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Inspection report

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Date of inspection visit:
19 December 2017
20 December 2017

Date of publication:
15 March 2018

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

First Care DCA is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to older adults, younger disabled adults, and people living with dementia or a sensory impairment. At the time of our inspection, First Care DCA was providing personal care to 95 people. The organisation provides other support that is not regulated by us which includes personal shopping, domestic services and support in the community.

At the last inspection in January 2016 the service was rated Good overall, however it was rated Requires Improvement for the question, 'Is the service Safe?' After this inspection the service maintained its overall rating of Good and the rating for the question 'Is the service Safe?' improved to Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People received personal care that was safe, and risks associated with their health conditions were assessed and mitigated. There were enough staff to support people at the times they needed. People's medicines were managed safely.

People were supported by staff who had the skills, knowledge and experience to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff worked well with community health and social care professionals to ensure people received effective personal care, and accessed medical service when needed.

People and their relatives were consistently positive about the staff supporting them with personal care. They felt staff were kind, considerate and caring, and treated them with dignity and respect. People were involved in making decisions about their care, and felt their views and preferences were respected.

People received individualised care that was responsive to their needs, and were involved in planning and reviewing their care. People and relatives felt they had opportunities to provide feedback about the service, and were confident complaints would be taken seriously and resolved.

People and relatives felt the service was managed well. There was an open and inclusive culture, and staff had clear guidance on the standards of care expected of them. The provider had systems to monitor and review all aspects of the service, and used this to maintain and improve the quality of care.

Further information is in the detailed findings below.

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 has improved to Good.

People were supported by enough staff, at times they needed. People's medicines were managed safely. Staff knew how to identify if people were at risk of abuse and were confident to report concerns.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 and 20 December 2017. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service. The expert by experience undertook telephone interviews on 20 December 2017.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, incidents resulting in serious injuries, or allegations of abuse. We sought the views of the local authority commissioning teams. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. The inspection was also informed by feedback from questionnaires completed by a number of people using services.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people who used the service and five relatives. We also visited three people in their own homes, with their consent. We did this so we could see how staff provided care to

people in their own homes. We spoke with six care staff , the care manager and registered manager. We looked at a range of records related to how the service was managed. These included three people's care records, two other people's care reviews, two staff recruitment and training files, and the provider's quality auditing system.

Good

Is the service safe?

Our findings

At our last inspection in January 2016, we found the provider needed to make improvements in relation to making safeguarding training more relevant to personal care for people living in their own homes, and ensuring staff followed the provider's dress code to reduce the risk of accidental injury when providing intimate personal care. On this inspection, we found improvements had been made, and the provider now ensured care was safe in these respects.

People felt safe, and relatives also felt their family members received personal care in a safe way. They felt confident to tell staff if they were concerned about anything. Staff knew how to identify if people were at risk of abuse and were confident to report concerns. They received training in safeguarding people from the risk of avoidable harm. The provider had a policy on safeguarding people from the risk of abuse, and staff followed this. This meant people were protected from the risk of potential abuse or harm.

Risk assessments and related care plans were designed with people to enable them to remain safely at home. People told us staff took appropriate action to ensure risks were minimised. One person said, "I have a chair in the shower, and the girls stay with me to make sure I don't fall." Staff understood risks associated with individual health conditions, and followed agreed risk assessments and plans of care to support people.

People were supported by enough staff at the times they needed. Information we received from people, relatives and staff showed there were enough staff to provide people with the personal care they needed. Staff said the minimum care visit time was 30 minutes, and if they needed more time, they were supported by management to arrange this.

Staff told us, and records showed the provider undertook pre-employment checks, which helped to ensure prospective staff were suitable to work with people receiving care. This included obtaining employment and character references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to care for people. All staff had a probationary period before being employed permanently. This meant people and their relatives could be reassured staff were of good character and were fit to carry out their work.

People's medicines were managed safely and in accordance with professional guidance. People who needed prompting or assistance to manage their medicines felt staff supported them to do this safely. One person said, "I do my own medication, but staff help me change my [medication] patch. They sign to say they've changed it in my care plan." Staff told us and records showed they received training and had checks to ensure they managed medicines safely. The provider had up to date guidance which was followed by staff who dealt with medicines. Staff took time to explain to people what their medicines were for, and checked that people were happy to take their medicines. This meant people received their medicines as prescribed.

People and relatives confirmed staff wore gloves and aprons when carrying out personal care tasks. One person said "They [staff] wear different gloves for different tasks." Staff had completed infection control

training, and also had training to ensure they prepared people's meals. We saw staff demonstrate good hygiene practices when visiting people at home. This meant people were protected from risks associated with poor hygiene practices.

