First Practice Healthcare Ltd

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Inspection report

International House
Staniforth Street
Birmingham
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 10 August 2016. We gave the provider 48 hours' notice to make sure that there would be someone in the office at the time of our visit. First Practice is a small domiciliary care agency which provides personal care to people in their own homes. At the time of our visit there were 44 people using the service.

The service has 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.

We last inspected this agency in June 2015. At that time the service was meeting the regulations. but some improvements were needed to make sure the service was effective and well-led. Some improvements had been made but this inspection identified further improvement was needed.

Some systems were in place to regularly assess and monitor the quality of the service. This included checks on staff competency, a range of audits such as medication and regularly seeking the views and feedback of people and staff. Improvement was needed to ensure people received a consistently good service. The registered provider had failed to display the service's ratings from their last inspection.

We were told by people who used the service and staff, that people were supported at each call by the number of staff identified as necessary in their care plans. We received some mixed views from people and their relatives in regards to their overall satisfaction with the service they received. Some people told us that they often experienced short calls or calls that were not on time.

People told us that they felt the service kept them safe. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice.

Those people who required assistance to take their medicines told us they were happy with how they were supported. Staff had received training and were assessed as competent to support people to take their medicines.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills. All staff received an induction when they were initially employed. People described the staff as being kind and caring and staff spoke affectionately about the people they supported.

People had individual care plans and risk assessments that were regularly reviewed. Staff were not always provided with detailed information about managing risks associated with people's conditions.

People who required assistance to eat and drink told us that they were supported by staff who understood

and met their nutritional needs and preferences.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) which applies to services providing care in the community. Although staff were aware of the principles of the MCA, they did not have access to sufficient information to enable them to understand the ability of some people to make specific decisions for themselves.

The provider had arrangements in place to deal with any concerns or complaints. People told us that they would not hesitate to contact the agency office if they had a concern. People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs. However some people told us that they often experienced calls that were not on time.

Staff were not always provided with detailed information about managing risks associated with people's conditions.

People told us that they felt safe. Staff were trained in recognising the possible signs of abuse and they knew how to report safeguarding concerns. People received their medication safely.

Is the service effective?

Good

The service was effective.

The provider's induction and training arrangements helped to ensure staff had the right skills and knowledge to carry out their role effectively.

People were supported to eat and drink in ways which maintained their health and respected their preferences.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

Is the service caring?

Good

The service was caring.

Staff had positive caring relationships with people.

People had been involved in decisions about their care and support. Their dignity and privacy had been promoted and respected.

Is the service responsive?

Good

The service was responsive.

There were systems for planning the care and support which people needed and some people told us they were involved in planning their care.

People's comments and complaints were listened to and investigated.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems were in place to regularly assess and monitor the quality of the service but improvement was needed to ensure people received a consistently good service.

The registered provider had failed to display the service's ratings from their last inspection.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

First Practice Healthcare Limited

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.

This inspection took place on 10 August 2016. We gave the provider 48 hours' notice to make sure that there would be someone at the office at the time of our visit. The inspection was carried out by one inspector. The inspection team also included an expert by experience who spoke to people who used the service on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. The provider was asked to complete 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. This information was received when we requested it. We used this information to plan what areas we were going to focus on during our inspection.

During our visit to the service we spoke with the registered manager, training co-ordinator and two new members of staff who were on induction and had not yet started working with people. We sampled the records relating to three of the people using the service and six records relating to staff recruitment and training. We also reviewed records relating to the management and
quality assurance of the service. After the visit we contacted and spoke with eight people and five relatives who used the service and with two care staff.

Requires Improvement

Is the service safe?

Our findings

Some people told us that they did not receive their care calls on time. One person told us, "The only issue is that they usually come at eight but it should be earlier but they tell me they have other people to go to." Another person told us, "They will just come when they feel like it."

The majority of people we spoke with had not experienced any missed calls, however one person who had described their experience. They told us, "I've only ever called the office twice and both times it was to find out what had happened to my carer as she hadn't turned up. Both times I was promised that someone would be along shortly, but still two hours later no one had appeared so I told them I'd manage." The registered manager showed us that when they had been made aware of staff not undertaking their calls as required they had taken disciplinary action where appropriate.

