

First Care Global LTD

# First Care Global LTD

## 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

### About the service

First Care Global Limited (trading as Everycare Barnet) is a domiciliary care service registered to provide personal care to people living in their own homes. This service is a franchise of the company Everycare. At the time of our inspection three people were being supported with personal care.

### People's experience of using this service and what we found

The service assessed risks to people's safety and wellbeing. There was guidance in place for staff on how to support people to manage risks however there was insufficient information recorded about people's health risks. Health conditions were not recorded in enough detail for staff to know how they affected the person's care and the impact they had on the person. We have made a recommendation that the provider review people's health conditions with them and update care plans to ensure health conditions are clearly recorded.

The service employed enough staff and ensured they were suitably trained. Most staff said they were supported well in their role. People had consistent care workers supporting them so they were able to build good relationships. Staff were caring in their approach.

Care plans addressed people's care needs and guided staff on how to provide care to the person to meet their needs and their preferences. People were involved in planning their care and told us they were satisfied with the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Although there was no registered manager at the time of this inspection the provider employed a care coordinator and the nominated individual had applied to be registered as the manager.

### Why we inspected

This service was registered with us on 24 January 2019 and this was the first inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.  
Details are in the safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective.  
Details are in the effective findings below.

Good 

### Is the service caring?

The service was caring.  
Details are in the caring findings below.

Good 

### Is the service responsive?

The service was responsive.  
Details are in the responsive findings below.

Good 

### Is the service well-led?

The service was well led.  
Details are in the well led findings below.

Good 

# First Care Global LTD

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. The nominated individual had applied for registration as the manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that somebody would be in the office to support the inspection.

Inspection activity started on 11 March 2020 and ended on 13 March 2020.

#### What we did before the inspection

We looked at the information we held about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and one person's relative about their experience of the care provided. We met with the care coordinator and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits, quality assurance, complaints, safeguarding, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with six staff who were or had recently worked for this service by telephone to find out their views on the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Each person using the service had risk assessments in place. Where risks were identified, there were details about how they needed to be managed. There were detailed environmental risk assessments to identify any risks in the home to the person and to staff's safety.
- The risk assessment form was a standard one issued by Everycare. There was no health section on the form so people's risks relating to their health were not properly recorded. These had been added to another section but there was no detail of health conditions to say whether they were historic or current and how they impacted on the person's wellbeing. There was no detail on how the health condition affected the person's care needs. We discussed this with the nominated individual who told us they would ensure people's health needs were identified and addressed in their care plans after the inspection.
- Staff we spoke with did not all know relevant information about people's health conditions such as leg ulcers or disability and how they affected them.
- One person's risk assessment was incomplete, so it was not possible to read all their assessed risks. The service sent this assessment to us once it had been completed immediately after the inspection.

### Using medicines safely

- People received good support with their medicines. Staff received basic medicines administration training as part of their induction.
- Staff kept written records for the one person they were supporting to take their medicines.
- There was no list of the person's prescribed medicines in their file. This meant there was a risk the service did not know what medicines the person was prescribed. We recommend that the provider seek best practice guidance (NICE guidelines) on the recording of people's medicines.

### Systems and processes to safeguard people from the risk of abuse

- Staff were trained in understanding signs of possible abuse and following safeguarding procedures and they were able to explain to us what they would do in the event of abuse. This training took place during induction before staff had contact with people using the service, so they knew what to do before they started providing care.
- The provider had a safeguarding policy and procedure in place as well as contact details for the local authority safeguarding teams.
- There was a clear system in place which care workers used to record if they had bought any shopping for people to reduce the risks of any financial abuse.
- The provider informed us that they had not had to raise any safeguarding alert nor had any raised against

them. They had the alert form in the office to use if needed.

