Firstcol Services Limited

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Inspection report

Abbey House
28-29 Railway Approach
Worthing
West Sussex
BN11 1UR

Tel: 08456003669
Website: www.firstcol.com

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
First Col 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 being 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 60 people who received personal care.

People's experience of using this service and what we found
Not all risks to the person's safety had been considered or mitigated sufficiently. Recruitment practices were not always robust which exposed people to unsafe recruitment practices. The provider did not work in accordance with their own policies and procedures or legislative requirements to ensure safe recruitment practices. They had not taken appropriate measures to ensure that staff were suitable and safe to work with the person before they began work. We sought immediate assurance from the provider that these shortfalls had been addressed.

Staff work in people's own homes and rely on information from the person, family and professionals to ensure that they are providing personalised support. Care and risk records lack personalised detail and did not always contain guidance for staff to help ensure people remained safe.

Medicine records lacked detailed information with regards to "as required" medicine (PRN). Details about the dosage, when to take and what to do if concerns remain had not been recorded. The providers oversight of processes had not accurately identified ongoing concerns which then resulted in timely actions not being taken. One person did not have access to their prescribed pain medicine for over thirteen days.

There were shortfalls in reporting concerns and allegations to the Local Authority for consideration under safeguarding procedures. Systems were not effectively identifying allegations of abuse and there were incidents where allegations of abuse had not been reported to the appropriate authority for investigation.

There was a significant lack of oversight and quality assurance monitoring by the registered manager and provider. Quality audits were not always effective. Discrepancies with medicine auditing identified at inspection had not been identified or acted upon by the provider.

People were positive about the support they received from staff. One person told us, "They are amazing they chat with me," another told us," they are brilliant, they are very helpful." Peoples view of the service was positive.

Staff told us they felt supported and had received the training they needed. They also told us about the effective infection control measures that they have had in place since the start of the Covid-19 pandemic

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was good (published 22 October 2019).

Why we inspected
This focused inspection was prompted in part due to concerns received about the management and reporting of safeguarding incidents. A decision was made for us to inspect and examine those risks.

Enforcement
We were 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified five breaches of regulation. Safe care and treatment was not properly risk assessed and risks were not mitigated. Medication was not always being safely, or properly managed. Systems and processes did not always protect people from abuse and improper treatment. The provider had not always ensured safe staff recruitment, Quality assurance processes were not in place to assess, monitor and improve the quality and safety of the service. CQC had not been notified of reportable events and allegations. You can see what action we have asked the provider to take at the end of this full report

Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up

We sought immediate assurances on measures the provider had taken due to the serious concerns around safe recruitment. 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.	**Requires Improvement**
Is the service well-led? The service was not well-led.	**Inadequate**

FirstCol Services Limited

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 and one assistant inspector, who gathered feedback from people and staff through telephone calls.

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. We were informed at inspection that the registered manager was no longer working at the service and the nominated individual was currently managing the service.

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.

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 three people and one relative of people using the service. We spoke with three support staff and the 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 four people's care records and four medication records. We looked at five staff files in relation to safe recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, safeguarding and incident reporting were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We sought feedback from professionals and reviewed documentation that had been supplied.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to 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.

Systems and processes to safeguard people from the risk of abuse and lessons learnt when things go wrong