Some people described staff as staying the fully allotted time or longer to assist in extra tasks that were not always recorded in their care plan. One person told us, "My carer never minds doing some odd jobs before she goes that aren't in the care plan necessarily. Just those little jobs, like emptying the bins or putting some washing away in the wardrobe for me, makes all the difference." Another person told us, "My two regular carers are very reliable. If they are running late, they will usually ring me to let me know what is happening. If they do come late, they still stay for the full 45 minutes with me." We received some mixed views from people about staff not always staying for the amount of time they should and not completing all of the tasks required. Some people told us that staff were sometimes rushed and did not stay for the full allotted time. One person told us, "There are a few [staff] who just go through the motions, doing what they fancy and then they disappear early saying that they've been given too many clients and haven't got time to stay here for as long as they should." We looked at the care records for three people and these showed that calls had been the expected duration for the time period we had sampled.

The provider had conducted assessments of potential risks to people before they joined the service and as their conditions changed. These covered risks such as health, mobility, moving and handling and the environment. Staff confirmed that they had been trained in moving and handling people safely. We brought to the attention of the registered manager that one person's care records noted they used a hoist but that their moving and handling assessment did not detail this or contain guidance on safe systems of working that were personal to the person. The registered manager explained that a hoist was not used but that the person used an aid to help them stand. They assured us this would be rectified with the care plan. Another person had a risk assessment in place that detailed the person had difficulties in swallowing hard foods but contained no guidance about how staff should support the person in managing this risk. The registered manager told us after our visit that this was based on information from the person and there had been no health professional assessment in relation to this.

People told us they felt safe when being supported by staff. One person told us, "I am only safe to have a shower these days because a carer is here to support me." One person told us that they had mobility difficulties and needed the support of two staff to staff to move safely. They told us, "Without their help, I wouldn't be able to do it. They certainly help me feel safe, I couldn't do it on my own."

The registered manager told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff we spoke with and training records confirmed this. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. There were whistleblowing guidelines for staff in case they witnessed or suspected that colleagues were placing people at risk. Staff also told us they could raise concerns with the management team and felt that the service kept people safe. One care staff told us, "I would not delay in reporting it to the manager and I am confident I would be listened to."

Sometimes the provider had to send staff to work with people they had not met before, for example if cover was needed for sickness or annual leave. People confirmed that the office staff usually telephoned to let them know if they were going to have a new member of staff turning up at their home. The registered manager told us that they only took on new people to support if staff were available. They told us the number of people they visited was based on the number of staff employed. The staff we spoke with told us they had sufficient time allocated to them to undertake people's care. One member of staff told us, "I do get enough time for my calls, we now have more staff."

Some people needed the support of two staff for their personal care. We spoke with a relative of a person who needed two staff. They told us, "We always get two staff, if one arrives they always wait for the second staff before they start." Staff told us that people were always supported by the number of care staff identified as necessary in people's care plans. The records we sampled supported this.

We saw that the service employed 23 care staff and that 16 of these had been in post prior to 2016. This indicated that the service did not have a high turnover of staff. This meant people were usually supported by regular staff who knew their needs.

The staff who spoke with us were confident about how to manage emergencies in people's homes. Staff were able to describe how they would respond to emergencies such as a person being unwell or having a fall. One member of staff told us, "If someone was unwell we would stay with them until they went to hospital." Staff had access to a 24 hour on-call system, should an emergency arise out of office hours. Records showed that one person using the service had experienced a flood at their home resulting in action needing to be taken to make sure they were safe and well. We saw that in addition to contacting their relatives and the local authority about the person's predicament the registered manager had also gone the 'extra mile' and liaised with the utility company who supplied electricity to the person's home.

Accidents and incidents were reported promptly to the registered manager who checked to ensure that all appropriate actions had taken place to minimise the risk of recurrence. There was an accident and incident log to track actions and monitor for trends. This was completed on a monthly basis.

The provider had a system in place to assist them with recruiting staff who were suitable to support the people who used the service. The staff we spoke with felt the provider's recruitment system was robust and confirmed that it included checks such as a Disclosure and Barring Service check (DBS) and checking people's employment history by gaining references from previous employers. These checks help employers make safer recruitment decisions and prevents unsuitable people from being employed. The registered manager told us and records confirmed that they made further enquiries and completed an assessment of risk when checks raised potential concerns with an applicant's suitability to work with people.

We looked at how the agency assisted people who required support with their medicines. People told us that they felt well supported by staff in this area. One person told us, "I have my medication come in a blister pack and my carer will get these out for me, pour me a drink and will then fill in the records to say that I have

taken them." A relative told us, "My Mum is quite forgetful these days so her carers now give her tablets, with a drink each time they visit.

