

First Practice Healthcare Ltd

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Inspection report

Aston Cross Business Park, 50 Rocky Lane
Aston
Birmingham
West Midlands
B6 5RQ

Tel: 01213590566
Website: www.firstpracticehealthcare.com

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 10 August 2017. 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 domiciliary care agency which provides personal care to people in their own homes. At the time of our visit there were 70 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 had inspected the provider's previous location in August 2016 but this had now closed and this was the first inspection of this new location.

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.

People confirmed they felt safe with the staff. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice. Individual assessments identified environmental and individual risks. They were up to date and detailed guidance for staff to follow to reduce these risks effectively.

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.

Checks were completed on potential new staff before they started work to make sure they were suitable to support people and the provider made sure there was enough staff at all times to meet people's needs. Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

There was sufficient staffing capacity and most people now had their own team of allocated care staff for consistency. People described the staff as being kind and caring and staff spoke affectionately about the people they supported.

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. People were supported with their healthcare needs and staff liaised with their GP and other health care professionals as required.

People's right to make their own decisions about their own care was supported by staff. Staff worked in accordance with the principles of the Mental Capacity Act 2005 (MCA) and sought people's consent before offering care.

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?

Good ●

The service was safe.

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.

Staff were recruited safely and there were sufficient numbers of staff to meet people's needs.

Environmental and individual risk assessments were up to date to reduce and manage risks to people.

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?

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.

People, relatives and staff said the registered manager was approachable.

Requires Improvement 

First Practice Healthcare Ltd

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 2017. 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 considered feedback provided to us by commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with the registered manager, operations manager, office staff and five care staff. We sampled the records relating to four of the people using the service and records relating to staff recruitment and training. We also reviewed records relating to the management and quality assurance of the service. We contacted and spoke with six people and four relatives who used the service. We also sent surveys to 22 people using the service and received six responses.

Is the service safe?

Our findings

People told us they felt safe when being supported by staff. One person told us, "I feel safe." Another person told us, "Staff treat me alright, I use a shower chair and carers assist me to get my leg to transfer to and from safely."

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. Staff had access to a 24 hour on-call system, should an emergency arise out of office hours. 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. The provider had a system in place to record accidents and incidents and the actions taken in response to these occurring.

There was sufficient staffing capacity and most people now had their own team of allocated care staff for consistency. We looked at the care records for three people and these showed that calls had been of the expected duration for the time period we had sampled. Most people said they were notified if there were any changes to their care timetable. One person told us, "I know my regular and new workers. I know who is coming, when and where as First Practice send out rotas the Thursday before every week commences. Another person told us, "They have always provided cover whether it is due to sickness or annual leave. Everybody chips in from the support coordinators, bank staff or managers." The staff we spoke with confirmed there were sufficient numbers of staff to cover the care calls and that they were usually provided with enough travel time to enable them to arrive at their care calls on time.

Staff had been 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 help employers make safer recruitment decisions and prevents unsuitable people from being employed.

People received their medicines safely. People told us that they felt well supported by staff in this area. One person told us, "Medication, my regular carers are very good at." A relative commented, "Medication is given when needed. They note any refusals and make me aware."

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. Some people administered their own medication or had family members to support them. 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

appropriately. We identified an isolated incident where staff should have reported a concern about a person's medication sooner than they had. We discussed this with the registered manager who was receptive to our comments.

Is the service effective?

Our findings

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 am highly satisfied with the service they have provided so far." Another person told us, "Staff are competent and know in the morning to give me a shower because I can't do it myself." One relative told us, "The carer who provides a service to my relative is very knowledgeable as they were a nurse before they came to England."

The registered provider operated an effective induction programme which allowed new members of staff to be introduced to the running of the service and the people receiving care. The induction also incorporated the skills for care, care certificate. The care certificate is a national set of standards that social care and health workers are required to work in accordance with. It is the minimum standards that should be covered as part of the induction training of new care staff. Staff told us they had received a comprehensive induction which equipped them to work with people. One member of staff told us, "I am happy with the induction, training and all the support I received."

The training staff received was a mix of practical, face-to-face and e-learning courses with knowledge tests. 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 core topics but was also provided on specific health needs that people may have, including dementia, epilepsy and diabetes. Staff we spoke with told us they were satisfied with the training they received. One member of staff told us, "Training is quite good, we also get training specific to people's needs."

The management team observed staff undertaking care tasks to ensure that their practice was competent and met the needs of the person supported. Observations enabled the registered provider to check the care was being delivered as planned, monitor staff performance and check with the person that they remained satisfied with the care they were receiving.

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. 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.

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 am supported with breakfast

although I can feed myself." Another person told us, "Staff make sure I'm full of nutrition." One relative told us, "They give the support needed."

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. A relative told us, "There is a good response [if family member is unwell] they let me know. One time the carer stayed until I arrived." Staff were aware of people's needs in relation to their health. One relative told us, "My [family member] gets out of breath easily due to her condition, the carers are well aware because this is stated in a client's care plan folder."

