

## First Contact Healthcare Domiciliary Care Service Limited

# First Contact Healthcare Domiciliary Care Service Limited Stroud

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 28 June and 10 July 2017 and was announced. First Contact Healthcare Limited (Stroud) provides domiciliary care and support for people living in their own homes. First Contact provides a service to people living in Stroud and surrounding areas. At the time of our inspection there were 26 people who were receiving personal care. The service provided care for people with long term health care conditions, older people, people with physical disabilities and people living with dementia. Care staff provide a service to people who need assistance with aspects of their care including mobility needs, personal hygiene and eating and drinking.

This was the first time the CQC had inspected First Contact Healthcare Limited (Stroud).

The service had a registered manager, who was also the provider of the service. 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 manager did not always operate robust systems to ensure care staff were of good character. The registered manager had some systems in place to monitor the quality of service people received. However improvement was needed in how these systems were managed to ensure shortfalls would always be identified and action taken to improve the service and manage risks. We made a recommendation about the management of governance systems in the service.

People told us they felt safe and comfortable when receiving support from care staff. People felt their needs were met by skilled and dedicated care staff. People spoke confidently about the registered manager and were happy with the care and support they received. People received support which was personalised to their needs, including support with their personal hygiene needs and support with their prescribed medicines. People told us they felt listened to and could not fault the care they received.

Care staff spoke confidently about the support they received. Care staff had the skills and training they needed to meet people's needs. Care staff received support from the registered manager and their professional development was promoted.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of this report.

## 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 always safe. The registered manager did not always operate robust processes to ensure staff were of good character before they were offered employment.

People felt safe when receiving care from care staff. Care staff had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse. Risks to people's care had been identified and there was clear guidance to staff on how to manage these risks.

People told us care staff spent time with them. Staff told us they had enough time to assist people in a safe and calm manner.

### Is the service effective?

**Good** ●

The service was effective. People were supported by staff who had the skills they needed to meet people's needs.

People were supported to make choices and care staff had knowledge in relation to the Mental Capacity Act 2005.

Where necessary, people were supported with their dietary and healthcare needs.

### Is the service caring?

**Good** ●

The service was caring. People spoke highly about the care staff and felt they were treated with dignity and respect.

There was a caring culture across the organisation. Care Staff spoke about people in a kind and a caring manner.

### Is the service responsive?

**Good** ●

The service was responsive. People's care plans were personalised to people or their needs.

People were involved in the planning of their care.

People were confident their complaints would be listened to and acted upon by the registered manager.

### Is the service well-led?

The service was not always well-led. The registered manager did not always have effective systems to monitor and improve the quality of the service.

People spoke positively about the registered manager and felt the service was managed well. There was a positive caring culture established by the registered manager.

**Requires Improvement** 

# First Contact Healthcare Domiciliary Care Service Limited Stroud

## **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 was 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 28 June and 10 July 2017 and was announced. We gave the registered manager 48 hours' notice of our inspection. We did this because the provider or registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available. The inspection was carried out by one inspector.

We reviewed the Provider Information Return (PIR) which had been completed by the registered manager. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service. We reviewed the notifications about important events which the service is required to send us by law. We also spoke with one local commissioner.

We spoke with four people who were receiving care and support from the service and five people's relatives. We also spoke with six staff members which included two care staff, a senior team leader, the administrator, the business support manager and the registered manager/owner. We reviewed six people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

# Is the service safe?

## Our findings

People were at risk of being cared for by unsuitable staff because robust recruitment processes were not in place. Whilst relevant checks of people's criminal histories via the disclosure and barring service (DBS) had been carried out; references had not always been sought from staff members' previous employers (including those within the care sector). A record of whether applicants' employment histories had been discussed during interviews however had not always been recorded. For example, one staff member's record only contained one reference. The staff member had previously worked in care; however no reference had been sought from the care provider.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they or their relatives felt safe when receiving support from care staff. Comments included; "When I'm with the carers I'm safe and alright"; "very safe" and "I should think (relative) are safe with staff, the staff are very careful."

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to a team leader or the registered manager. One staff member said, "I would let the manager and office know." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "I know how to whistle blow. There are numbers available to call, I have a copy." If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action.