The registered manager told us that all staff who administered medication had been trained and assessed to make sure they were competent to do so. Records confirmed this. Each person had a specific plan detailing how their medicines should be given. Since our last inspection the information had been developed to include details about what the medication was for or any possible side effects that care staff should be alert to. This meant that care staff had sufficient information about the medication that they were prompting people to take. We looked at some of the medication records for people. The ones we looked at indicated that people were supported to take their medication as prescribed.

Good

Is the service effective?

Our findings

The majority of people and relatives of people who used the service told us they were happy with the care provided and that it met their needs. One person told us, "I think my regular carers are sufficiently trained and know what they are doing." Another person told us, "So many different carers seem to have different skills, but they are usually okay with what I need doing. "

Staff told us, and the records confirmed, that all staff had received induction training when they first started to work for the service. Following their induction, each new member of staff was assigned to work with a more experienced member of staff before working on their own. We spoke with two members of staff who had recently been employed and were on their induction. Both told us that they would not be working with people until their induction was completed. One member of staff told us, "So far it has been good, it's a lot to take in but the quality has been okay so far." Another staff told us, "The induction is interesting. Things I thought I knew I now realise I didn't."

At our inspection in June 2015 we had identified that improvement was needed to the induction process as the provider had not introduced the 'Care Certificate' standards. These are an identified set of 15 nationally recognised standards that social care workers complete during their induction and adhere to in their daily working life. At this inspection we found that the 'Care Certificate' had been introduced for new staff.

We saw there was a matrix in place that listed each member of staff's training. This enabled senior staff to check people were being supported by care staff who had the appropriate skills and knowledge. Records and discussions with staff indicated that training included safeguarding, medication administration, health and safety, nutrition and infection control. Training was also provided on specific health needs that people may have, including dementia, epilepsy and diabetes. At our last inspection in June 2015 we had received some comments from staff that the training in manual handling and first aid needed improvement. The provider had taken action and the training co-ordinator had recently attended a 'Train the Trainer' course to ensure they were qualified and competent to deliver training in First Aid and Manual Handling. Staff we spoke with told us they were satisfied with the training they received. One member of staff told us, "The training is okay. I get additional training every few months."

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. We checked whether the service was working within the principles of the MCA. The registered manager told us they were not aware of anyone using their services who was being deprived of their liberty. They demonstrated they were aware of the fact that people should be considered to have capacity unless assessed otherwise. Records showed that staff had received training in this area. Staff told us how they supported people to make decisions and choices about their everyday lives. For example, what clothes people wanted to wear or what they wanted to eat. We discussed with the

registered manager that care plans needed further development so that staff could be clear about areas where there was a risk people would lack capacity to make their own decisions.

Where people required support with their meals and diet this was documented in their care plan and people told us the staff usually met their needs in line with this. One person told us, "I have trouble sorting my drinks out for myself these days, so my carers will always make me a hot drink while they are with me and leave me a cold drink for later on. Sometimes, when I have someone who is rushing, they will forget about my drink and I have to remind them as they're trying to leave."
Most people told us they were helped with meals and drinks and felt that they were given sufficient choice and support. One person told us, "I'm reliant on my carers for all my meals now as the arthritis in my hands is really quite bad. They usually sort me toast for breakfast or cereal if I want a change, and then I have a meal from the freezer at lunchtime and they'll make me a sandwich at tea time. They always ask me what I fancy, so I'm happy with it."

People told us that care staff would call the doctor or other health professional if they asked them to. One person told us," I have felt ill a couple of times when my carer's been with me. Both times she phoned my GP and organised for him to come and visit me." A relative told us, "My Mum can be taken ill quite suddenly, but her regular carer knows all the signs now and can tell if it is something that will just pass, in which case she will just call me and let me know, but if Mum is worse, she will immediately phone 999 and then call me to let us know. I must say, she is very professional and reliable in that department." We saw that staff encouraged people to see healthcare professionals and receive appropriate care and treatment when necessary. We saw several examples of the provider contacting people's social workers and other professionals when they were worried about a person's health or welfare. Records indicated that staff promptly consulted healthcare professionals and informed people's relatives when people became unwell.

Good

Is the service caring?

Our findings

People and their relatives told us the staff had a caring approach. One person told us, "Yes, the staff are all kind and caring." We were given several examples of staff acting in a caring way. One person told us that when they had felt unwell "She [staff] asked if she could phone a relative for me so they could come and sit with me." A relative told us, "My Mother has recently developed Alzheimer's, but we are really fortunate that her main carer has been very patient and learnt along with us how to cope with Mum's condition. She will very often bring a newspaper in for her when she can see that Mum is getting frustrated with herself and will encourage her to engage with some of the stories."

