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First Care DCA - Suite 27, Enterprise House

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

This announced inspection was carried out on 19 January 2016. First Care DCA - Suite 27, Enterprise House provides support and personal care to adults living in north Nottinghamshire. On the day of the inspection there were in the region of 90 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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 were supported by care workers who did not take every precaution to prevent someone from being injured when they provided them with their care and support. Care workers knew to report any concerns of abuse or harm they identified when they visited people.

People knew the care workers who supported them. People received a flexible service that suited their individual circumstances. However people's medicines were not always managed according to best practice.

People were provided with the care and support they wanted by care workers who were trained and supported to do so. People's human right to make decisions for themselves were respected and they provided consent to their care when needed.

People were supported by care workers who understood their health conditions and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were treated with respect by care workers who demonstrated compassion and understanding. People were involved in determining their care and support and were treated in the way they wished to be.

People received their care and support in a way they had chosen. People were encouraged to express any issues of concerns they had so these could be acted upon.

People who used the service and care workers were able to express their views about the service which were acted upon. The management team provided leadership that gained the respect of care workers and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not completely safe.

People's medicines may not be managed safely.

People were not fully protected from the risk of accidental injury.

People felt safe using the service because care workers looked for any potential risk of abuse.

People were supported by a sufficient number of care workers who worked together well and were flexible in order to meet people's needs.

Is the service effective?

Good 

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good 

The service was caring.

People were supported by care workers who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by care workers visiting them in their homes in a way that suited them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and could make changes to this when they wished.

People were encouraged to report any worries or concerns and were confident these would be taken seriously and acted upon.

Is the service well-led?

Good ●

The service was well led.

People used a service which had an open and transparent culture. The service was well managed and provided care workers with encouragement and support to carry out their duties.

People could be assured the quality of the service would be maintained as this was monitored to identify where improvements were needed.

First Care DCA - Suite 27, Enterprise House

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 19 January 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and any statutory notifications sent. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 12 people who used the service and five relatives. We also spoke with 12 care workers, the registered manager and the provider.

We looked at a range of records kept as part of the running of the service. These included the care records for four people, staff training records and other records made by the registered manager as part of their auditing of the service.

Is the service safe?

Our findings

Staff told us they received training on safeguarding but some of them commented that this was very 'care home orientated' rather than for a domiciliary care agency. The provider told us they were looking to provide in house training from a staff member who had completed a train the trainer course. This would be more orientated towards domiciliary care.

People felt safe using the service and felt they were protected. A person who used the service told us, "I trust them, I feel safe with them." Another person said, "When they get me up they make me feel comfortable and safe." A relative told us, "We had a previous bad experience (with another agency) [name] was not safe with them. We know the difference, we feel safe with these ones, we've got our confidence back." People told us they felt safe when care workers visited them and felt they were treated well. One person told us, "I am safe when I am with them, all of them."

Care workers were able to describe the different types of abuse and harm people could face, and how these could occur. Care workers said they would report any concerns to the registered manager, or a senior care worker in the registered manager's absence, who would report the concerns to the local authority. During our visit a care worker contacted the registered manager to report some concerns they had found, and these were reported to the local authority.

People were not fully protected from accidental injury. Some care workers did not always follow the dress code which was designed to prevent a care worker from causing an accidental injury when providing people with intimate care. From discussions we had with the provider and staff we found this was an issue that had been raised previously but not followed through to ensure safest practice was followed. The provider and registered manager said they would remind staff of the dress code and check this was being complied with in future.

People received care and support in an environment that had been assessed for any hazards which could affect people's safety. A person who used the service told us, "They did an assessment." A care worker said, "Care is assessed to be given safely, any fault has to be mended before we go in." Care workers spoke of ensuring there were no trip hazards such as trailing wires and frayed carpets. They also said rugs had to be removed where equipment needed to be moved across the floor to prevent the risk of injury. We saw risk assessments had been completed which were reviewed and updated when necessary.

A care worker told us they checked when they went into someone's home to see if anything was out of place or could cause a risk to someone's safety. Another care worker told us the equipment they needed was always available and any new equipment was arranged to be available for use promptly. People's care plans provided care workers with details about any equipment people used. The registered manager said, "We will only provide the care when we have the equipment to do so safely." They told us they would put temporary measures into place until any equipment needed was available.

Care workers said they always had the correct number of workers planned for each call. They said there was

a company policy that if a call required two workers they had to both enter the property at the same time.

