Firstcol Services Limited

FirstCol Services Limited - Domiciliary Care

Inspection report

Suite G1-3, International Business Centre
Spindle Way
Crawley
West Sussex
RH10 1TG

Tel: 01293537878

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 12 October 2017 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Firstcol Services Limited – Domiciliary Care is a domiciliary care agency providing personal care to a range of people living in their own homes. These included people living with dementia, older people, people with a physical disability and young children. At the time of our inspection, the service was supporting 78 People.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had a firm understanding of how to keep people safe and there were appropriate arrangements in place to manage risks. One person told us "I feel very safe with the girls, they're absolutely marvellous. I have regular girls and we've got to know each other really well".

People remained supported to receive their medicines safely. The provider had arrangements in place for the administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff told us they had continued to receive training and updates and were confident to meet people's needs. Staff were happy with the level of support they received and told us that communication from the registered manager was good. One member of staff said "The induction prepared me for my role and have on going training updates". Staff had a good understanding of the responsibilities with regard to the Mental Capacity Act 2005 (MCA).

People remained supported at mealtimes to access food and drink of their choice. Some people's food preparation at mealtimes was completed by relatives or by people themselves and staff ensured meals were accessible to people.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment when required.

People remained encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person told us "No complaints there at all. I've never had any issues with anything and no faults anywhere".

People and relatives felt staff were kind and caring. Staff spoke warmly about the people they supported

and provided care for. Staff were able to detail people's needs and how they gave assurance when providing care. One member of staff told us "We know that sometimes we are the only person our customers will see, so you have to make it a good experience for them".

People, staff and relatives found the registered manager and provider approachable and professional. One person told us "I can always speak to the manager about anything that concerns me. She pops in every couple of months to check everything is going okay. She's very approachable". Staff comments included "She would do anything for you. I know. She is very kind." Another said "I could go to her about anything, she will drop what's she is doing to help you".

Further information is in the detailed findings below:

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 is now Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

FirstCol Services Limited - Domiciliary Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 12 October and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider had completed a Provider Information Return (PIR). 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 used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people and eight relatives on the telephone, six care staff, a coordinator, a senior coordinator, a business support manager, the registered manager and the provider. We also observed the manager and office staff working in the office dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for eight people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of

the service.

The last inspection was on the 17 November 2015 and was rated Good overall.

Good

Is the service safe?

Our findings

At the last inspection we found that Firstcol Service Limited - Domiciliary Care was not consistently safe. Risk assessments were in place but were not consistently robust and did not contain sufficient evidence on how to safely mitigate risks posed to people. In addition care workers had not received any formal child protection training. At this inspection we saw the provider had taken action to improve.

Each person had an individual care and support plan. The plans followed the activities of daily living such as communication, people's personal hygiene needs, moving and mobility and medication. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. Risk assessments detailed and identified hazards and how to reduce or eliminate the risk. For example an environmental risk assessment included an analysis of a person's home inside and out. The condition of pathways and access to a person's home considered whether there was a risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting. Risk assessments enabled staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct equipment was used by the person. In one care plan it detailed a person who used a hoist. The care plan detailed using colour coding which informed staff of which part of the sling attached to the persons top and bottom half. In another care plan it detailed for staff to ensure a clean floor surface in a person's kitchen due to any spillages being a danger for the person to slip on. Staff told us that they were aware of the individual risks associated with each person and that they found the care plans to be detailed.

Staff received training on safeguarding children and adults. Since the last inspection the provider had ensured that staff received child protection training and it was now part of their induction. People remained protected from the risk of potential abuse because staff understood how to identify and report it. The provider had safeguarding policies and procedures in place to guide practice. Staff we spoke to had good knowledge on procedures to follow. Staff also told us how they knew how to recognise and respond to abuse correctly and they were clear about the different types of abuse and how to identify them. They knew who to report any suspicions of abuse they might have to and knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe. One member of staff said, "If I suspected anything I would report immediately to the office" Another staff member said, "If I couldn't speak with the manager or someone in charge I would phone the council or police". Other examples from a staff member included how a person was being looked after by their family and how staff had become concerned and suspicious about how this person was being looked after when staff were not there. Staff had contacted the local safeguarding team about their concerns.

People and a relative told us they felt the service was safe. One person told us "I feel very safe with the girls, they're absolutely marvellous. I have regular girls and we've got to know each other really well. If they are going to be late because there's been an emergency with the person before they call me and let me know. I couldn't manage without them as I'm housebound and they do literally everything for me."

