

Firstcol Services Limited

# FirstCol Services Limited - Home Care - Worthing

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

FirstCol Services Limited is a domiciliary care agency. It provides personal care to both older people and younger adults living in their own homes. CQC only inspects the service received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of the inspection there were 43 people who received personal care.

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

Since our last inspection the provider had made some of the improvements required to improve oversight and raise the standard of care people received. One person said, "They give me my medicines, they take care of that for me. They come and give it to me and that's going really well". However, not enough improvements had been made with managing medicines safely, which meant some people remained at potential risk due to shortfalls in the level of guidance and information available to staff.

People told us they felt safe and were confident to contact the office if they had any concerns. People were positive about the support they received from staff who had been recruited and inducted safely. People told us staff used PPE (Personal Protective Equipment) to keep them safe during the global COVID-19 pandemic.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems did not support this practice. People did not always have assessments of their capacity to make decisions considered in line with the principles of the Mental Capacity Act. The provider had not always assured themselves that those making decisions on people's behalfs had the legal authority to do so.

People's needs had been assessed, considered and staff met people's needs effectively. People were supported by staff who received appropriate training and support and worked with other agencies to ensure their health and social care needs were met. People's care and support needs were documented effectively, the provider had implemented care management systems which ensured key information was available to staff.

There were effective incident reporting systems in place which ensured incidents were considered and monitored by the management team. The registered manager had recently joined the company and had demonstrated their focus on getting to know people and developing and improving the service and as part of this had ensured people received opportunities to feedback on the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 22 April 2021) and there were multiple

breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We carried out an announced focused inspection of this service on 17 February 2021. Breaches of legal requirements were found. We undertook this focused inspection to view the actions they had taken to address the previous breaches. We have found evidence that the provider needs to make improvement. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for First Col Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified two breaches of regulation. Medicine was not always being safely, or properly managed and the need for consent had not always been considered.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 our safe findings below

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective

Details are in our effective findings below

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# FirstCol Services Limited - Home Care - Worthing

## **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 two inspectors.

#### 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 had a manager registered with the Care Quality Commission. 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 a short period notice of the inspection to ensure that arrangements could be made in line with current guidelines to manage social distancing measures and ensure that we could speak to the people we needed to.

Inspection activity started on 15 September 2021 and ended on 24 September 2021. We visited the office location on 16 September 2021.

#### What we did before the inspection

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. We reviewed information we had received about the service since the last inspection. We asked the provider to supply contact information for staff and people using the service. We sought feedback from the local authority and professionals who work with the service.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, quality manager, field care supervisor, care co-ordinator and support staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from professionals who regularly work with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. Some shortfalls remained resulting in a potential risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to managing medicines safely and the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed safely where the provider had responsibility to support people with this.
- People prescribed as required medicines (PRN) did not have protocols in place to ensure medicines were given consistently by staff. The provider had not always ensured good practice guidance was followed for the safe administration of medicines. For example, care plans did not include specific information about PRN medicines or provide guidance for staff to inform them what condition the medicine was prescribed for, signs or symptoms to look out for, when to offer the medicine or appropriate alternative support to offer.
- One person who required support with medicines was prescribed a PRN medicine for bowel management. Although administration instructions were evident, there was no information about what symptoms to check for, alternative interventions to offer such as drinking more fluids, symptoms to monitor, or guidance regarding what to do if the medicine had not been effective. This lack of information increased the potential risk of harm.
- Records did not always contain adequate information for staff about short term medicines. One person had been prescribed antibiotics. Staff had not been provided with guidance to inform them of the health concern or signs and symptoms to observe which may indicate a decline in the person's health for which further action should be taken. This increased the risk of potential harm.

We found no evidence that people had been harmed however, medicine management systems were not robust enough to demonstrate they were always managed safely. This placed people at potential risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider and registered manager informed us they would review medicines processes to ensure people were supported consistently and sufficient information was available to staff in line with national good practice guidance.

- Following our last inspection, the provider had made some improvement and ensured staff had been provided with information about the strength and daily maximum amount of PRN medicines.
- People's experience of support with medicines was positive. One person said, "They check my medicines every day, they're brilliant."
- People's medication records were available to staff in people's homes and the office, this ensured up to date information was available. The provider had implemented an online care management system which included electronic medication administration records (EMAR). Staff were required to report to the office if a person had less than five days medicines available. This meant people were supported to re-order medicines before they ran out and this reduced the risk of medicines not being available.
- At our last inspection there were shortfalls around the assessment and management of people's health risks. The provider had completed much work around the assessment and management of certain conditions for example epilepsy. However, there were other health conditions had not been assessed or monitored effectively. For example, staff had not been provided with specific information to support one person living with diabetes. Risk plans and care plans had not considered signs or symptoms to look out for or how this condition presented for this person. The registered manager informed us, "There was a folder in their home which contained details of their condition and they would expect staff to ring 111/999 if they noticed anything different." The lack of detailed information potentially exposed the person to the risk of not receiving appropriate support with this condition.
- The provider responded immediately during and after the inspection and provided assurance the person living with diabetes care records now considered how this condition affected this person along with signs and symptoms for staff to look out for. The provider planned to complete an operational audit to check people's health risks had been considered and staff had access to information they needed.
- Staff accessed detailed information from the care management system about people's risks. We received positive responses from staff about the improvement this had made. One staff member said, "We get a lot of information on the phone system, get quite a good picture of the person before we go to visit them".