There were sufficient care workers to provide people with consistent care and support which met their needs. People who used the service and their relatives spoke of having regular care workers come to visit them. One person said, "I have a small pool of workers who come to me." Another person said, "I have about three different ones."

Care workers told us there had been some recent improvements made to the organisation of calls so people had the same group of care workers visit them. One care worker said, "It has made a difference to clients, they seem a lot happier with this." Care workers said there were suitable arrangements in place to cover any unexpected absence from work.

Care workers told us there were sufficient care workers employed to complete the calls they needed to. One care worker described their workload as, "An easily manageable working pattern." They told us they had enough time allowed to travel between calls.

The provider told us they ensured that people were visited by care workers they were familiar with. They said that apart from unforeseen circumstances people who used the service had the same few workers visiting them so they had continuity. They said they employed sufficient care workers to meet the commitments of the service.

People were supported by care workers who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

People's medicines may not always be managed safely. Some care workers were uncertain of what they should do with unused tablets if a person did not take their medicines as prescribed. Care workers also raised some uncertainty about how people should be prompted to take any liquid medicines. We also found that although care workers had received training on managing people's medicines they had not had their competency assessed to ensure they could do so safely. The provider told us they would ensure care workers new what to do with any unused tables and would complete medicine competency checks on staff.

We saw a record was made of when a person had taken their medicine, however there were a few occasions when the medicine administration record had not been completed and there was no explanation as to why this was. This meant it was not always known if the person had taken their medicines as intended. The provider and registered manager told us they would address these issues with the staff team to ensure they followed safe practices, and they would arrange for care workers competency to be assessed.

People told us they received the support they needed to take their medicines. A person who used the service told us, "They did things right with medication, I got it when I needed it." A relative said, "They take the tablets out of the blister pack and put them ready for [name] to take." The relative told us the care worker made a record when their relation took their tablets.

Care workers told us they prompted but did not administer people their medicines and the provider explained how they carefully assessed what support would be provided. For people to receive support to have their medicines they must be prescribed and stored in a monitored dosage system.

Is the service effective?

Our findings

People were cared for and supported by care workers who had the skills and knowledge to meet their needs. A person who used the service told us, "The majority are well trained, some new ones accompany the experienced ones and get trained up. [Name] explains to a new one what to do, they are brilliant at showing them." Another person said, "I think they are trained sometimes they send a new one to learn from an experienced one." A relative told us, "I am satisfied with the skills of those that come to see us."

Staff told us that if a care worker wanted to learn something they accompanied an experienced worker in that area of care and observed how they provided this. A care worker told us, "If we ask anything we will be taken out and shown how to do it." The provider told us that as part of the induction for new workers they accompanied other staff and were introduced to people. The provider said they were then shown how the person preferred their care to be provided. A care worker told us, "I had an induction, it included on line training, and then I went out and shadowed (an experienced care worker)."

Care workers said they got the support and training they needed to do their work. One care worker said they valued supervision because, "We get our own time to speak with the manager. We get feedback we get to know the good and the bad."

The provider told us that they now used the care certificate for new staff induction and staff training. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

The provider told us care workers were up to date with their training and they would provide any additional training needed. They gave an example that some care workers had completed training on certain health conditions.

People had their rights to give their consent and make decisions for themselves promoted and respected. A person who used the service told us, "I am always giving my permission, they always ask if I want to do something, they are very good like that."

Care workers told us people signed their care plans to show they had been involved in preparing these. A care worker said, "We don't do anything without consent, we ask them what they want us to do." The provider told us as far as possible people signed their care plans to show they were in agreement with these. We saw signed consent forms held at the office.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager told us some people did not have the capacity to make decisions for themselves. We saw records had been prepared to assess whether some people had the capacity to make some specific decisions about their personal care. Where the assessment showed the person did not have the capacity for the decision being assessed a decision was made in their best interest. This included seeking the views of relevant people to make the decision such as close family members.

People who required support to ensure they had enough to eat and drink to maintain their health and wellbeing were provided with this. People who were supported at mealtimes told us care workers would prepare a light snack or heat up a meal that had already been left for them. A person who used the service told us, "They will prepare a meal if I need one, we manage quite well. We've got a good system going between us." Another person told us, "They will vary things. If we want a change for dinner they will even go and get fish and chips for us." People also told us they were left a drink at the end of the visit.

Care workers told us they provided varied support to people who used the service regarding nutrition depending on what their arrangements were. For some people they followed a menu and prepared light snacks or sandwiches. Other people had meals delivered or had them left by relatives for them to heat and serve. Care workers told us people's preferences regarding meals were described in their care plans, and they knew which people needed additional encouragement with their food and fluid intake. They also said when needed they had involvement with health care professionals for guidance, such as a dietician.