Is the service caring?

Our findings

People and their relatives told us the staff had a caring approach. One person told us, "There is enough time to complete what I require and I am not made to feel uncomfortable or rushed in any situation." Another person told us, "First Practice carers are on the ball; it's a polite, kind and considerate company for sure. They understand the job description, and what a wonderful job they do." One relative told us, "They [staff] are so caring." For example, the registered manager told us and records indicated, that cards were often sent to people on their birthday.

All the staff we spoke with spoke affectionately about the people who used the service and it was clear that they valued their relationships with the people they supported. Some people had commented they did not always have the same staff to support them. The registered manager explained that most people only wanted the same 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.

People were treated with respect and dignity. One person told us, "I am treated very well, don't you worry - I'd say if not. I'll put them in their place. Staff are honest and have integrity." Another person told us, "I'm independent with top half tasks but I have assistance with the bottom half of my body. Staff treat me with respect, general chit chat, a laugh and joke, and this continues when being washed and dressed." 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

People were supported to remain independent. One relative told us, "They respect my relative and communicate well with them, even when [my relative is] forgetful, they give them time to encourage them to be as independent as possible. My relative feels very happy with them."

Is the service responsive?

Our findings

Each person's needs had been assessed prior to receiving a service to ensure their needs could be met. 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 told us they had been involved in developing the care plan when they had first started using the service. One relative told us, "[Person's name] does have a copy of the care plan available from the assessment which has been done; reviews are coming up shortly to sort out his care package. Dad takes part and it will be centred around him." We saw that care plans provided staff with information about the level of support and tasks required at each care call. People had combinations of call times and call duration according to their need. Care plans provided an outline of the tasks required at each call.

Information on how to make a complaint was provided to people when they first started receiving care. People who used the service and their relatives told us they felt comfortable to complain if something was not right. One relative told us, "I'm confident to raise any concerns, that is no problem at all."

People we spoke with told us they had not made any formal complaints but some had raised concerns. One person told us, "[They are] very professional, one or two not so much so I rang the office and these were removed off my care plan so I'd say yes, appropriate action was taken." One relative told us, "90% of our initial concerns have been sorted out."

We looked at the actions the registered manager had taken when concerns and complaints had been received. These had been recorded and in most cases a separate record had been kept of the actions taken in response. We saw instances where complaints had led to 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.

Is the service well-led?

Our findings

Most people and their relatives felt the service was well led, that management were helpful and approachable. One person told us, "It's a reliable and happy service majority of [the] time." Another person told us, "The co-ordinators and manager is approachable. The office are fab when action plans go right." A relative told us, "Dad knows the face of the manager but isn't good with names, he doesn't remember. We have to commend the company for their brilliant service." Whilst most comments were positive there were some negative comments received. One relative told us, "I ring the office and speak to the voice machine, sadly no one calls back." Another relative told us of an occasion where they had rang the office several times and their calls had not been returned.

The auditing of records to ensure they were accurate was not consistent. Spot checks were conducted to ensure staff adhered to the provider's values and standards of care. Records were also being regularly returned to the office for auditing purposes to validate the care people had received. This included checking that people had received their medication as prescribed. During our inspection we identified some areas where record keeping needed to improve, for example in relation to the staff recruitment process and outcomes of some complaint investigations. We also identified an incident where staff should have reported a concern about a person's medication sooner than they had. These shortfalls indicated that a more robust quality audit system was needed to help identify issues and drive forward improvements.

The analysis of information was not robust. 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. However the registered manager had not at the time of our inspection visit completed any overall analysis of the feedback received. This meant that the process of obtaining feedback and using the information collected to improve the service was not fully effective. Shortly after our inspection visit the registered manager provided evidence that they had commenced the process of analysing feedback. Similarly although complaints and incidents had been recorded and investigated there was no system in place for the issues arising to be analysed to identify any areas for improvement.

Most of the people and relatives we talked with felt they received a reliable service. They told us their care staff were usually on time, stayed for the agreed visit duration, and completed the care and tasks they required. We were made aware of one person having experienced a missed call and the registered manager was able to demonstrate that action had been taken to reduce the risk of future occurrences. Following the move to the new offices a call monitoring system was being trialled. The registered manager was confident that once initial teething problems were ironed out this new system would enable more effective over-sight on the call times that people were experiencing.

People and relatives confirmed that their feedback was sought. One person told us, "They ask my opinion and make me feel valued. The manager is attentive so my opinion counts for something, I speak every six weeks either by phone or home visit, but phone is more practical. Well-behaved staff are in the office and I make sure all questionnaires are completed. I put 100% into ensuring my safety. Patient feedback is the only

way we can make improvements." A relative told us, "Everyone is always there for there for us, nothing is ever too much to ask. They take on-board what we say. Although there is a delay in responding."