#### Staffing and recruitment

- Staff were safely recruited.
- The provider had carried out required checks before employing staff which included checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being employed. Some staff files had a written record of telephone references with their previous employers, but no written reference had been received. We discussed with the provider about the lack of some written references and they agreed to chase these up from the previous employers.
- People told us staff providing their care were a consistent team and stayed the allotted amount of time and usually arrived on time. One person said staff were "not quite" arriving on time and another said timekeeping was not always good. They confirmed that the care worker did always arrive and carry out their tasks safely.

#### Preventing and controlling infection

- Staff had personal protective equipment (PPE) such as disposable gloves to minimise the risk of infection when providing personal care. Feedback from people confirmed that staff wore appropriate PPE when providing care to them.
- Staff had completed training around infection prevention.
- The provider had a Coronavirus contingency plan which included government advice on how to prevent and manage any concern relating to the current Covid 19 outbreak.

#### Learning lessons when things go wrong

- There had been no accidents or incidents recorded so far as the service had only been operational for a short time. The nominated individual told us they reviewed the service in light of complaints which were recorded and investigated appropriately.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure this service could meet their needs. The assessment informed the care plan which detailed the person's needs and how to meet them. Care plans reflected people's holistic needs.
- People said their regular care workers understood their care needs and delivered their care as they wanted it. One person said, "I am quite happy" and another said, "I'm quite pleased with all of them."

Staff support: induction, training, skills and experience

- The provider's induction training included the mandatory training topics for care workers such as basic life support, moving and assisting people and safeguarding. Staff confirmed they had completed this training. Staff described the training to us as, "good" and, "very good."
- All care workers employed had previous training in nationally recognised qualifications relating to care or were registered on appropriate training.
- The office had practical equipment such as a hoist and bed, in order to train staff to help people with their moving and assisting needs e.g. getting up from bed to wheelchair.
- The service employed a full time care coordinator who supported staff by keeping in regular contact with them and offering advice.
- Staff had not yet had supervision or annual appraisals. The service had only been operating for a few months. Care workers told us they felt well supported by the care coordinator.
- The care coordinator had carried out spot checks with two staff in people's homes and the nominated individual advised that they planned to do more spot checks and commence individual supervision sessions. In the meantime staff said they felt they could contact the care coordinator any time for advice or support.
- One staff member told us they felt well supported by the service and said, "They are a good agency, they give me everything I need."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported two people with meals. Those people said they were satisfied with the support they had with eating and drinking.
- Records of care delivered showed that staff knew one person's food preferences well and prepared them three meals a day which were varied and reflected what they liked to eat. One person liked a sandwich from a particular shop and staff went out daily to get this for them or went with them so they could buy it themselves.



- Staff who visited people more than once in the day would leave people with snacks and drinks to hand, so they did not have to wait until next visit. Care records showed that staff had done this.
- Where people had specific needs around their eating and drinking this was documented in their care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans did not include a section for information about people's specific health conditions and how this impacted on their daily living and their care needs. Where a medical condition was recorded it was not clear whether this was current. This issue is addressed in the safe section of this inspection report. The nominated individual said they would address this immediately.
- Staff said they would report any changes in a person's health to their relatives.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The people using the service all had full mental capacity. Their care files included their signature to confirm that the care plan and risk assessment had been explained to them and they agreed with it. They also signed consent for staff to enter the homes for the purpose of spot checks on their care worker and new staff 'shadowing' experienced staff.
- Staff understood the importance of seeking people's consent before providing care and told us they always did this.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and their needs were met.
- People and their relatives told us staff were caring and treated them well. One person said, "Yes, they treat me well. I'm quite happy" and another said staff were, "all very nice."
- One relative said the care workers were, "doing a fine job."
- Staff attended training in equality and diversity and the values of the organisation. They also had training as part of their induction on learning disability, mental health and dementia to help staff understand the needs of these groups.
- Current people using the service had no recorded religious or cultural needs which needed support from staff at this service but there was space on the care plan template to include these. One person who was no longer using the service had required a care worker from the same cultural background which the service had been able to provide.
- People had a choice of female or male care worker. The service was able to provide workers of the gender people wanted as there were both male and female staff employed.
- Care plans included how the service would treat the person as an individual and how they would be supported to have their say.
- Staff showed a caring attitude when speaking to us about the people they provided care to. Because the care workers were consistent they had opportunity to build relationships with people and we found they knew the person well. One staff member said the service "treats people well."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views at their initial home visit and thereafter by telephone calls or home visits.
- People told us they had copies of their care plans and records at home.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy, dignity and independence were respected.
- Staff induction training included privacy and dignity. Staff told us they respected people's privacy and dignity. They said they asked people for their consent before providing personal care. One staff member told us, "I always ask [...] what they want to do and whether I am doing it right."
- Care workers told us they promoted people's right to be independent. One care worker said, "I try to talk with her, encourage and assist her."
- Care plans addressed independence by asking what the person was still able to do, what they needed

