someone who needed support with personal care saying, "They are partially sighted so we have to set things up so they know where everything is before they get into the shower, then they can manage on their own." A person told us that staff had been "exceedingly helpful" in supporting them to regain their mobility. They told us, "I have to give credit where credit is due, we wouldn't have got as far as we have without them, they are incredibly positive and made me keep working at it." The person's relative said, "The carer's perseverance and encouragement has really contributed to their recovery and being able to walk again." A recent compliment received by the provider stated, 'Thank you all for the excellent care and kindness you have shown me since I left hospital. I am now feeling more confident.'

Staff spoke about the people they were caring for in a positive way. One said, "I love working with the people we look after, they give me confidence that I am getting it right, we learn from each other." Another said, "The best part of my job is seeing people smile and knowing that they are happy with what I've done. That's the best reward." Staff described the importance of respecting people's views, culture and religious beliefs. One care worker told us about one person they worked with saying, "I have learned a few words of their language because they don't speak much English, that helps us to communicate and for them to be a bit more comfortable with us. I always ask if I should put a scarf around her head because I know she likes that."

People told us that staff were respectful. One person said, "They are always polite, never rude and do the job well." Another person said, "They always cover me with a towel to protect my dignity." A third person told us, "They are very discreet, they are kind and make me feel comfortable." Staff described how they protected people's dignity and respected their privacy when providing care. One care worker said, "I always give people the time they need and make sure doors and blinds are closed before we start." Another care worker told us, "It's about keeping very calm, having the right attitude, never rushing people. I use my voice as a tool, people pick up when you are calm and relaxed, it feels nicer for them."

People's personal information was stored securely and staff had a good understanding of the importance of maintaining confidentiality. One care worker said, "You might have to make a call to the office from the car so people don't overhear you." Another said, "I never discuss other service users, it's not professional and people need to be able to trust us."

Is the service responsive?

Our findings

People and their relatives told us that the care they received was responsive to their needs. One person said, "The carers are really flexible, they always check if there is anything else that they can do." Another person said, "They have changed the care plan now, the physio showed them what to do and they are encouraging (person's name) to move forward."

People's care plans were personalised and reflected their needs, preferences and wishes. Some care plans included details that ensured people received their care and support in a way they wanted it. For example, one care plan detailed how someone preferred their tea to be served in a teacup, with milk and one sugar. It stated that the person liked to hold the cup themselves, but as their health was deteriorating staff needed to be aware that they may need assistance. Another care plan included details of the person's requirements for certain foods that met their religious needs. A third care plan guided staff in how best to support someone with taking their medicine, stating that they 'prefer to take each tablet separately.' One person told us that the time of their call had been too early in the evening and that meant that they had to go to bed much earlier than they wanted. Their relative said, "They changed things around for us, so the call time is later now and the care plan shows this."

One person had been assessed as being at risk of falls due to variable mobility. Their care plan included guidance for staff in how to support them to move around when their mobility was good and equipment to use if their mobility was poor. Staff we spoke to explained that they knew the person well and could make a judgement about the best way to support them at each visit. A care worker said, "It often depends upon their mood, what they want and how they are feeling. If they are low and tired they need a lot more assistance and we may use the standing aid, at other times they can transfer with our support and encouragement." This showed that staff were able to provide care in a flexible way that responded to people's needs.

A person told us, "They adjust things when needed, for example, when I wasn't well they were very good, they put in a lunch call to make sure I was alright. I don't need it now, but it's nice to know I can have the extra support if I need to." Staff told us that they were able to stay with people longer than the allocated length of the call if the person needed additional support. One staff member said, "The carers will ring us if there's a problem at a call or if someone needs extra support. We will do a review and adjust the care plan if we need to make a permanent change." We noted that people's care plans had been reviewed on a regular basis and when necessary amendments had been made to update the care plan if people's needs had changed. This ensured that staff had the up to date information they needed to provide care and support to people.

People's care records included details about their personal history, interests and hobbies. Staff told us that they used this information to help them engage with people. One staff member said, "I know that (person's name) used to like cooking. They have dementia now and sometimes forget that they are hungry. If you ask them directly if they want lunch they will often refuse, so I usually suggest that they give me a hand with cooking, if we do the food together then they will usually eat it." Another care worker explained that one

person they supported suffered with anxiety, they said, "I know they love Elvis, so we sing Elvis songs together and that distracts them from their worries." A third care worker said, "I know that one person finds it difficult to accept help with their personal care. They are a big fan of the Queen, we talk about that a lot when helping with a strip wash because it reduces any awkwardness, makes it feel normal."

