First to Care Ltd

First to Care

Inspection report

3 Albert Street
Skipton
BD23 1JD
Tel: 01756 797822

Date of inspection visit: 8, 10 and 11 July 2015
Date of publication: 06/08/2015

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

Overall summary

The inspection visit to the domiciliary agency care office was carried out on 8 July 2015. Telephone contact was made with people using the service and staff on 10 and 11 July 2015, this included weekend and evening calls in order to catch people in. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available.

First to Care is owned by First to Care Limited. The agency is registered to provide personal care to support people who want to retain their independence and continue living in their own home. The agency office is located in Skipton town centre and staff provide services to those living in Craven and the surrounding areas. The agency also provides companionship, domestic, gardening and handyman services. They also provide escorts to accompany people to medical appointments.

We last inspected this service on 3 October 2013 where we found them to be fully compliant with the areas we reviewed, including health and welfare, management of medication, complaints and recruitment and training.

At the time of this inspection, 35 people were receiving support with personal care by the agency. The agency employs fourteen staff and also a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Care and support was provided to people in their own home and the level of support was arranged in accordance with each individual's needs. People who received care and support from the agency and their relatives provided us with positive feedback. They told us the service was reliable and that staff were respectful, pleasant, caring and extremely kind. People told us they trusted the staff who visited them and felt safe in the way staff supported them.

Risks to people's safety and welfare had been assessed and information about how to support people to manage identified risks were recorded in people's care plans. We looked at the records held in the agency office, and were told that these were duplicated in the persons home, reflecting any changes or up to date information.

People were involved in making decisions about their support and signed to say they agreed with their care plan. People's care plans were subject to review, to meet their changing needs. People received effective care that met their individual needs. Staff told us they felt well informed about people's needs and how to meet them. The care plans we reviewed were very detailed and included information which was specific to the person. For example, security and entry to the house, how they liked to be supported when bathing or how they preferred their meals serving.

Some of the people who used the service were supported with taking their prescribed medication and staff told us they were trained and competent to assist people with this. Staff also had regular contact with other healthcare professionals and at the appropriate time to help monitor and maintain people's health and wellbeing. People were provided with care and support according to their assessed need.

Sufficient numbers of staff were available to meet people's needs, for example, some people required two care assistants to help with their moving and handling or personal care needs. The manager and business manager (also known as the nominated individual) also carried out visits and were available at short notice if there was a shortfall in staff available. Both have the skills and qualifications to provide personal care.

Recruitment checks were in place. These checks were carried out to make sure staff were suitable to work with vulnerable people. The training programme provided staff with the knowledge and skills to support people. We saw systems were in place to provide staff support. This included staff meetings, supervisions and an annual appraisal. The agency had a whistleblowing policy, which was available to staff. Staff told us they would not hesitate in using the whistleblowing policy and felt confident that appropriate action would be taken if they raised concerns.

Staff had received relevant training which was targeted and focussed on improving outcomes for people who used the service. This helped to ensure that the staff had a good balance of skills, knowledge and experience to meet the needs of people who used the service.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and their roles and responsibilities around this. They were able to explain how they would ensure a decision was made in a person's best interests, if this was required and the service worked alongside other health and social care professionals and family members.

Staff we spoke with told us how much they enjoyed working for the agency and that they were committed to providing a bespoke and quality service for people. Systems and processes were in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

Before people were supported by the agency, an assessment was completed covering each person's support needs and how the agency could meet them. This ensured that the service was appropriate and able to support people in a safe and meaningful way. The initial assessment, carried out by the manager included a risk assessment of the environment, to ensure that it was appropriate for the person and the agency staff.

There were safe systems in place for supporting people with their medication. Any problems, for example the timings of prescribed medication were dealt with promptly and the agency worked with people to make sure they received their medication as prescribed. The agency had a medication policy and staff received training before they visited people who needed this level of support.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Staff received on-going training. The training programme provided staff with the knowledge and skills they needed to support people properly and competently.