The registered manager undertook regular reviews of any accidents and incidents. This enabled them to identify any themes or trends which would enable them to put preventative measures in place to reduce the risk of reoccurrence. Serious incidents were reported to the provider and where needed actions were put in place to address concerns for people's safety.

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. One person said, "The staff are very aware of my condition," and another person said, "I think they are well trained." The registered manager was aware of national guidelines and could explain how they were used to support people effectively. People's care records contained clear guidance on how to support people with a wide variety of health needs.

People were supported by staff who had the skills, knowledge and experience to meet their needs. All staff had an induction, and shadowed experienced colleagues when they started work. Staff told us they undertook regular training in a range of skills the provider felt necessary to deliver effective care. This included safeguarding, infection prevention and control, moving and handling, equality and diversity, medicines and record keeping. Staff told us the provider also did regular spot-checks on staff providing care, and they had regular meetings to discuss their work, training and development. Staff were knowledgeable about people's care needs and preferences, and felt care records had sufficient information about people's health conditions and the support they needed. Records we looked at supported this.

People who received support to maintain a balanced diet said they were happy with the assistance staff provided. They said they were always offered choices of food and drinks, and were supported to have enough to eat and drink. Three people commented that staff always asked them what they wanted and ensured they had the food and drinks of their choice. Staff told us, and records showed that people who needed support to ensure they had sufficient food and drinks got this. Where staff had concerns about people's diet, they raised this appropriately. This meant people were supported to have sufficient food and drink.

Staff worked well with community health and social care professionals to ensure people received effective personal care. Staff described good working relationships with health and social care professionals. In turn, community professionals gave positive feedback about staff and the service provided by First Care DCA. One professional said, "Staff are very person focussed and willing to work alongside professionals. They act in a professional manner to achieve the best outcomes for people."

People and relatives said staff supported them to access medical or other help if needed. One person described how staff had supported them, stating, "When I have been taken ill, they rang the ambulance. They know what to do. I only have to ring them if I need the doctor." Staff also gave examples of occasions when they had sought medical help for people, and records demonstrated this was the case. The registered manager and staff ensured people's records reflected their current health needs, and contained information for staff to support people effectively. Where people's health conditions changed, the provider ensured all staff involved in their care knew about any changes to their care plans. They did this promptly using email and mobile phones, and we saw where care plans had then been quickly updated with new medical guidance for staff to follow. This meant people were supported to maintain their health.

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 whether the service was working within the principles of the MCA.

We checked whether the provider was working within the principles of the MCA. Staff had training in the MCA and understood they needed to seek people's consent for their personal care. They were clear they would talk with their manager if they had concerns that a person might lack capacity to give consent to their care. Where people had capacity to consent to their personal care, this was documented. The care records we looked at had assessments of capacity and best interest decisions recorded where it was appropriate for this to be in place. The provider ensured people's rights were upheld in relation to consent to personal care.

Good

Is the service caring?

Our findings

People and their relatives were consistently positive about the staff supporting them with personal care. They felt staff were kind, considerate and caring, and looked forward to staff coming to see them. One person said, "They are always respectful and professional. They wear their uniform with pride." A relative said, "I can hear them chatting and making [family member] laugh. They are all nice but the two [staff] that came this morning are lovely. We get on smashing." Other relatives commented on staff working professionally and with good humour, which they felt put their family members at ease receiving personal care.

People were involved in making decisions about their care and felt their views and preferences were respected. People's care plans recorded details about their personal preferences for their support where possible. This included detailed information about what people were able to do for themselves, and what staff needed to support them with. People confirmed that staff supported with personal care at a pace that suited them, and said they did not feel rushed. This helped to ensure people were treated with respect, and they felt they were listened to.

People and their relatives gave consistently positive feedback about staff who ensured personal care was done with dignity and respect. Staff described how they worked in ways which ensured that people felt comfortable and dignified whilst personal care was being carried out.

People felt staff supported them to maintain their independence.. One person said, I can do most things myself, and they help me with the tasks I can't do well." Staff told us they liked to support people to remain as independent as they could be in their own homes. People's care records documented what they could do themselves, and what areas they needed assistance with. The provider ensured people were supported to remain as independent as possible.

Staff we spoke with felt they cared for people and wanted to be able to make a difference to their quality of life. One staff member described how building a positive relationship with one person had enabled they to reduce the person's anxiety around receiving personal care. They said, "Our relationship is important with each person." Another staff member said, "No one person is the same and everyone's an individual. I love it [this job]".