Staff told us that they were able to support people to go out if it was included in their care plan. One care worker said, "It doesn't happen much, but we can go out with people if they need us to take them to an appointment." One person told us, "The carers are my lifeline, I can't get out now and without their support I don't know what would happen. I do get lonely sometimes, but they always brighten my day." All the care workers we spoke with said they made time to talk to people during the care visits. One told us, "We know how important our visits are, it's sad we can't spend more time just keeping people company. One person likes to get their photo box out sometimes and we have a cup of tea and look through them, to them that is more important than anything else we do."

The provider had a complaints procedure that was provided to everyone who used the service. Any complaints or compliments received were recorded. Actions taken in response to complaints were logged and we saw that people had received a written apology or explanation. The service user's guide stated that complaints and suggestions were welcomed. People told us that they would feel able to make a complaint and that they were confident that the provider would act on their concerns. One person said, "If I wasn't happy I would ring the office. It did happen on one occasion and they sorted it out, they were exceedingly helpful." Another person told us, "Any worries I have are always quickly sorted." A third person said, "I have never made a complaint, but I would ring the office. I am completely happy with the service."

Is the service well-led?

Our findings

People, their relatives and staff told us that the service was well-led. People's comments included, "It's a well-managed, reliable service," and "It's all very well organised, the carers arrive just about on time and they know what needs to be done." A relative said, "It's a very good service, we have no complaints and I would recommend it to anyone."

The service had a new manager in post who had applied to CQC to become the registered manager. People told us that they knew there was a new manager and some people had already met or spoken to them. One person said, "They seem like a very kind and helpful person." Staff spoke highly of the management at FirstCol. One staff member said, "The new manager is very nice and the managing director (provider) is too. They are very hands on managers." Another staff member said, "All the managers are good, they really try and support us as carers." A third staff member said, "FirstCol really cares about its workers, they care about whether we are happy."

There was good leadership throughout the service. Staff were clear about their roles and responsibilities and felt supported in what they were doing. Staff consistently told us that morale was good. One staff member said, "This is the best place I have worked, all the staff are really nice." Another staff member said, "Everyone feels comfortable to raise things here and to talk to the manager. Staff morale is brilliant compared to other places I have worked." Staff meetings were held regularly both for office based staff and care workers. Staff said that they were encouraged to contribute their ideas and suggestions. One staff member said, "We can suggest changes that make the job easier and they are open to that, for example, changes to the rota." Another staff member said, "We are included in developments, for example we are thinking about changes to our assessment paperwork at the moment, our views are valued." A third staff member said, "We get asked for our opinions a lot, in staff meetings, in supervision, at spot checks, all the time. They go out of their way to include the staff and we do feel valued."

Staff said that communication between care workers and the office based staff was good. Care workers completed communication sheets to ensure that office based staff were aware of issues. Staff told us they were able to speak to people by telephone at any time and that the support they received was good. One care worker said, "There is a very calm atmosphere, everyone gets on and the work gets done efficiently so we are all happy and then our service users are happy too."

Another care worker said, "It is very well organised, you don't get constant phone calls asking you to pick up additional visits or asking you to start early. It's a lot better than other agencies I have worked for." Staff spoke of a positive atmosphere, one care worker said, "I would feel ok about telling someone if I made a mistake. There's no blame culture here, the client comes first." The provider's ethos included a statement that people had a 'fundamental right to be regarded as an individual and given our special attention.' This was understood by staff and embedded within their practice. One care worker told us about the values of the service, they said, "It's about person centred care, for people to be looked after by people who care. You can see we achieve it, all the staff really care."

Staff had made good links with the local community. We saw examples of staff having worked with health

and social care professionals such as Physiotherapists, GPs and district nurses to support the needs of people they were caring for. A relative told us, "The carer's really took on board what the physio told them." Another relative said, "The Parkinson's nurse has been involved and the carers were very interested in what they said. It has made a difference."

There were systems in place to monitor the quality of the service. Auditing procedures included checks of staff files and file audits to ensure that people's records were updated and accurate. Spot checks happened on a regular basis. Senior staff conducted spot checks to ensure that care workers were complying with the provider's policy and procedures and to gather feedback from people about their views of the service. The provider also conducted an annual survey to seek further feedback. This was used to develop an action plan to drive improvements in the service. For example, feedback showed that people were not always satisfied with the punctuality of their visits. The provider undertook specific monitoring over a week to identify where there were issues that caused staff not to arrive on time and then took action to address these issues and improve punctuality. Other information also informed the action plan including analysis of complaints, incidents and accidents to identify any trends or patterns that could be addressed to avoid future occurrences. The manager explained how one incident had highlighted the need for further training for all new staff as part of the induction process.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.