help with and how they should be helped for each care need.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs.
- People told us their care workers knew their needs and provided a good service to them.
- Care plans gave detail on people's needs and how staff should provide their care. These also included information about the person's history, likes and dislikes and topics that the person liked to talk about to help staff get to know the person and communicate with them well.
- People's overall feedback was that the care was responsive to their needs and they were satisfied with the quality of the care provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the AIS standards.
- Staff had some training on communication during the induction. People told us their care workers communicated adequately with them. None of the current people using the service required their communication to be in alternative formats.
- Care plans reflected people's communication needs and guidance was in place for staff to follow.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care workers went out with people where this was one of their assessed needs. One care worker told us how they went shopping with the person they were supporting until the current Covid 19 outbreak meant it was safer for the person to stay at home.
- Care records for one person showed their care workers sat and chatted to them and watched TV with them to keep them company.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which stated they would acknowledge complaints within three days and investigate within 28 days. Complaints were recorded along with the outcome of the investigation.
- One person told us they had no complaints but had a phone number that they would ring if they ever had cause to complain. A relative said they also had a phone number to call. Most people knew how to make a

complaint.

#### End of life care and support

- Staff had not received training around end of life care so were not providing this service at the time of this inspection.
- People's end of life wishes were recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The nominated individual had a clear understanding of their role and of regulatory requirements. They told us they were supported by Everycare company, of which this service was a franchise. The company provided them with all the documents and policies as well as regular advice.
- The provider had a business contingency plan. They showed a commitment to continuous improvement by attending conferences and training, reading CQC reports of outstanding services and had become a member of the United Kingdom Home Care Association (UKHCA) where they had access to resources and advice from other homecare providers.
- Records showed there were two monthly management meetings and quarterly care worker meetings to share information and plan ahead.
- The nominated individual told us the service benefitted from being a franchise as they were able to access support from other branches nationally. They had quality monitoring systems in place.
- The provider's systems did not address risks relating to people's health conditions, as detailed in the safe section of this report. When we informed them about this gap, they agreed to address this immediately.
- The registered manager understood the requirement to submit notifications to CQC about events, incidents and changes to the service as required by law.
- The service used an electronic people planner system which provided care workers with an application where they could find people's care plans. The provider was able to use this system to update staff on any changes to a person's care needs. We found the management team to be open and transparent throughout the inspection about what they had achieved and what they planned to improve.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and some staff said they did not know who the manager was but did know how to contact the care coordinator. They did not know that the nominated individual was acting manager, but all knew the care coordinator and said they would go to them if they had any concerns.
- People's feedback about the management of the service varied but was overall positive.
- Staff and ex staff gave mixed feedback about how supported they felt by the service, but all said that the care coordinator supported them. Staff who were providing live in care to one person told us they had daily two hour breaks which the care coordinator often covered for them and the live in care workers said they felt supported and knew who to contact if they needed help or to have a break.

- Some staff said that the nominated individual/manager did not keep in good contact with them, including one that had not met the nominated individual but that the care coordinator did keep in touch.
- The service was not working with other agencies at the time of this first inspection as their three clients were not funded by local authorities. They were not currently working with healthcare professionals but had people's GPs and other contacts recorded in case they needed to get in touch with them.