People were included in decisions about how their care and support was provided. Where necessary, relatives were also consulted to assist in the writing of the care plan.

Staff liaised with other healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing. This included direct contact with the person's doctor or calling for emergency assistance.

Is the service caring?

Good

The service was caring.

The manager and staff were committed to providing a bespoke and compassionate service. This was reflected in their day-to-day practices.

Discussions with staff showed a genuine interest and a caring attitude towards the people they supported.

Staff were knowledgeable about people's health and social needs, their preferences and personal histories. Relatives told us the staff were inclusive and worked with them, "in partnership" to provide the best support possible.

Despite some staff changes over recent months, people were very pleased with the consistency of the staff team visiting them. People told us they valued the care, support and companionship offered to them.

People we spoke with told us the staff providing support were, "Patient, kind and thoughtful."

Summary of findings

Is the service responsive?

Good

The service was responsive.

People had a care plan which reflected their current needs. Any changes were made and this was duplicated in both the record in the persons own home and the file held in the agency office.

People we spoke with knew how to make a complaint if they were unhappy. They knew the owners of the agency by name and told us they were in regular contact with them over routine matters. People using the service, their relatives and other professionals involved were given opportunities to provide feedback on the service. This enabled the manager to address any shortfalls or concerns.

Is the service well-led?

Good

The service was well-led.

Staff were clear about their roles and responsibilities. The staff we spoke with told us about the positive impact they had on people's lives and how their work meant that people could live in their own homes.

Systems and processes were in place to monitor the service and drive forward improvements. This included internal audits and regular contact with those using the service by the manager and the nominated individual.

The overall feedback from people who used the service, relatives and staff was very positive about how the agency was managed and organised.

First to 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 of the agency office base took place on 8 July 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available to speak with us and give us access to the records we needed to review.

Before the inspection visit we reviewed the information we held about the service, which included notifications submitted by the provider and we spoke with the local authority contracts and safeguarding teams and Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided.

The inspection was carried out by one inspector. Before we visited we asked the provider to complete a Provider Information Return (PIR). The PIR 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 asked for and received a list of names of people who received a personal care services so that we could contact them and seek their views. As part of the inspection process we also sent questionnaires to 33 people who use the service, 33 relatives, four staff and four healthcare professionals. We received 22 responses from people who use the service, five from relatives, none from staff or healthcare professionals. Overall their comments were positive about the service they have received in the past twelve months. One person made a comment a specific issue relating to their support but this had been picked up by the agency through another source and was being dealt with.

During our inspection process we spoke with the registered manager, the nominated individual and four members of care staff. We also spoke with five people who used the service and the relatives of three people. We reviewed the records for five people who used the service and four staff recruitment and training files. We checked management records including staff rotas, quality assurance visits, the staff handbook and the agency's Statement of Purpose. We also looked at a sample of policies and procedures including the whistle blowing policy, safeguarding adults, the complaints policy, lone working and the medication policy.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe when being visited in their own homes by staff from the agency. One person told us, "we are in safe hands, I don't worry about that." One relative told us, "The staff are very good with my [relative]. They are kindness itself and I have never seen anything I don't like." Another relative told us, "Knowing they are there takes a weight off my mind." People commented about the staff changes in recent months. However, they made the point that despite this they had not missed a call or been let down. People told us they were kept informed about who was providing the support and were looking forward to the new staff who were due to start in the coming months once their checks had been carried out. One person described how they were introduced to the care worker before they visited them on their own. This they said made them feel 'safer' as they would be hesitant to open the door to someone they did not know. The agency confirmed they carried out an 'introductory visit' with all new care workers for this reason.

The manager informed us they had sufficient numbers of staff to provide care and support to people in their own home. They told us that the staffing numbers were altered to meet people's needs. We saw calls to people were arranged in geographic locations to cut down on travelling time. This helped to minimise the risk of care staff not being able to make the agreed call time. Staff told us this was never a problem as they were given travelling time between the calls and were able to stay for the full duration allocated to each of their visits. The agency only carries out calls lasting a minimum of half an hour, apart from a small number of short visits to 'check' if someone is alright but this is in addition to other longer visits throughout the day. They have taken the view that they will not contract for a shorter time slot, as they cannot carry out any meaningful activity is less time.