Care workers said they followed good hygiene practices when preparing food and the registered manager confirmed care workers underwent a basic food hygiene course. A care worker said they checked the dates of food in the fridge and asked permission to throw any away that had passed the best use before date.

People received any support they needed with regard to their health and wellbeing. A person who used the service told us they felt care workers, "Understand my health needs." Another person said, "On quite a few occasions they have called the doctor if they thought I needed it." A relative said, "They (care workers) have suggested when I should call a doctor. They tell me if they think anything is not right."

Care workers had a knowledge and awareness of people's health needs and how to support them with these. They told us there was information about people's health conditions included in their care plans and that they received support and guidance from healthcare professionals such as district and specialist nurses who were involved with people. They also said they received training about specific health conditions and spoke of having built up experience about these over the years they had been working with people.

Is the service caring?

Our findings

People were supported by care workers who were professional, sensitive and caring. Comments made to us by people who used the service included, "The majority of them (care workers) are very caring. They (First Care DCA) seem to have a lot of them, carers that do actually care", "They are very very professional" and "They have been very good to me, they really looked after me." A relative said, "They are caring they seem to like their work." Another relative said, "They take the time to communicate, they know when [name] is on a bad day." The provider told us they would only employ a care worker who demonstrated they held caring values. They said, "To care for people you've got to care."

People developed relationships with care workers who respected their own values and preferences. A care worker said, "We go in with a professional attitude, as we get to know each person better we can strike up a more personal conversation." A care worker gave an example that initially they would address people by their title until they were invited to use a less formal address. Another care worker said, "They tell us some amazing stories about themselves." Care workers spoke of respecting people's differences and gave an example of how they provided one person with their care in a particular way to ensure their culture was respected. Care workers said they had some initial background information about people before they visited them which helped them strike up conversations.

Care workers spoke with affection about their work with comments such as, "loving my job" and, "We wouldn't be here if we didn't care." The registered manager told us if a person who used the service did not get on with a care worker who visited them for any reason they would allocate a different worker.

People were involved in planning their care and support and making decisions about this. People we spoke with told us they had been involved in discussions concerning their care and support and things were explained to them clearly. A person who used the service told us, "I am involved and asked about my care." Another person said, "They come and go through my care plan with me and ask if I have any issues or complaints." A third person said, "I feel involved they will tell me things."

Care workers told us people who used the service tended to provide them with more information about their preferences, which they had not mentioned at their initial assessment, as they got to know them. They said they then passed these onto the office staff so they could be included in their care plans.

The registered manager told us people's relatives could also be involved in discussions about their care if the person wished them to be. The registered manager told us people who used the service were involved in reviews of their care plans and we saw care plan review forms included the person who used the service, and in some cases a relative. The registered manager said reviews were held every six months, or more frequently if required. The provider said if anyone wanted to make changes to their care they could contact them to inform them of this. They gave an example when someone had contacted them to make changes to the times of their visits.

People were treated in the way they preferred and they found respectful. A person who used the service said

care workers, "Don't take liberties, they respect us. They always ask to use the toilet. I tell them they don't need to ask, but they always do." Another person told us care workers always tidied up after they had helped them with a bath and hung their towels up to dry. A third person described care workers as "thoughtful." Care workers described how they showed respect to people in their homes. A care worker said, "It is their home, we respect that. It is their lifestyle and choices, we respect their dignity."

People's independence was promoted. People told us their independence was respected and care workers did not take this away from them. One person said, "I can still do some things for myself." A care worker said, "We let each person do as much for themselves as they can."

Is the service responsive?

Our findings

People had their needs assessed so plans could be made on how to provide them with the care and support they needed. A person who used the service told us, "Somebody came to make the care plan with me." Another person said, "I think I get the support I want." Care workers told us people were involved in preparing their care plans. They said they read these through with people and that sometimes they could get more from a person in a discussion like this than they would in a formal meeting. The provider said, "We wouldn't write the care plans if they didn't agree."

A relative told us, "They write everything they do in a book." Staff said they made a record of how the person had been and what had taken place each visit in the daily notes that were kept. We saw a sample of these and they provided this detail.

People were provided with flexible care and support in a way that suited them. One person described care workers as, "Flexible." They said, "I call up if I ever need to change the time of my visit, they accommodate my requests." Another person said, "I think they listen to me saying something. If I want to do something socially they are quite happy for me to cancel a visit."