The registered manager told us and records indicated, that cards were often sent to people on their birthday. All the staff we spoke with said they enjoyed supporting people and spoke affectionately about the people who used the service and it was clear that they valued their relationships with the people they supported. One relative old us, "My [family member's] English is not brilliant, but his carers take them time to make sure that he understands them and that they equally understand him."

People usually received the same regular care staff. One person told us, "I have three or four regular carers that I see most of the time. I really like it because I don't have to keep explaining what it is I need help with." Some people told us it could be frustrating when they did not get the staff they were used to. One person told us, "I think my regular carers understand me really well because they have been coming for such a long while. Some of that is lost when they send lots of different carers because they never have an opportunity to actually get to know me properly." We discussed with the registered manager that some people had commented they did not always have the same staff to support them. The registered manager explained that often most people only wanted the same two carers but that this was not possible if staff were on annual leave or unwell. They told us that they also ensured some additional care staff had worked with people so that if their usual staff left the service then they could provide staff who knew the person's needs.

The service promoted people's privacy and dignity. One person told us, "Oh yes, they always protect my privacy." Staff received training in this area on their induction and there was guidance for staff about how to protect a person's dignity when providing personal care. We saw evidence in the records that staff were encouraged to provide people with choices as they carried out their duties. For example with regards to the clothes people wanted to wear and the meals they wanted to eat. We were informed that people were asked about their preferences of the gender of the staff that supported them. This was supported by one person's comment, they told us, "I was asked if I preferred a male or female carer. I didn't really want a male carer at my age helping me to shower so I asked for a female carer and that's what I have."

Good

Is the service responsive?

Our findings

People had a care plan that contained guidance for staff about how people wanted to be supported. This enabled staff to identify how to provide support in line with people's needs and preferences. People, or their relatives where appropriate, told us they had been involved in developing the care plan when they had first started using the service. The majority of people and relatives told us they had been involved in reviewing their care plans. One relative told us, "When [registered manager's name] comes to do my Mother's review we will look at the care plan and the records and she will ask us about Mum's carers and how they are treating her." Another relative told us, "[Registered manager's name] comes to see us quite regularly to review Mother's care plan. She always asks us plenty of questions about how we are finding things and is always very good about sorting any issues out for us."

Records showed that people's care plans and risk assessments were reviewed on a monthly basis, however we discussed with the registered manager that the records did not always show how people's views had contributed towards these reviews. The registered manager told us this would be addressed.

People who used the service and their relatives told us they felt comfortable to complain if something was not right. One person told us, "I have her [the registered manager] telephone number and she has made it clear that if I have any concerns, I only have to ring her." People we spoke with told us they had not made any formal complaints but some had raised concerns. One relative told us, "Any concerns the office staff sort them out." Another person told us, "I don't very often need to phone the office, but when I do they are usually very helpful." However some people expressed dissatisfaction with how concerns they had raised had been handled. One person told us, "I've never made an actual complaint, but I have contacted the office to tell them that some of the carers don't stay for as long as they should do. They tell me that they'll speak to the carers and things will improve for a couple of weeks, but then things go back to normal again, so I just put up with it." The person did not confirm that they had raised this again with the service.

We looked at the actions the registered manager had taken when concerns and complaints had been received. These had been logged and a record kept of the actions taken in response. We saw instances where complaints about poor care and timekeeping issues had led to disciplinary action being taken by the registered manager, this indicated that complaints and concerns were taken seriously and responded to in an appropriate manner when they had been brought to the attention of the registered manager.

Requires Improvement

Is the service well-led?

Our findings

We last inspected this agency in June 2015. At that time we found that improvement was needed to ensure the service was consistently well led. Some improvements had taken place but further improvement was needed.

Since new regulations had been introduced the registered manager had failed to keep up to date with changes introduced and was unaware of new duties. They had not displayed the service's ratings from their last inspection at the location or on their website and told us they were unaware of the legal requirements to do so. The registered manager told us that they tried to keep themselves updated with current good practice and regulations by attendance at meetings organised by the local authority and through a national care association. A few days after our visit we saw that the provider had updated their website to include their rating.