People's care plans contained assessments of all aspects of their individual support needs. Assessments for people included moving and handling, nutrition and hydration and medicines. People's risks had been identified, assessed and documented. Care staff had clear guidance on how to protect people from their individual risks. For example, one person needed the support from care staff and equipment to enable them to safely mobilise within their property. Care staff had clear guidance on how to assist the person and the risks to the person including the risk of the person falling if this guidance wasn't followed. One person's relative told us how care staff supported their relative with mobilising up and down stairs. They said, "They are (care staff) really good with (relative) on the stairs. They talk to (relative) and let (relative) lead."

People told us when staff arrived they spent the time they expected with them. Comments included: "They always turn up and we know who is coming. They have been very good since they moved to (office) Stroud"; "They always turn up. Even if late, they call (to let us know)"; "Always show up on time, I have no concerns" and "They are a bit later sometimes, always show up and they do let me know if they're coming late."

Care staff told us there were enough staff deployed to ensure people could have their care visits. Staff told us they also had enough time to travel between people's homes and did not feel rushed. Comments included: "We usually have enough travel time. We have (one problem) which we are trying to fix. I'm not rushed"; "Yes,

I have enough time" and "We have got time, however if we're a little late we let the office know and they give people a call." The registered manager kept and maintained a clear rota of the care and domestic support people received. This enabled them to ensure there were enough staff on duty to provide care to people who required it.

People told us where required care staff assisted them with their prescribed medicines. One person told us, "They help me with my medicines." Another person said, "They help prompt the medicines when needed. They know what to do." People's medicine administration records were completed consistently and no concerns were raised regarding the administration of medicines. Care staff informed us they had the training they required to assist people with their prescribed medicines. One member of care staff told us they had received training to administer people's medicines. They said, "I was given good instructions. They (registered manager) also provide us with support."

# Is the service effective?

## Our findings

People were positive about the care staff and felt they were skilled to meet their needs. Comments included: "Oh yes the staff are well trained, they know how to react and meet people's needs"; "Some of the carers are exceptional"; "I think they are well trained"; "They do everything right."

People's needs were met by care staff who had access to the training they required. Care staff told us about the training they received. Comments included: "The registered manager ensures we have the necessary experience and training"; "I have had all the training I need" and "I have what I need." Staff were supported to undertake additional training as required, for example when people's needs changed or if they had identified a need. One staff member said, "I was able to ask for training, I wanted more training around medication. I was given time and support to do this."

Care staff felt supported to develop professionally. One staff member spoke positively about the support and access they had to additional training and qualifications in health and social care. They told us, "I am being supported to develop, I wanted more training and they're providing it to me. I'm going to start a diploma." The registered manager told us that care staff were being supported to complete the care certificate as part of their training. The care certificate training allowed the register manager to monitor staff competences against expected standards of care.

People received care from care staff who were supported and had access to frequent one to one meetings with the registered manager (one to one meetings allows care staff to discuss their personal development needs, such as training and support as well as any concerns). Care staff spoke positively about their one to one meetings and felt they were supported. Comments included: "I've got the support I need" and "There is always someone there for support, there is no such thing as a stupid question. The manager is willing to listen to you."

Care staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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. Care staff showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "I don't want to take any independence from someone. We always offer and promote choice and support them to make small decisions even if they can't make larger ones" and "I always offered choice. One (person) likes to do things herself, so we prompt and we provide choice, it's important to respect this."

The majority of people receiving personal care support from First Contact Healthcare Limited (Stroud) understood the reasons for their care and how it helped them to stay in their own homes; they had the capacity to consent to the care they received from care staff. A clear record of each person's consent to care was in their care plans and was identified as part of their initial assessment. One person had been assessed



as having the capacity to make day to day decisions regarding their care, however did not have the mental capacity to make significant decisions. There were clear mental capacity assessments in place regarding the person's capacity to make specific decisions in relation to their care and the support they required from care staff.

People told us they were in control of their care and that they never felt forced to do something they did not want to do. Comments included: "They always ask me what I would like? They always put me in control"; "Always so good at communication and saying what's happening" and "Really good at providing choice."

People spoke positively about the food and drink care staff prepared them. One person who was assisted with their dietary needs told us, "They leave my food and drinks close by me and always remind me." Another person told us, "Can't grumble they know what to do with my meals."