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults. The provider had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the electronic staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The registered manager told us "We have a department that solely concentrates on recruitment of new staff. We are continually recruiting and ensure to get the best staff we can".

Staff remained taking appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager regularly analysed this information for any trends and action plans in place where required.

People remained supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Audits of medicine administration (MAR) were undertaken to ensure they had been completed correctly by a senior member of staff. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. The registered manager would investigate and the member of staff would be spoken with to discuss the error and invited to attend further training if required. People told us they received appropriate support with their medicines. One person told us "I tell them what I want done and how I want them to do it, so I do feel in control of things. They get my medicines ready for me and watch to make sure I take them".

Good

Is the service effective?

Our findings

People and relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us "I think they are very well trained. I don't have to ask them to do things they just get on and do them". One relative told us "The regular staff are very well trained. There is the occasional new one who is learning and my relative doesn't like that but the senior carer who is teaching shows them what to do and bit by bit they all get used to it". Another relative said "I think the staff are very well trained. I had a lot of difficulty finding an agency that could provide help. They're very friendly and chat away while they're helping them".

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. Staff had knowledge and an understanding of the (MCA) because they had received full training in this area. People were given choices in the way they wanted to be cared for. People's capacity for specific decisions was considered in care assessments so staff knew the level of support a person required when making decisions for them. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people to make decisions were respected. Staff told us that they ensured they always listened to a person's choice about how they preferred to receive personal care and would not do something against the person's wishes. Staff were very clear of the importance of always presuming capacity and the fact that people could make certain decisions about certain issues but not in all areas. One member of staff told us "It's a complex area but if you just always think in the positive in that people have capacity , you are always making sure you give choice, and if they struggle , they can be supported to make that decision".

People remained supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes was completed by people themselves or their relatives. Staff were required to ensure meals were accessible to people. Care plans detailed people's preferences. One person told us "I tell the carer what food to get out of the freezer each day. They're all frozen ready meals but I have a selection of them and I choose what I want. They make certain I have drinks available between visits."

The provider continued to provide a variety of training which equipped staff with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, medicines, infection control and dementia. Staff completed most of their training or induction online or in a classroom setting. One member of staff told us "The induction prepared me for my role and have on going training updates". They described completing one full day of induction training .They told us that part of their induction involved meeting people in their homes and learning their routines before providing care. They also shadowed experienced staff before visiting people on their own. One member of staff said, "I shadowed the senior carer for four days, I was anxious to get started but it was important that I got to know people and their routines and had my confidence". Another staff member said "I felt ready to go it alone after the training and the shadowing; I wasn't pushed until I was happy with what I

was doing". Staff also told us that follow up spot checks happened regularly by a supervisor. Staff were also supported to undertake qualifications such as a diploma in health and social care. The training plan documented when training had been completed and when it would expire for staff to attend a refresher training course. The registered manager took action to ensure the training was completed and staff were booked on courses. On speaking with staff we found them to be knowledgeable and skilled in their role.

Staff we spoke with all confirmed that they continued to receive regular supervision and spot checks. They felt very well supported by the registered manager. Staff had regular supervision meetings throughout the year with their line manager and a planned annual appraisal. One member of staff told us "We get supervisions throughout the year, I think they are a good thing to discuss how things are going".

We were told by people that their health care appointments or health care needs were co-ordinated by themselves or their relatives. One relative told us "We don't need help with meals because I do that but if they have any concerns about mum's health they tell me straight away so that I can decide what to do". Staff were available to support people to access healthcare appointments if required. Staff told us they had good rapport and working relationships with various health care professionals such as social workers and district nurses.

Good

Is the service caring?

Our findings

People and relatives felt staff were kind and caring. Comments from people included "They are brilliant. They are efficient and professional and they are very kind" and "They usually sit and have a chat with me before they leave, I think they are very caring people and there is a personal connection built up between us". Comments from relatives included "The Staff are just lovely, tremendous, caring people I can't fault them. If ever I need help I hope I get people as good as this. They treat my relative with respect, they notice everything, she couldn't be in better hands" and "My mum has a great relationship with all the carers, she likes them all and they are very kind. They take a real interest in her and what she wants".