We received some mixed views from people about being asked for their feedback on the service. Some people confirmed they had been asked for their feedback whilst others could not remember being asked. We discussed with the registered manager the systems that were in place to seek people's feedback. The service sent out questionnaires to people on a three monthly basis. We looked at a sample of questionnaires and these showed that overall, people were satisfied with the support they received. The questionnaires for January to February 2016 showed that some people were not happy about their call times. The registered manager told us she had contacted people to discuss this issue and a record had been made to say that people were now happy and satisfied. The questionnaires for June and July recorded some issues with varying of call times. The registered manager had noted that people who raised issues were contacted and the issues resolved. However, feedback from people during this inspection showed that several people were not satisfied and told us they received calls that were not on time and often rushed. This meant that the process of obtaining feedback and using the information collected to improve the service was not fully effective. The system in place for monitoring the service had failed to identify that the issues raised had not been addressed.

We looked at the records for people to check if their care calls were at the agreed times. For two people we looked at we saw they often received care at different times, and in some cases an hour outside of the agreed times. We looked at the rota's for three staff and saw that sometimes staff were allocated to provide care to two different people at the same time. We asked the registered manager how staff could be expected to do this. The registered manager told us that the times recorded on the staff rota were the times agreed with the funding authority and that they were allowed a half hour leeway on these times. The registered manager told us it was left up to staff to decide the times they went to the person, taking into account the person's preference. However, people's preferences for their call times had already been discussed and agreed with their funding authority and recorded in their care plan. These times were not being adhered to and there was no evidence of any agreement from people to change these times. This system also meant there was no effective oversight from the provider about what times staff were expected to complete their call. Following our visit we were sent a copy of a new form that the registered manager told us would be used to evidence that people requested a different call time.

People who used the service and their relatives had some mixed opinions about how the service was managed. Comments from people and their relatives included; "I remember meeting [the registered manager] when I first started with the agency, but no one has been to see me since and it is really difficult to know how to get things changed if there doesn't seem to be anyone leading the people from the front." and "I couldn't tell you who the managers were to be honest." Other comments were more positive, for example, "When I've had a review with [the registered manager] she has asked me my views of the service."

We saw that the registered manager had introduced a tracking system for late and missed calls. These were completed on a monthly basis. The log detailed numerous 'missed calls' had occurred often due to rota or staff error. We were concerned that these records seemed to indicate that people had not received their care. The registered manager explained that these care calls had taken place but that they were categorised as 'missed calls' as the allocated staff had not completed the call and other staff had to be allocated to these. We asked how the current system in use would show if a call did not take place but were informed this would also be categorised as a 'missed call'. This meant the current system made it difficult to track and monitor if people had received their care call or not in these instances. The registered manager told us that as far as she was aware people had in all but one instance received their care call. In the provider's information return which we asked the agency to provide prior to the inspection, the registered manager told us that they would be installing a new call monitoring system from September 2016. The registered manager told us that it was planned for the provider to move to new offices and the call monitoring system would be introduced after the move took place. The registered manager was confident that this new system would enable more effective over-sight on the call times that people were experiencing.

The PIR recorded that staff at the service telephoned people on a monthly basis to check that they were happy with the service they were receiving. We asked to look at the records of these but the registered manager told us records of these calls were not made. This meant the registered manager had missed an opportunity to evidence either positive feedback from people or evidence where actions had been taken in response to any feedback received.

At our last inspection we had identified that the registered manager had not always notified us of incidents they were required to by the regulations. This had improved and we had been informed of some recent safeguarding concerns that had been raised and investigated.

We looked at how the agency checked each person had received their correct medication in order to keep them well and we saw that care staff had filled in daily records to record any medication they had prompted the person to take. Regular audits were carried out by senior staff. At our last inspection these audits had not always been effective. At this inspection we found that these audits had been improved and showed that where there were gaps identified on people's medication administration records the reason for this had been explored.

People who knew who the registered manager was told us that they were approachable. One relative told us, "I've met [the manager] a number of times for reviews of my Mother's care and I've always found her to be very supportive and caring. I have her telephone number if I ever need it." The registered manager told us she felt it was important that people and their relatives were able to speak to her if they did not wish to speak to the staff in the office. She said that to facilitate this she ensured that people were given her own personal mobile number as a contact.

Members of staff told us they felt supported in their roles. One staff told us, "It's a good company to work for, I feel supported." Another staff told us, "The manager, she's approachable. I feel I can raise any problems." Staff meetings were arranged on a regular basis with staff so that the registered manager could feedback

any issues to staff to help improve the service people received.