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong  
 At our last inspection the provider failed to ensure serious allegations were reported in accordance with statutory obligations in a timely manner, as a result this placed people at ongoing risk of abuse. This was a breach of Regulation 13 Safeguarding service users from abuse and improper treatment. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13

- People told us they felt safe and were confident to contact the office if there were any concerns. One person said, "If I had a concern, I've got a list of numbers I can call." They then told us they had not needed to report any concerns.
- Following our last inspection the provider had reviewed incident reporting systems. As a result, they had implemented an online process which identified incidents, and where necessary ensured concerns were reported to the local authority for consideration under safeguarding guidance in line with their statutory responsibility to do so.
- Incidents were identified and managed within an effective online system which detailed actions to be completed to ensure incidents were fully investigated, and all appropriate actions taken. Actions were allocated to individuals who received alerts when not completed.
- Systems and processes were in place and provided effective oversight and enabled managers to monitor for themes and trends where actions to improve could be taken
- The provider had a system in place to ensure that statutory notifications to CQC had been completed.
- Staff had received training in safeguarding and demonstrated an awareness of abuse and the importance



of reporting any concerns. One staff member said, "Any concerns, I contact the office, or the on-call staff member, there is always someone available". This provided assurance staff understood their responsibilities to report concerns, information was shared when required and incidents were investigated appropriately.

#### Staffing and recruitment

At our last inspection safe recruitment practices were not always followed. This was a breach of Regulation 19 Fit and proper persons employed Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19

- The provider had reviewed their recruitment process and was now able to provide assurances people were supported by staff who had been recruited safely.
- The provider had completed a review of staff recruitment records to assure themselves pre-employment checks had been carried out in line with the providers policy and safe recruitment practice.
- The provider had reviewed their recruitment policy and procedure's. They told us this had improved oversight of the process which ensured new staff had been recruited safely.
- Records reviewed at inspection included those regarding recruitment and induction and they demonstrated safe recruitment processes were now in place. Staff shared their experience of the recruitment process which provided assurance of improvements in place.

#### Preventing and controlling infection

- Infection prevention and control policies kept people safe and had been updated to reflect the latest guidance for the COVID-19 pandemic.
- COVID-19 testing was carried out in accordance with government guidance, staff confirmed they underwent a regular testing regime.
- The registered manager had ensured staff understood appropriate use of personal protective equipment (PPE) and had received training in infection prevention and control. One person said, "I've had COVID -19 they took my oxygen levels daily and wore PPE all the staff have been really good."
- Staff told us they had been kept well informed of changes to guidance and felt well supported by the registered manager

# 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.

At the last comprehensive inspection this key question was rated as good. At the last inspection 17 February 2021 this key question was not covered. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 provider had demonstrated a limited understanding of how people should be supported to make decisions, as well as how a person's capacity should be assessed before others made decisions on their behalf.
- Capacity assessments were not always completed with people to detail their capacity to consent to specific decisions relating to their care before asking others to make decisions on their behalfs. For example, two people had their medicine locked away, so they were unable to access them without support. Whilst these measures were implemented to help ensure people's safety, without the appropriate authorisation they are restrictive practices. MCA assessments had not been undertaken to assess if people had capacity to consent to these decisions. It was not evident that decisions had been made in people's best interests.
- The providers systems were unable to demonstrate how people had been supported or involved with these decisions. It was also not apparent discussions and agreements had taken place with a person who had a Lasting Power of Attorney (LPA) to legally make decisions on the person's behalf, or if an application to the Court of Protection had been considered to ensure any restrictive practices were in people's best interests.
- The provider was unaware if some people making decisions on people's behalfs had Lasting Power of Attorneys for Health and Welfare. They had not requested or seen a copy of documents to assure themselves that those making decisions on people's behalfs had the legal authority to do so.

The provider had not ensured care and treatment was provided to people with the consent of the relevant

person. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following inspection the provider informed us of actions they had taken to address these shortfalls. This included, decision specific assessments being specifically recorded in a separate document and the provider requesting to see copies of POA documents to provide assurance they were working within the principles of the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained details of their background, medical conditions, and information about their choices and preferences.
- People described how staff met their needs effectively, one person said, "They take their time and they do it properly. I have a regular team of staff it works really well."
- People's needs had been assessed and considered and staff were provided with guidance to advise them how to support people in accordance with their needs. For example, one person living with Epilepsy required staff to seek advice to help manage any seizures the person might experience. Staff had been provided with guidance which advised them of the signs and symptoms that would indicate the person was experiencing a seizure.
- Technology was used so that people were able to call for assistance. Some people had carelines which could be used to contact external services 24-hours a day. Records showed staff ensured people were wearing their careline pendants before leaving people's homes so they would be able to call for assistance if they needed this between care visits.