People's care records documented the support they needed with their nutritional requirements. For example, one person required support and supervision with their meals as they were at risk of aspirating. Care staff were provided with clear guidance on how to assist this person with their meal, including providing a meal of their preference, to ensure the person's nutritional needs were met.

People were supported to maintain good health through access to a range of health professionals. At the time of our inspection, people receiving care were mainly independent with a number of their healthcare needs. Where people required additional support from healthcare professionals, or required additional assistance this was clearly recorded on their care records. The registered manager and care staff worked with healthcare professionals to ensure people's continuing needs were met, this included ensuring correct moving and handling equipment such as hoists were provided.

## Is the service caring?

### Our findings

People spoke positively about the care they received and the care staff supporting them. Comments included: "Very happy, caring and dignified"; "They (care staff) are all lovely", "They do everything right, caring and they help me" and "Can't fault them, very caring."

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's personal histories and what was important to them. They enjoyed their job and were enthusiastic about providing good quality care. Comments included: "It's good here, I like my job. I like providing people with good care" and "We're here because we care and we support each other to provide good care."

People told us they were treated with dignity and respect by care staff. Comments included: "Definitely dignified", "Very dignified, they treat me and my property very well" and "I'm treated with dignity."

Care staff told us the importance of respecting people's dignity. One care staff told us, "We have to promote dignity. Some people can get embarrassed so we make light of any embarrassment. We use talking and distraction to make sure people are uncomfortable." Another care staff said, "We always ensure care is provided in private, ensuring people are comfortable and not exposed."

People told us they felt comfortable with care staff and were supported to build positive relationships. People told us they benefitted from good continuity of care. One person said, "I have a good word with care staff, we do have a chatter." One person's relative said, "The girls are very talkative and we know all of them. They are very good with (relative) and it's comfortable". They explained how this helped to build familiarity with the care staff and made them feel more comfortable. Staff spoke positively about providing continuity of care. One member of staff said, "We're not rushed and we do have the time to talk with people. It's important as we may be the only people they see in a day."

People were supported to express their views and were involved in making decisions regarding their care and support. One person discussed that their views around their care were listened to and respected. This included discussing equipment to assist them mobilise in their own home. They said, "I worry about the hoist hurting carers. We discussed it and we're waiting for an overhead hoist. They listened to me, reassured me, I'm very pleased."

## Is the service responsive?

### Our findings

People spoke positively about the personalised care they received, and felt they were involved. Comments included: "No problems, the care is what I expect"; "The care staff fulfil their role and work alongside (relative)" and "I think they're good. The staff assess (relative) daily. If it's a bad day, they know the mood and they really act appropriately."

People were involved in all decisions about their care. Thorough assessments were carried out with people before they started using the service. Assessments included areas such as; communication, mobility, social care needs and medicines. For example, one person's assessment provided guidance of how they should be supported with their personal hygiene, nutritional and moving and handling needs. One person relative spoke positively about the assessment process and said, "The manager came out and met me and met (relative). It was very nice. We always have good communication."

Assessments were used to develop detailed person centred care plans that identified people's needs and their personal support requirements. For example, one person's care plan documented the support they required from care staff which included aspects of their care needs such as food and drink, personal hygiene and dressing. Clear guidance was provided to care staff to ensure they had the information they needed to meet the persons' needs at each care visit the person required. This ensured staff were assisted to ensure people's needs were met and enabled them to stay living in their own homes.

People told us the registered manager and care staff were responsive to any changes in people's needs. For example one person's relative spoke positively about care staff assisting their relative and how they ensured there was good communication provided. They said, "Communication has always been very good from care staff, I'm always told if things change. We use the care plan notes to pass comments."

People felt the service was flexible to their needs. For example, one person told us how their care and support was being changed in line with their personal preferences. They told us how they required two members of staff to assist them with their mobility needs. They explained how they had a preference of "one male, one female care team is best". They told us this was provided and gave them the reassurance they required.

People and their relatives felt the registered manager was responsive to their concerns and understood the complaints policy. Comments included: "We did ring the boss up, very good, got it sorted, we have had no issues since"; "They do sort problems out straight away. If I do need a response I get it straight away" and "Any concerns they have dealt with."