Staff were clear they needed to ensure people were offered choices and supported to make decisions about the personal care they received. Staff also described the support they got from their colleagues, management and provider as being caring, which they felt was a good reflection of the care they then provided for people.

Information was provided, including in accessible formats, to help people understand the support for personal care available to them. For example, information about aspects of people's care was recorded using a mix of words and pictures. One relative described how this helped them and their family member to clearly understand how staff would do personal care tasks.

Good

Is the service responsive?

Our findings

People told us they received individualised care that was responsive to their needs. Detailed assessments were carried out before people were offered a service to ensure that their needs could be met. People's care plans were person-centred, and included information about people's preferences for personal care. For example, one person's care plan had detailed information about their preferences for their routine personal care on each call, including food and drink preferences. Staff we spoke with were familiar with people's personal care needs, and people's individual preferences for support.

People and relatives were involved in planning and reviewing their care, and where their needs changed, the service responded to meet their changed needs. One relative said, "They come regularly to check the care plan." Another relative said, "We have a care plan that covers all my family member's needs. I am very happy with the care plan." They also told us how the provider had been able to respond to their family member's discharge from hospital, by arranging to assess the person's care needs quickly. This relative said this had enable their family member to be discharged home safely. Staff told us how the provider responded to people's changing needs by changing their care plans to provide the personal care they needed, and records we looked at supported this. Staff also felt care plans contained enough information to be able to understand people's needs and wishes, and records we saw supported this. The registered managers had an awareness of the Accessible Information Standard which ensured that provisions were made for people to have information about their care in ways which were meaningful to them. This demonstrated the provider ensured staff had relevant information to meet people's needs, and people and relatives were fully involved.

People and relatives felt they had opportunities to provide feedback about the service, including regular care reviews, and by talking with staff. Staff told us people and their relatives received visits to review their personal care. People and their relatives knew how to raise concerns or make a complaint. They were confident complaints would be taken seriously and resolved, and the records we saw supported this. One person said, "If I have any problems I can contact [staff member] and she sorts it out. I did have one problem and it was sorted straight away. In fact, they [the provider] even put on an extra training course to cover if the type of incident occurred again."

People and their relatives were provided with a copy of the provider's complaints policy and procedure and staff understood how to support people to make a complaint. We saw from records that issues raised by people or their relatives were dealt with quickly and resolved in accordance with the provider's policy. We also saw evidence where the provider had contacted people to apologise in relation to concerns raised, and explained what action was being taken to improve the quality of the service for them. Information from care records, audits, and feedback from people, relatives, and staff were reviewed regularly. This identified where action was required to improve the quality of the service. This meant the provider had processes in place to listen to concerns raised and take action to improve the quality of care.

People and, where appropriate, their relatives, were involved in discussions about their wishes regarding care towards the end of their lives. This included where people would like to be at the end of their lives,

whether they would like to receive medical treatment if they became unwell, and in what circumstances. Staff received additional training to ensure they knew how to support people at the end of life. This included ensuring staff knew people's cultural and religious needs at this time. This meant people were supported to express their views about their future care towards the end of their lives, and staff knew how to support people and their relatives in the way they wanted.

Good

Is the service well-led?

Our findings

People and relatives felt the service was managed well and spoke positively about staff and the registered managers. Staff spoke positively about their work and the support they received from the provider and from each other. The service had an open and transparent culture, with clear values and vision for providing high quality care for people. Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that met people's assessed needs. During our inspection, staff were open and helpful, and demonstrated consistent knowledge of people's needs and wishes about their care.

The provider had policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff said if they had concerns they would report them and felt confident the provider would take appropriate action. This demonstrated an open and inclusive culture within the service, and staff had clear guidance on the standards of care expected of them.

First Care DCA has two registered managers. 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. The registered managers had a good understanding of their roles and responsibilities to manage and lead the service well. However, the registered managers had not consistently ensured that CQC were notified of some events as they are legally required to do. They had notified other relevant agencies of incidents and events when required. We spoke with one of the registered managers about this, and they assured us they would provide CQC with all relevant notifications in future.

The provider is required to display their latest CQC inspection report and rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required on their website.

The provider had systems to monitor and review all aspects of the service. This included regular monitoring of the quality of care. The registered manager carried out regular checks of care provided, and was looking at ways to improve the quality of care provided. Staff were supported through individual development meetings with their managers, and in regular staff meetings. This enabled staff to share information and ideas to improve the personal care they provided to people.

External health and social care professionals gave positive feedback about working in partnership with staff from First Care DCA. One commented particularly on the commitment and professionalism of the staff, particularly the registered managers, and their role in supporting staff to provide personal care.