People who received care and support from the agency told us that staff were usually on time and if staff were running late they received a telephone call to explain and confirm an arrival time. Otherwise the manager or nominated individual would be available to do the visit. People also told us communication by the agency was good, either by telephone or in person.

The staff we spoke with told us they received their rota in advance of their working week and were usually kept to the same 'round' so that people got to know each other. We saw people were supported by small staff teams, to help ensure consistency of care. Staff we spoke with told us this worked well and that they built up good working relationships with the person they were supporting and their family members. People we spoke with told us told us they were able to contact the office at any time, including out of hours. Staff said the 'on call' rota meant a senior member of staff was always on duty to provide support and guidance out of normal working hours. The latest visit carried out by staff from the agency was concluded at 10pm, unless the service was providing a sitting service during the night.

Systems were in place to minimise the risk of abuse and the manager was aware of her responsibilities to report abuse to relevant agencies. Staff had access to an internal adult safeguarding policy and procedure, as well as the Local Authority's safeguarding procedure. Staff told us they received safeguarding training on induction and as part of their on-going training programme. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident or had concerns.

We looked at the recruitment and selection of staff. There were robust measures in place to make sure the staff employed were suitable to work with vulnerable people. New staff had completed an application form, with a detailed employment record and references (professional and character) had been sought. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on a person's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and records showed the date the prospective employee was interviewed. Staff were provided with a contract of employment and job description.

We looked at how the service supported people who required support with their medicines. Staff told us they had received medication training and this provided them with the skills and knowledge they needed to support people with this.

The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they

Good

Is the service safe?

needed. Records showed that staff involved in the administration of medication had been trained appropriately. Staff we spoke with had a clear understanding of their role in dealing with medication. Records looked at showed that all staff had attended training in this topic. The manager told us that they carried out random checks by visiting people following their scheduled visit to check medication had been given and signed for, in accordance with the agency's procedures. This meant staff competence was reviewed to check that staff had the skills and knowledge to complete the task in an effective and safe way.

Assessments were carried out to highlight the risks posed to people who used the service. These included environmental risks and other risks relating to people's health and support needs. For example, moving and handling a person safely in their own home. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring.

Staff told us about the people they supported and if they had concerns about any aspect of care, how they would report it. For example, if a person was having difficulty walking or refused to take their prescribed medication. They told us that this would be listened to by the manager and they would be given advice and where necessary they would contact the person's doctor. They told us the benefits of working in a small staff team meant that when they were visiting someone and there were signs of someone being at risk, this was picked up quickly because they knew people's conditions well. We saw from the records at the agency that that reported accidents/ incidents were analysed to identify any trends or patterns and followed up if any issues emerged.

Staff told us they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection. We saw ample stocks in the agency office and were told staff called in to replenish their supplies regularly.

Good

Is the service effective?

Our findings

People who used the service told us they were satisfied with the standard of care and support they received. One relative told us, "I couldn't do without them, this means I can live at home with my [relative] and still go out, knowing they are visiting and my [relative] will be looked after." Another person told us, "When they have done what they need to do for me, they don't stand around; they look to see if they can help me in other ways." One person described how they were dependent on the care workers in many ways and that if they were the last call of the day for the care worker then they "wouldn't dash off," they would stay a bit longer and have a chat.

We looked at people's care records and saw they provided detailed information about people's medical conditions. We also noted that where the service had been in contact with other health and social care professionals, this was also recorded showing the reasons why and the outcomes. The care plans we saw had been regularly reviewed and updated.

The manager explained that they gathered as much information as possible about people before they started providing a service, so that they could be sure about meeting the person's needs. The manager also told us they reviewed the visit regularly in the first few weeks, to make sure the person was satisfied and to check the care workers were covering all the care needs properly.