The registered manager had a log of complaints. Complaint records mostly showed the actions the registered manager had taken in response to the individual concern. For example one person complained about low standard of care. This complaint was communicated to staff and had been resolved. The registered manager did not always keep a detailed record of the actions they had taken in response to complaints. For example, for one complaint there was no clear response to the complaint documented. The

registered manager acted on this concern immediately and sent us the investigation and response they had carried out. At the present time the registered manager did not keep a record of compliments, however this was something they were planning to address.

## Is the service well-led?

### Our findings

People spoke positively about the registered manager. They also told us how their views were listened to and respected. Comments included: "I feel the boss is nice to talk to"; "I think the manager is great, they get to the bottom of any problems" and "We used to see (registered manager), get on well with them. We can always ring them, they put anything right."

People and their relatives talked about the recent location change the registered manager had instigated. The registered manager had moved the office of First Contact from Gloucester to Stroud. They explained the reason for this change was to ensure the office was in a location which was closer to where people received their care. The registered manager explained this enabled them to be in a better position to deal with emergencies or staff absences. It was also easier for care staff to attend the office for meetings, one to one supervision and to get any resources they require. One person's relative told us, "They've been very good since they've moved to Stroud."

Care staff spoke positively about the registered manager. One member of staff told us, "It's the first company I've worked at where the manager is more than willing to listen to you; they've made it clear the type of service they want to provide." Another member of staff said, "They're the nicest manager. We have good support systems; the manager will care and help. The manager personally covered my shift when I was rushed to hospital." Care staff told us the registered manager promoted a positive caring culture within the service. One member of staff said, "We all agree with good care, getting people looked after. Making sure everyone (staff) is accountable."

The registered manager had some systems in place to identify and improve the quality of the service, however shortfalls identified at this inspection had not been picked up as these systems did not always enable the registered manager to ensure they were in compliance with the regulations. For example, concerns regarding the recruitment of care staff had not been identified. We found the registered manager was motivated to improve the service. They informed us they would take immediate action in relation to this concern and had updated their recruitment checklists to ensure all relevant information was sought before care staff worked with people..

The registered manager had systems to monitor people's care records to ensure they were current and reflective of people's needs. For example, a care management audit identified shortfalls in relation to people's care plans. These shortfalls tied into the registered manager's 'task folder' (the registered managers plan of action) and there was a clear record of the actions taken by the registered manager.

The registered manager had electronic systems which they were able to use to generate reports in relation to call times and missed visits. The registered manager used this system to show us some of the reports they could utilise. However at the time of our inspection the registered manager was not actively using these audits to identify concerns and identify any potential issues. The registered manager discussed their plans to improve the monitoring of care calls to ensure prompt action would be taken if concerns were identified.

While the registered manager had some systems in place to monitor the quality of the service, improvements were needed to ensure shortfalls would always be identified.

We recommend that the service seeks advice and guidance from a reputable source, in relation to fully utilising their internal governance systems and gathering and collating the views of people, their representatives and stakeholders.

The registered manager listened to and acted upon the feedback and guidance of healthcare professionals. For example, in 2016 a local authority led quality assurance process was carried out. They had identified minor actions such as discussing safeguarding at team meetings and implementing a less complex induction pack, which the manager had signed off as completed. The feedback from people using the service was positive.

The registered manager and provider sought people's feedback about the service. Currently they used phone calls and quality visits to seek people and their relative's views in relation to the quality of the care they received. A record of these calls was contained in a communications book. Some of the people and their relatives felt their views were listened too; however two people felt they hadn't had the opportunity to express their views. One person's relative told us, "The office came out to talk to us and ask for our views." A quality assurance survey of people's views hadn't been carried out since the service had commenced in October 2015. The registered manager was aware of this and explained the actions they were taking. They had expressed the need to complete a quality assurance survey and were working on creating and implementing an easy to use quality assurance survey for people, their relatives and other stakeholders. After the inspection they provided us a copy of the survey they were planning to use. They explained they hoped to carry out this survey during the summer of 2017.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recorded recruitment procedures were not always complete to ensure persons employed were of good character. 19 (1) (a) (3) (a).