Staff were knowledgeable about people's needs and spoke about them with a caring nature. It was apparent that positive relationships had been developed between staff and people. New staff met with people so they knew who was coming to visit them and to ensure compatibility. The registered manager ensured that people received support from a consistent team of staff. One member of staff told us "It is so important to match the right staff to the right person to ensure they will be compatible. We ensure the best we can for continuity of care from the same staff. This is not always possible due to sickness or holidays but we let people know".

Staff spoke warmly about the people they supported and provided care for. Staff were able to detail people's needs and how they gave assurance when providing care. One member of staff said, "We know that sometimes we are the only person our customers will see, so you have to make it a good experience for them". Another member of staff told us, "We all want what's best for the people we work with, sometimes I wish I had more time just to sit and have a longer chat".

People told us they could express their views and were involved in making decisions about the support they received. People and their relatives confirmed they had been involved in designing their support plans and felt involved in decisions about their care and support. People were also able to express their views via annual feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service. Care plans were reviewed regularly or when a person's care needs changed. Reviews involved the person, family members and health care professionals if required. This also encouraged people to give feedback on the care they received. One relative said "I was involved in setting up the care plan; it was reviewed two weeks ago because we will need extra help as I have to go into hospital and they've responded to that straight away. I've never had to complain".

People used the service for various reasons, some requiring minimal support, receiving a visit a couple of times per week whereas others had several calls each day. Some people had their care funded by the local authority, whereas others privately funded their care. Records showed that people were treated fairly and that the support provided to people, regardless of how their care had been funded, was person-centred and enabled them to receive the type of support they chose.

It was apparent that people were treated as an individual, their differences were respected and support was adapted to meet their needs. People's religion and preferences were sort on the initial assessment and

recorded into people's care plans. The registered manager ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose. Staff told us how they promoted people's independence. Staff told us that wherever possible and needed people were encouraged to maintain their independence such as undertaking their own personal care. One person told us "They work with me which helps me to stay independent. They will do the meal at lunch time, while I set the table so we work together." Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. One member of staff said "We know for some they want to do as much as they can, I always say, see how you go".

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff told us they took care to give privacy to people when needed. They also said they drew curtains and closed doors to ensure people's privacy was respected. One member of staff said "I would always check they were ok with things and keep them covered if I was doing personal care" Another said "I would stand outside (the bathroom) but be close enough to make sure they were always safe".

People's confidentiality was respected. Staff understood not to talk about people outside of the service or to discuss other people whilst providing care for others. The providers policy on confidentiality was covered during staff induction and training.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One relative told us "When my relative was feeling a little down. Care workers noticed the change in them. They called to let me know that they didn't appear to be themselves and was already in bed when they went for the evening visit". Another relative said "The quality of service has improved a lot. It's caring and professional, reassuringly so given some of the stories you hear. The care plan is reviewed roughly every three months. I do think they provide person centred care. They know about her and her son and talk to her about her life and what's going on in it. Any concerns we might have are always dealt with very quickly."

People's needs remained to be assessed and personalised care plans were created so that people received the care and support they required. The provider had processes in place to fully assess people's care needs before they started to receive care. Information was gathered from a variety of sources and most importantly, the person themselves. Before people received care and support, a member of the management team would visit the person to discuss what support they required, when they would like their care call and how often. A pre-assessment would be completed which considered personal care, health, food and drink, housekeeping and medication. The pre-assessment helped determine whether the service would be able to meet the person's need.

The management team and care workers had continued commitment to delivering a personalised service. Each person had a detailed care plan that provided person-centred details about the service provided and how they wanted their care and support to be provided. Care plans considered access to the person's home and the person's abilities if they could let the staff in or not. Information was also readily available on how the person communicated; past medical history, any allergies, the support required and what they wished to achieve. For example, one person required assistance, enabling them to remain living in their own home and the support required to achieve this. Care plans also included information on the person's life history and preferred activities alongside the views and opinions of the person receiving the care. Care plans were also written from the perspective of the person. For example, one care plan detailed a person liked to listen to the radio and for staff to ensure they had their knitting nearby. Another care plan detailed a person's preference to personal care and how they had coloured flannels for different parts of the body when being assisted with a wash.

The allocation of care calls were based on geographical location which meant reducing travelling time between care calls for staff. Staff were sent their rotas a week in advance and any changes to their rotas was communicated by email, telephone or text. One member of staff told us "Things are better where we have grouped calls together in locations. This means staff don't have as much travel time and it seems to work well". Care staff told us they had enough travel time between visits to people. One staff member explained to us how they were able to request more travel time if needed and felt listened to and the office would arrange this. We spoke with the member of staff who completed the staff rotas and discussed travel time with them. They told us they were always looking to ensure staff had sufficient time to travel in between calls. They received feedback from care staff on what travel times they required and would work on

addressing any issues. People's comments around calls being on time were mainly positive. One person told us "There is occasional lateness but that's down to traffic and that's beyond their control".