We looked at the training and support programme for the staff. The agency office was used to provide some tutorial training and external trainers and venues were also used. All staff attended induction training prior to them working alone in the community. New staff were also matched to more experienced staff during a period of 'shadowing' so that they could learn and gain a view about the expectations of the agency. The service also organised specialist training in order to meet people's needs around health related conditions, for example epilepsy. The manager informed us staff would only support people with more complex needs once they had completed the training and felt confident in delivering the care and support required. The manager described the service as 'bespoke' and that there were 'standards set which staff could not fall below.' This included how meals were served, how beds were made and how people were supported whilst being bathed or in a state of undress.

Staff told us they received a good level of support from the management team; this included regular training and supervision meetings. They told us training was provided in statutory subjects such as, health and safety, moving and handling, safeguarding, medication, the Mental Capacity Act 2005 and first aid. Staff comments included, "I know what I need to do and feel I am the right person for the job." And, "The agency is good; we work to a high standard." One member of staff said they would "definitely recommend the agency to friends and family."

Staff files contained training certificates and these showed staff training was up to date. Supervision meetings were held regularly and staff had an annual appraisal. Staff support included on going communications if there was new information to share. The manager provided updates in payslips and where necessary sent reminders to staff when training was due to be updated.

The manager was able to demonstrate an understanding of the Mental Capacity Act (2005) (MCA). The MCA provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The manager and staff had undertaken training in the MCA, this helped to ensure decisions were made in people's best interests where they were able to make their own decisions. People who used the service were asked to consent to care and support and had signed, or their representative had signed, to say they were in agreement with their care plan. Staff told us they asked for people's consent before assisting them. They told us they provided an individualised service and this included maintaining and promoting people's independence and dignity. Staff told us they would report to the manager and/or family if they had concerns about a person's overall well-being and maintained a record in the person's daily notes when they had concerns and what they had done about it.

Good

Is the service caring?

Our findings

All of the people we spoke with told us that staff treated them with respect and protected their dignity. They said they were satisfied with the care that they or their relative received. They told us staff were always polite, cheerful and caring and treated them with respect and protected their dignity. People told us they would recommend the agency to friends and family.

Staff had a good understanding of people's needs, preferences and personal histories. Staff told us they had access to people's care plans, that they wrote in the daily records and had time to read what had happened previously if they had not visited the person for a while. We saw people's consent had been sought about decisions involving their care package, the level of support required and how they wanted their care to be delivered.

Staff told us privacy, dignity and confidentiality were discussed during their induction phase and that this was central in all their dealings with the people they supported. One member of staff told us, "We try our best to make sure the care we give is of a good quality." Staff told us about how the manager observed them carrying out their roles to make sure they were providing a good service. These 'spot checks' were done so that the manager could assess the quality of the care being provided and identify any training needs or ways to improve the overall service.

Discussions with staff showed they had a genuine interest and caring attitude towards the people they supported. Staff told us they were always introduced to people before providing care and support and that they were given time to get to know people and their families so that they could work together for the best outcomes for people.

The manager demonstrated a clear understanding of person centred care. Person centred care ensures people receive care and support tailored to their individual needs. Staff said this type of approach helped them to get to know people and to understand what was important to them and how they wished to be treated.

The agency conducts annual client and family satisfaction surveys, the most recent scoring 98% which is good or very good. In addition to this the agency, quarterly as a minimum, contacts clients to ascertain if they are satisfied with the service they are receiving. This is carried out as part of the agency's quality assurance programme.

The manager was aware of how to contact local advocacy services, should a person who used the service require this support.

Good

Is the service responsive?

Our findings

One person told us, "The owner tells me who is coming and when. It's usually the same few." Another person commented on one care worker who they particularly liked, they told us how they got on from the beginning and have continued to develop a trusting and enriching relationship. They went onto say that they had no real problems with the other care workers, but that one did stick out in their minds as being 'extremely good.'