- People were potentially at risk of harm. The provider did not have robust procedures that made sure people were protected. We reviewed incident records and identified two incidents that had not been managed safely. Not all had been identified or reported in accordance with the providers policy or the providers statutory obligation to report allegations of abuse to the local authority for consideration under safeguarding guidance.
- The local authority's safeguarding procedure definition of "a safeguarding concern' is when any person has a reasonable cause to believe that: an adult has needs for care and support and, may be experiencing, or is at risk of abuse or neglect and, is unable to protect themselves from that abuse or neglect because of their care and support needs". The provider had failed to act on this obligation in all instances, and this potentially resulted in ongoing risk of harm.
- A person told us about an incident that was an allegation of abuse. The person had already raised this with staff but the allegations had not been considered under safeguarding procedures. We reported this under our obligation to raise safeguarding concerns. We fed this back during the inspection and the provider acknowledged this failing in their processes and provided assurance that immediate action would be taken to address this.
- The provider failed to ensure they always considered serious allegations of abuse through the local authority safeguarding processes or ensured staff understood their responsibility within safeguarding guidance.
- Safeguarding policies informed staff of what they should do if they had concerns about people's safety
- Staff had received training in Safeguarding. Staff we spoke with, were able to demonstrate an understanding of Safeguarding and the importance to report incidents of potential abuse.
- However, staff did not always act in accordance with their training and did not always report concerns. There were serious shortfalls in how decisions were made not to report allegations of abuse to the local authority. During a review of incidents we identified two occasions where allegations of abuse had been made which had not been identified as reportable incidents.
- Where staff had made decisions to not follow agreed processes this resulted in allegations of abuse not being investigated.
- The provider had not demonstrated that they had a robust system in place to ensure that statutory notifications to CQC had been completed or demonstrate lessons learnt as a result.
- Staff did not always understand their responsibilities to raise concerns, to record safety incidents,

concerns and near misses, and to report them internally and externally. This was a potential risk of harm to people as actions to ensure people were safe whilst investigations were carried out were not in place.
● The provider did not ensure that safeguarding systems and processes operated effectively to prevent abuse. 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 is a breach of Regulation 13:(1) (2) (3) Safeguarding service users from abuse and improper treatment. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following feedback of our findings the provider has taken immediate action to improve the process around safeguarding, which included a requirement for all incidents to be scrutinised by the management team.

Using medicines safely and assessing risk, safety monitoring and management
● People did not always receive their medicines safely. A person had not had access to their prescribed regular pain medicine for thirteen days and this had not been identified by staff and as a result this was not acted on promptly. This presented a risk of harm to the person.
● People's medication administration records (MAR) did not always show that an 'as required' medicine (PRN) was given in accordance with their prescribed guidance. Times of administration were not recorded, and this potentially exposed the person to risk of harm.
● People did not have PRN protocols in place which would ensure medicines are given consistently. The provider was not always ensuring they were following good practice guidance for medicine management for example, NICE (National Institute for Clinical Excellence) guidelines for adults receiving social care in the community state," Social care providers should record any additional information to help manage … 'when required' medicines in the provider's care plan". Care plans and risk assessments did not include specific information about prescribed medicines or provide guidance for staff. The provider has informed us of improvements they are making to ensure specific guidance and information is available to support people with medicines safely.
● Risk assessments for people were generic and not personalised. They lacked detail and personalised information relating to specific health care needs for example, staff had noted a person having regular falls from bed which had resulted in paramedics attending on several occasions. The risk of falls had not been considered as part of this person's assessment. Risks had not always been considered this meant staff could not access information pertinent to a person's health needs.
●One staff member told us about the information they received before visiting a person, "told at beginning before you go in there, so we're part prepared." Staff told us they received an email telling them the plan. A staff member told us, "its easier to introduce yourself and find out from the person". Staff felt this provided enough information however, this lack of personalised information increased the potential that staff would not be aware of individual risks and therefore may not follow appropriate support measures.
● Risk assessments were not always in place or did not contain adequate information to provide staff with information to mitigate risk. For example, one person's records noted they were found on the floor following a seizure. Records evidenced several other such instances. There was no risk assessment or guidance available for staff to follow to ensure this person received appropriate consistent support with their specific health conditions. This increased the potential risk of harm.

The failure to ensure safe medicine management and assess, record and mitigate risks to people's health and safety was a breach of regulation. This is a breach of Regulation 12(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment)

●Subsequent to the inspection the provider informed us that the records relating to peoples care had been

reviewed in accordance with the shortfalls found.
● People told us that they could contact the office to discuss their support and one person expressed preferences to be supported by staff who knew them well and told us that staff had acted on their request. People were very positive about the staff that came to support them.

