

First Call Healthcare Limited

# First Call Healthcare Limited

## Inspection report

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Tel: 01914900783

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19 April 2017

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We had carried out an announced comprehensive inspection of this service on 28 and 29 June 2016 and found a breach of legal requirements regarding the management of medicines.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 19 April 2017 to check that they had followed their plan and whether they now met legal requirements.

This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for First Call Healthcare Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

First Call Healthcare Limited is a domiciliary care service that provides personal care and support to people living in their own homes. There were 50 people using the service, mainly older people, at the time of our inspection.

A registered manager was in post. 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 found the provider had followed their action plan and the service's arrangements for managing people's medicines were more fully robust.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

We found action had been taken to improve the safety of the service.

Measures were now in place which ensured people using the service were safely supported in taking their prescribed medicines.

We could not improve the rating for 'Is the service safe?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

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## **Detailed findings**

### Background to this inspection

We undertook an announced focused inspection of First Call Healthcare Limited on 19 April 2017. We gave one hour's notice that we would be coming as we needed to be sure that someone would be in at the office. This inspection was done to check that improvements to meet legal requirements planned by the provider had been made after our comprehensive inspection in June 2016. We inspected the service against one of the five questions we ask about services: 'Is the service safe?' This was because the service was not meeting a legal requirement at the time of our comprehensive inspection.

The inspection was undertaken by one adult social care inspector. During the inspection we reviewed four people's care records, staff training and supervision records, medicines audits and discussed our findings with the provider and the registered manager.

# Is the service safe?

## Our findings

At our comprehensive inspection in June 2016 we had found a breach of a legal requirement regarding the management of medicines. Staff had not had their competency to handle medicines fully assessed and there was a lack of clear information about current medicines and the support that people required. Medicines administration records (MARs) were inaccurately completed and there was no system of auditing the MARs to identify any errors or shortfalls in recording.

The provider sent us a plan following our comprehensive inspection, giving us assurance about the actions they were taking to improve the way that medicines were managed.

During this inspection we found the provider had followed their plan and implemented further training for staff in the practical aspects of administering medicines and completing associated records. The competency of new staff was assessed during induction, including the trainer providing direct supervision of staff giving people their medicines. A medicines competency assessment, with a comprehensive knowledge test, had been introduced and was completed with staff every six months. Some staff had also been trained and assessed in administering medicines via percutaneous endoscopic gastronomy (through a tube in the abdominal wall into the stomach), enabling them to support people who were unable to take their medicines orally.

Each person's records we reviewed had a clear care plan that set out their medicines regime and described the extent of support they needed staff to provide. All medicines were listed separately on the MARs and those records we examined had been accurately completed by staff. Where applicable, staff were now entering the correct codes into the MARs to confirm any reasons why medicines were not given.

The registered manager had arranged for the MARs to be returned to the office on a monthly basis for auditing purposes. The audits carried out had identified no discrepancies and demonstrated that the records supported the safe handling of people's medicines. Observations of practice also continued to be conducted during spot checks of staff performance to ensure they were following the medicines procedure.

We concluded that the medicines arrangements had sufficiently improved and the provider was no longer in breach of the relevant regulation.