The manager explained how when contacted by a prospective customer, they would provide initial information about the service they offered and then visit the person at home and carry out a comprehensive assessment. If the person agreed that the agency was right for them and that they could visit at the times they wanted, then this information was used to write a care plan.

People had a plan of care based on their assessed needs. We noted from the records we looked at that people's needs had been assessed and appropriate care plans were in place, showing that people could be supported effectively. People told us they had been consulted about their care plan and staff confirmed to us that each person had a care file in their homes. Some people had signed their care plans to show that they agreed with the planned interventions by the staff. Where necessary, people's relatives had signed these on their behalf.

Care plans were reviewed regularly or when people's needs changed. This helped to build up a picture of people's needs and how they wanted their support given. They included detailed information for staff to follow about how to provide care and support in accordance with the individual's needs and preferences. There were also risk assessments and daily records in place. The daily records provided details of the care and support given by the staff, and these were completed at the time.

We saw for one person, the care plan had been amended following a review of their overall health. This had resulted in an additional visit being organised and an increase in the number of staff attending. People told us the agency were flexible and did their best to accommodate specific requests.

Discussions with staff, together with feedback from people who used the service and relatives showed that the staff knew people well and staff respected people's choices and decisions about their support needs. Information about how to contact the agency out of normal working hours was made available to people who used the service.

Staff told us what actions they would take in an emergency and this involved always reporting an incident to the senior staff on call. A staff member said, "I have never had difficulty speaking to the manager out of hours, they always answer a call and give advice."

The provider had a complaints procedure and information about how to make a complaint was provided to people in their 'agency pack.' A person using the service told us, "I know who to speak to if I was unhappy but I haven't had to make a complaint yet." Another person described to us how they had been unhappy about something and had been visited the same day so that the problem could be addressed.

There was a system in place to record all concerns and complaints received and these had been investigated and written responses sent to the complainants. Since the last inspection there had been two complaints which had been investigated and concluded. One other issue was being dealt with and interim measures had been put in place to address this until a permanent solution could be arranged. All actions taken were documented. The service had systems in place to monitor the running of the service and taking remedial action where improvements can be made.

Good

Is the service well-led?

Our findings

The agency is well led. There were clear lines of accountability and the roles and responsibilities of staff were clearly defined.

Staff were supported by a manager and the nominated individual, both of whom were heavily involved in the running of the service, care delivery and staff management. Staff told us managers were always around and had an interest in the work being done. One member of staff told us, "I enjoy working for the agency, they are keen to give the right care, I am too." Everyone we spoke with knew who the owners of the agency were, knew them by name and told us they had regular contact with them.

First to Care is a relatively small agency and staff had regular contact with the manager and nominated individual, who worked 'in the community' alongside them. Staff also received one to one supervision meetings. These sessions gave staff the opportunity to review their working practice and responsibilities and to make sure they were supporting people properly. Supervision sessions also gave staff the opportunity to raise any concerns they had about their work and the people they were supporting.

People's care plans were audited and 'spot checks' were made in people's homes to make sure they were happy with the care provided and to also monitor staff performance. The manager told us if issues were identified, additional staff training was organised.

The manager told us that they did not use staff meetings. Instead, regular one to one sessions, written instructions and discussions during community visits were used to communicate with staff and pass on important information. Staff told us they felt well informed and could see how getting everyone together at the Skipton office would be difficult to organise. They did not see this as a problem and felt sure that if a staff meeting were necessary it could be arranged.

We saw a number of policies and procedures which were updated in accordance with 'best practice' and current legislation. Staff told us a number of policies were discussed at staff induction and throughout their on-going learning. Staff also told us they received updates if new practices were introduced or fresh ideas were being tried.

There were systems and processes in place to monitor the service and drive forward improvements. This new system had been introduced since the last inspection and included audits of care plans, care records, medication sheets, daily logs and staff signing in sheets showing what time they arrived at a person's home and the time they left. The audits showed there had been a measurable improvement therefore demonstrating the systems in place were effective.