Staffing and recruitment
● The provider had not always assured themselves that staff were of good character to work with people they supported. The provider's recruitment policy stated the requirements that needed to be in place before staff started to support people. It stated that a Disclosure and Barring Service (DBS) check should be completed. It went on to advise that should there be any issues, that a risk assessment should be completed to assess staff's suitability to work with people. During inspection we completed a review of records relating to staff and in one instance found that the provider had not assured themselves that safe employment processes had been completed.
● Pre-employment checks had not always been carried out in line with this provider's policy and safe recruitment practices. A staff member had been employed ahead of receipt of DBS certification. This placed people at risk of harm as the character and suitability of staff had not been fully considered ahead of them working with people in their own homes. We sampled a further four staff files and noted checks had been completed in line with safe practice.
● On receipt of a DBS containing information the provider had not assessed a person's suitability to work with people or had taken action to mitigate potential risks. When discrepancies were also identified with the recruitment application form the provider had failed to consider the implications around their integrity. The provider had not worked in accordance with the requirements, their policy or with best practice guidance about employing staff.
●Safe recruitment practices were not always followed. This was a breach in Regulation 19:(1) (3) (5) Fit and proper persons employed Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

During the inspection, the nominated individual told us that First Col procedures had not been followed correctly in this instance and provided assurance of immediate measures that had been implemented to ensure that recruitment systems were effective and robust.

● Staff described the recruitment process that had been completed when they started with First Col Services Ltd. This evidenced that those spoken to had been safely recruited in accordance with safe recruitment practices.

Preventing and controlling infection
● We were assured that the provider was following measures in line with latest guidance during the Covid-19 pandemic. The office had been adapted to ensure staff could work on site whilst social distancing measures were observed.
● People told us that staff wore correct Personal Protective Equipment (PPE) when they visited, one person said, "I feel safe, they wear masks and gloves all the time". This ensured they were following measures to reduce the risk of infection
● Staff told us they had received training in Infection Prevention and Control (IPC) and that they could access PPE throughout the pandemic.
● Infection control procedures were detailed and set out clearly what to do in the event of an outbreak. The provider informed us that staff were accessing regular testing in line with current guidelines.
● The provider informed us that they had been selected to demonstrate their procedures for Covid-19

management as an example of good practice in this area.

Inadequate

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 good at this inspection this key question has now deteriorated to inadequate

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and continuous learning and improving care

●The nominated individual had day to day management of the service from mid-December2020 following the Registered Manager resignation. The service was in the process of implementing new systems that made use of technology. This was not fully operational and needed yet to be embedded. Information was in a variety of formats in various locations this meant it was not clear that staff always had access to relevant information to support people safely and consistently. Staff told us that information about people's needs was shared by email. We did not see evidence that demonstrated that they had received and were working in accordance with the information about peoples need or that the provider was monitoring this information. For example, staff had noted a person had fallen and the paramedics had attended. There was no assessment of the risk of falls. The provider had not identified or considered this specific risk for this person as part of their oversight processes.

●Care plans were generic and lacked individualised information. Staff told us they spoke to people to gain information about their support. One person told us that they preferred support from staff who knew them as they found instructing different staff very tiring. The provider had identified care plans lacked the detail to support person centred care. The providers quality Improvement plan September 2020, noted as an objective" The personal care plan is our primary vehicle for ensuring that services are delivered safely, effectively, consistently and in a person-centred and outcome-focussed manner." The action that had resulted from that was" to develop and support personalised care plans". We did not see evidence this had been put into practice This meant the service management and leadership was inconsistent.

●The provider did not have effective quality systems in place or have effective oversight of the service. The September 2020 quality improvement plan had evidenced the providers approach to risk management, "Identified risks are noted in the personal care plan together with the corresponding measures to mitigate the risks". Care plans did not identify a person's risks and risk assessments that were in place were generic and lacked detail. For example care plans were not providing adequate information around specific heath needs this increased the potential of people not receiving appropriate safe care and treatment.

● Auditing processes were not always completed fully or accurately; medicine audits did not always reflect what the records had noted. The audits completed in December 2020 and January 2020 conducted a review of a person's MAR sheets. Q1.4 on the audit tool asks, "Do all entries show the name, strength and form of the medicine, and full directions for use and has this been signed by the carer making the entry". The audit

result was marked 'yes', however, this was not evident on MAR sheets reviewed as part of the inspection. Therefore, the providers auditing systems did not identify errors in two consecutive months. This failure to identify ongoing poor record keeping increased the potential impact poor practice could have on the person.