Care workers said they took any requests for changes to people's care back to the office staff. One care worker said, "Someone may say 'I would like such and such doing.' We report back to the office (staff) and they always act upon it." Another care worker said, "We know exactly what to do, even down to the sugar in their tea."

People received their care and support at the time it was planned for. People told us care workers usually arrived on time and they were contacted if there was any delay. A person who used the service told us care workers, "Come at the same time every day." Another person said, "They are usually on time, if not they let me know." A relative told us, "We are very happy really, they are nice lasses. They are very punctual and they ring straight away if they are going to be late."

People were provided with the care and support they had agreed, unless they wanted to change this. A person who used the service told us, "They always stay the full time." Care workers told us they always stayed the full length of the visit unless the person asked them to leave early. They told us if they had any free time they always asked if there as anything else they could do to help.

People were given opportunities to raise any concerns and they were told how they could make a complaint. A person who used the service told us, "If I needed to I would just ring them up. I have only ever done so once when I didn't like someone's attitude. They sorted it straight away and they didn't come anymore." Other people spoke of being able to call the office and raising anything they wanted to.

The registered manager said there was a copy of the complaints procedure included in the service user guide which was given to each person who used the service. They told us they used any complaints or concerns as a way of identifying where they could make some improvements to the service. There was a

record made of all concerns, complaints and compliments received about the service. We saw there had been nine minor concerns or complaints made in the last three months. These had all been responded to appropriately.

Is the service well-led?

Our findings

People felt they would be able to make any suggestions they had and these would be listened to and acted upon. A person who used the service told us, "I am sure I could make suggestions." Another person said, "I would like to think they would listen to me I haven't got any suggestions they are very good." People told us they did not notice any difference in the quality of the service at weekends.

Care workers were involved in discussions to improve the service people received. They told us they were able to make suggestions in the regular staff meetings that were held. One care worker told us they had made a suggestion to improve some of the paperwork and this had been implemented. Another care worker said when they had raised a problem in one person's house a solution had been found and followed through to resolve this. A different care worker told us they were encouraged by the managers to, "Give feedback on every little thing. And they act upon it." The provider and registered manager both felt care workers were able to make helpful suggestions about the service. We saw minutes made of staff meeting discussions included what actions were to be taken.

Care workers told us they enjoyed coming to the office where they had opportunities to discuss any issues with one of the managers or another work colleague. They also said they enjoyed the general comradeship that existed between all the staff.

People were confident in the way the service was managed. They felt being able to reach office staff when they needed to was a strength of the service. A person who used the service told us, "It seems to be well managed to me, I can get through to them when I need to." Another person told us when they called the worker on call they said, "There is mostly someone there if not I leave a message and they get back to me." Some people also told us they had been visited in their home by one of the senior staff to discuss their care and to make sure everything was to their liking."

The provider and the registered manager shared the day to day management of the service and each one was responsible for different aspects of the service. They were clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about.

Care workers were provided with feedback on how they carried out their duties and met people's needs. Care workers said they received feedback directly from people who used the service, their relatives, as well as in supervision from one of the managers. One care worker said they had appreciated the gratitude shown to them by a relative when they had mowed someone's lawn as they had some spare time. Care workers also had feedback from spot checks, where their practice was observed during a visit. A care worker told us they found spot checks helpful as they were sometimes shown alternative ways of doing things. We saw records of spot checks recognised good practice observed as well as showing where alternative practices could be followed.

There were systems in place to identify where improvements could be made to the service. One person told

us, "I have completed a survey to rate them. I find them very good." Care workers told us they were asked to pass on any comments people made to them about other care workers so these could be passed on. One care worker told us they had been contacted by the registered manager to say they had received a lovely email about them the previous week.

The provider told us they audited all the records when they were brought back to the office from people's homes. They said they checked these to ensure they were completed correctly and were accurate. They also checked to make sure nothing had been recorded they needed to act on. An audit of people's care plans showed that their consent had been obtained and the plans had been reviewed as required. The registered manager told us they had an 'on site' audit form where senior care workers checked documents in people's homes for accuracy and that they were fully completed. This included the daily notes and medicine administration forms.

The provider told us they asked people to complete a survey form twice a year. We saw the results of the most recent survey, which were very positive. The comments had been analysed and an action plan created to address issues people had highlighted that could improve the service. The provider told us a recent change to the billing system meant people now contacted the office to pay their bills and this gave them an additional opportunity to ask people how their service was.