Staff support: induction, training, skills and experience

- People were supported by staff that received training relevant to their role. Staff had the knowledge, skills and experience to support people effectively.
- The provider ensured there were effective systems in place to support staff into the service. Staff told us they accessed training through an online service which sent reminders to staff when training was due for renewal.
- Staff spoke positively of the support they had received, "It is really good it's my first role in care". Several staff spoke positively of the impact the registered manager had on the service since joining recently. They spoke of the one-to-one calls they had with them and described the registered manager as, "Approachable", another said, "They [registered manager] are keen to make sure staff feel valued."
- The registered manager spoke of their focus to ensure all staff received regular supervision, "I don't like to use the term 'supervision' as it sounds like they are doing something wrong. I prefer to say one to one." This ensured staff were provided with opportunities to discuss concerns and ideas for personal development.
- The registered manager had understood the importance of ensuring staff received regular support and training and was in the process of talking with all staff to get to know them and to understand their development needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- People told us and records confirmed, staff promptly contacted external health care professionals to ensure people received timely support and intervention if concerns about their health were identified This helped to provide a coordinated service and approach to people's care.
- Staff described the actions they took to ensure people received timely, effective support. One staff member said, "We speak with the client, complete a review and follow up with [health professionals]." This

provided assurances staff worked with other agencies to support people's needs.

- People told us they were supported to choose food and drinks and enjoyed those which were provided. One person said, "They always ask me if I want a hot drink or anything". Another told us how staff supported them, "They do the shopping once a week."

# 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had implemented online care management systems following the previous inspection and improvements were evident with regards to key information about people's needs, which was now available to staff. Staff could access information which enabled them to provide support to people safely. One staff member said, "Health information all comes up on the phone, there is always someone at the office to help with any problems".
- The provider and registered manager had not always identified essential information about people's health needs which were identified at inspection. We made the provider aware of the lack of information regarding some people's health risks and they took immediate action to ensure this shortfall in information was made available to staff.
- Most care and risk plans contained person-centred information which ensured people received support in line with their needs and wishes. Some risk plans which were generic. The provider acknowledged this system was in the process of being embedded within the service and told us of their plans, "To complete an operational audit to capture areas in need of improvement". The provider also planned to ensure people and those who had delegated authority to access records would have access to care records.
- Audits were in place, but these did not always identify areas for improvement. One example, medicine audits were completed but had not identified shortfalls about the lack of person-centred PRN information. Another example being care plan audits had not always identified specific health information. Neither the registered manager or the provider had identified the auditing systems used were not always effective in identifying the shortfalls identified at inspection.
- Following inspection, the registered manager informed us they had ensured people and staff could access

essential information in folders which were in the person's home.

- Quality systems had improved and were robustly monitoring risks to people. One example of this was the incident management process. Staff reported concerns or incidents through the online care system, these were flagged to a senior staff member who checked the information and categorised the incident. Any allegations of abuse were identified and reported to the local authority in line with safeguarding processes. Incident reports were signed off once actions were completed by the provider. This provided assurance incidents were being managed effectively and this included provider oversight of the service.
- The registered manager had implemented an additional care and incident monitoring process to ensure they maintained oversight of the service. This was of particular value whilst they were inducted into the role as registered manager. During inspection we observed how this supported the service to manage an incident where a person had missed a medicine and the subsequent actions that were taken to manage this provided assurance the person had received appropriate support.
- The registered manager demonstrated an open and transparent approach to improving the service. They spoke of how they had provided direct support to people so they could get to know people, have an awareness of people's support needs and demonstrate an appreciation of the services expectations of staff. The registered manager told us, "They wanted staff to feel valued, because they are".
- Staff told us how the appointment of the registered manager had been a positive experience. One staff member said, "They are interested in us and in what we wanted. Gave us an idea of [their] vision and experience".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were involved with developing the service. The registered manager had identified this was an area in need of improvement and had ensured people had been contacted and were in the process of completing review meetings with senior staff members.
- One person confirmed these meetings were taking place and said, "One of the [staff] came round from the office just to check what staff were doing and that I was happy." This provided assurance the registered manager was in the process of gathering feedback from people and involving them in the development of the service.
- Staff confirmed the registered managers approach to engaging with staff one said, "They are very receptive to new ideas and changing things for the better".
- The service was working in partnership with others. For example, on occasion people received support calls scheduled with the person and with multidisciplinary health and social care professionals. The registered manager said, "The [health professional] likes to see how we work with people". This ensured people received appropriate support from staff with appointments and actions were noted and communicated effectively.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- The registered manager described the actions taken when there had been a communication breakdown between the service and a person's relative regarding the repair of some equipment. It was evident from this example the registered manager understood their responsibilities and acted in accordance with the duty of candour.



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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not ensured care and treatment was provided to people with the consent of the relevant person.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to robustly assess the risks relating to managing medicines safely and the health safety and welfare of people. Specifically relating to lack of detailed guidance on how to support people with short term and as required "PRN" medicines.</p>