Mechanisms remained to ensure people's care plans were reviewed on a regular basis. Every three months, or as and when required. Management held individual reviews with people and their relatives to ascertain how things were going. The three month review considered the visit times of the care calls, the visiting care workers and if people were happy with the overall service. Comments from these were mainly positive and any concerns actioned.

People and relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the policy. Complaints had been recorded with details of action taken and the outcome. One person told us "I did have to complain once. One member of staff who came just took over and I felt like I didn't have choice with her. I spoke to the office and they were marvellous. They dealt with it straight away and apologised. It was a clash of personality maybe but I was happy with the outcome". Another person said "They help me stay in my own home. That's what I want. One hour slots are not always necessary for what needs doing so they chat to me, which is lovely because you can get lonely".

Good

Is the service well-led?

Our findings

People, relatives and staff all told us that they were happy with the service provided and the way it was managed. On person told us "I can always speak to the manager about anything that concerns me. She pops in every couple of months to check everything is going okay. She's very approachable". Another person said "I am comfortable to pick up the phone to the office anytime. They phone me and ask how things are". Comments from relatives included "There is good communication with the manager and they will help with anything my relative needs. They have taken a lot of stress from me. I can talk to them about anything I need to" and "It is a well-run service now. They've tightened up on admin and procedures. If I have any concerns the manager will come out and meet me at my relative's home. I'm very happy and satisfied with how things are going".

The service had a registered manager. 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.

An open and inclusive culture remained at the service. Staff and people told us they were happy to raise any concerns with the registered manager or provider. Staff we spoke with told us how they worked well as a team. Staff spoke very positively about the registered manager. They told us the registered manager was approachable and supportive. The staff we spoke with felt valued by the manager and the company. A work bag given to staff on induction included gloves, apron, protective footwear, first aid kit and a torch. This was an example of how the company thought about and valued their staff. One staff member said "I know my manager really well, she is like family. Another said "She would do anything for you. I know. She is very kind." Another said "I could go to her about anything, she will drop what's she is doing to help you".

The registered manager and provider showed a great passion and knowledge on the service and the people and staff they supported. The registered manager told us "We are here to give a great service to everyone. I recognise the strength and weaknesses of staff and I am here to empower and support them, motivating and rewarding staff is our focus. I have recently set up a quality group where we will meet on a regular basis to discuss client needs, any issues and meeting the regulations. People are at the centre of everything that we do".

Quality remained at the centre of Firstcol Services aims and objectives. Embedded quality assurance systems were in place. The registered manager, provider and management team completed regular audits. The audits helped drive improvement and promote better outcomes for people. For example medication, care plans and incidents and accidents were subject to regular audits and were analysed. Action plans were then created which identified ways to improve. Feedback from people and their relatives was sought on a regular basis to also help drive improvement. The latest satisfaction surveys were mainly positive. Following the results from the satisfaction survey, an action plan was produced highlighting how improvements could be made.

As part of delivering high quality care and promoting quality, the provider continues to have a contract with Peninsula (consultant service) who undertake their own regular audits regarding the provider's health and safety. The provider had also signed up for ISO 9001. ISO 9001 is the international standard that specifies requirements for a quality management system (QMS). Organisations use the standard to demonstrate the ability to consistently provide products and services that meet customer and regulatory requirements, to continually drive improvement.

The provider and registered manager promoted an open and inclusive culture. Staff were encouraged to feedback and question practice. A suggestion box had recently been put in the office for staff to feedback anonymously if needed on any comments or suggestions to improve the service. Staff meetings remained to be held on a regular basis to provide staff with the forum to discuss any concerns or raise practice issues. One member of staff said, "People can raise items at the meeting and there is always an answer provided". Another member of staff said "We have meetings regularly, It's a really good team. We all support each other very well, that's why I have stayed with the company for so long".

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported by the provider and up to date sector specific information was also made available for staff. They kept their knowledge and skills up to date and attended training provided by the provider as well as attending external training courses. The provider told us "We are committed to finding solutions for local people and have a good relationship with the local authority and work together to achieve this".