● Medicine audits sampled various peoples medicine records at intervals. As a result, the analysis of the information was not effectively identifying trends or improvements. The inspection had noted on several occasions that the audit had not been carried out accurately. The provider's Corrective Action/ Preventative Action Plan (Mar chart audit) November 2020- January 2021 had not identified the shortfalls in the auditing process. This questioned the integrity and effectiveness of the auditing and quality assurance processes. The provider was not effectively monitoring information or picking up themes, this was a significant shortfall that increased the potential risk to people.

●The provider had failed to have effective oversight or management of incidents which included significant allegations of abuse which had not been managed in accordance with the providers statutory obligations. This inspection had identified incidents of significant concern that had not been picked up by the providers quality monitoring processes or reported to the local authority at the time. This failure resulted in people being at continued potential risk of harm.

●Safe recruitment processes had not always been followed in accordance with the providers policy and as a result staff had been recruited and had worked with people without due diligence measures being fully completed. Audits of recruitment records had not identified risks. First Col has reviewed its recruitment procedure (September 2020) and this included, "Carrying out appropriate criminal records checks helps FirstCol to ensure, as far as possible, that unsuitable people are prevented from entering the workforce and accessing adults and children who are considered to be vulnerable" The provider had failed to follow safe recruitment processes or as part of oversight or auditing measures identified this significant risk to vulnerable people.

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 placed people at risk of harm. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider has since implemented robust recruitment measures which includes assurance of all checks being completed ahead of any recruitment decision being made.

●The provider had failed to notify us of specific events that they are statutory required to do so. This matter is being reviewed outside of this inspection. The provider took immediate action to address this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● We were made aware of the resignation of the registered manager and the provider has informed us that they intended to recruit this position.

● The provider had day to day management for this location since December 2020

● Staff told us that they had received feedback from their supervisor in the form of spot checks of practice. One staff member told us they, "Come around chat to us after the call. Come on a double up and observe, sometimes get feedback." This helped ensured staff were receiving feedback in a supportive manner on an informal basis.

● Management had not always acted to ensure poor staff practices were addressed. Management records had shown that a staff member required feedback on their conduct. There was no evidence that this had been completed and this comment was repeated through several meeting minutes that followed. There

was no evidence that this had been addressed with the staff member. This raised a concern that managers had not acted to address conduct issues and this increased the potential of poor practice continuing.
● The service does not always demonstrate a clear transparent approach for staff to be aware of how their decisions, actions and behaviours may impact on the quality of the service people received. Staff received support and supervision through spot checks whilst working with people and on occasion from line managers in private meetings. Records did not evidence actions or changes to behaviours to improve the quality of the support received or the development of the staff member. "Office meeting" notes had recorded the need to speak to a staff member regarding "their attitude". Employment records did not evidence that this had been addressed with the staff member.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People told us they can ring the office to talk to someone if they had any concerns. We saw records of questionnaires being completed. The people we spoke with did not have any recollections of them but did say, "they are all very helpful, you can't go wrong with them". People spoke positively about the service and the staff that visited them.
● Staff told us they have not been asked to provide feedback about the service and had not taken part in a survey. Those who chose to provide feedback to the inspection told us they felt supported by managers.

Working in partnership with others
● Our inspection had been triggered in part due to information we had received concerning safeguarding and incident reporting. During the inspection it became apparent that not all information had been reported to key organisations including safeguarding, local authority and CQC.
● The provider had acknowledged this had been a shortfall and had taken immediate action to address this.

● Feedback from professionals evidenced how the service had worked positively with key organisations when allegations of abuse had been reported to them. . "Firstcol have raised any issues or safety concerns with the relevant partnership colleagues in a timely manner when necessary". They went on to say, "The service works as an equal partner with myself (the local authority) and responsive services (health) as part of the home first pathway – they have provided above and beyond the scope of their contract and fed back any ideas or issues they've experienced".

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes did not safeguard people from abuse Health and Social Care act 2008 (Regulated Activities) Regulations 2014 Regulation 13 Safeguarding service users from abuse and improper treatment (1)(2)(3)