

1st for Care (GB) Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This announced inspection took place 14 October 2015 & 03 November 2015.

1st for Care (GB) Ltd is a domiciliary care agency which provides care and support to people with complex care needs to people living in their own home. 1st for Care (GB) Ltd offers a service nationally but has its office base in Lancaster. At the time of the inspection 1st for Care (GB) Ltd was providing domiciliary care to three people. The registered provider had one permanent member of staff employed and three casual staff.

There was a registered manager in place. 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.

The service was registered with the Care Quality Commission in June 2014. This was the first inspection of the service.

Summary of findings

At this inspection, feedback from people who used the service and relatives was positive. Both parties agreed that the quality of service provision was good. We were informed staff were reliable and always attended the scheduled shifts.

Staffing was flexible and responsive to people's needs. When changes to support times were requested the registered provider consistently endeavoured to meet the new requests.

However, we identified risks to people who used the service was not always appropriately addressed and managed. Not all of the people who received a service had a detailed care plan or risk assessment which covered their support needs and personal wishes.

Risk assessments that were in place did not address all areas of need and information in risk assessments was not always accurate.

Staff were positive about their work and confirmed they were supported by the registered provider. Staff said there was a positive culture within the service and staff views were respected.

Communication systems were in place between the registered provider and registered manager to keep the registered manager up to date. However the registered manager was not fully aware of all people's needs and support requirements. The overall management of the service was being overseen by the nominated individual.

We identified breaches to Regulations 17 & 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; (Good governance and Fit and proper persons employed.) You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not always safe.

People who used the service told us they felt safe. However we identified concerns within documentation which showed that risks were not being identified and addressed.

Processes were not in place to protect people from abuse. The provider did not have robust recruitment procedures in place to ensure staff employed were experienced and of suitable character.

Staff were aware of their responsibilities in responding to abuse.

People told us there were sufficient staff to meet their needs.

Requires Improvement



Is the service effective?

The service was not always effective.

Relatives and friends were confident staff had the required knowledge to perform their role. However we found little evidence to demonstrate that a robust system was in place to ensure staff were suitably qualified to carry out their role.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work.

Requires Improvement



Is the service caring?

Staff were caring.

People who used the service and relatives were positive about the staff and the service provided.

Relatives told us staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Good



Is the service responsive?

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People who used the service told us they were involved in all aspects of care delivery.

People's care needs were kept under review and staff worked with other multidisciplinary agencies when there was any concerns.

The management and staff team worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

Good



Summary of findings

Is the service well-led?

The service was sometimes well led.

People who used the service and relatives considered the service well managed.

Regular communication between the registered provider and the staff team was positive.

However, the registered provider failed to establish suitable auditing systems to ensure that a safe and high quality service was consistently provided.

Requires Improvement



1st for Care (GB) 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 14 October & 03 November 2015 and was announced. When we visited the office on 14 October 2015 the registered manager was not available. We spoke with the nominated individual. Due to size and geographical spread of the service we wanted to speak to the registered manager and therefore returned on the 03 November 2015 for a second announced visit. The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We spoke with four staff members. This included the registered manager and the nominated individual for the organisation, who was also a director. We also spoke with another director who was involved in the everyday running of the service and one member of staff responsible for delivering care.

We spoke with one person who received care and support to gain their views on the service provided. We also spoke with two relatives of people who received a service to see if they were satisfied.

To gather information, we looked at a variety of records. This included care records relating to the three people in receipt of service and recruitment files relating to three staff members. We also viewed other documentation which was relevant to the management of the service including insurance documents, policies and procedures and training records.

We were unable to meet with any of the people who used the service or their relatives as people did not consent to us visiting them at their home. This meant we were unable to undertake any observations of care practices which would help inform the findings of the report. Discussions with people who used the service and their relatives took place by phone.

Is the service safe?

Our findings

One relative we spoke with described the service provision as, “Absolutely safe.” Another relative said, “They keep my [relative] safe while I go out.”

Although relatives stated people were safe, we found safety, was sometimes compromised.

During the course of inspection we asked to view the care plan files relating to each person who received a service from 1st for Care. We did this to ensure the registered provider had appropriate systems in place for the safe delivery of care. The nominated individual told us they did not keep hard copies of care plans and all information relating to the people being supported was stored electronically.

We asked to see the care plans belonging to all three people but were informed by the nominated individual there was no care records completed for one person because they did not provide any personal care and only provided a two hour sitting service per week. However, when we spoke with the relative of the person receiving support, they said staff often gave their relative “a wash” whilst providing care. The relative also said the person being cared for had complex needs and could not fully communicate her needs. This increased the vulnerability of the person receiving support.

We asked the nominated individual how they monitored the person’s health needs during support time and how they could be confident they had provided a service to meet the person’s needs. The nominated individual then acknowledged they should be keeping records to ensure the person’s needs were communicated and met. We spoke to the nominated individual about the lack of documentation and referred them to the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. The nominated individual agreed to put a care plan and risk assessment in place for this person with immediate effect. When we visited on 03 November we noted a risk assessment and care plan were in place for this individual.

We looked at the care records relating to the other two individuals who were using the service. We noted that each person had been involved in a pre-admission assessment process before care was delivered. The nominated individual confirmed they met with people to assess their needs prior to a service commencing. This was usually

undertaken by the other director of the company who was a qualified nurse. Pre-admission assessments are a means to gather information to inform the registered providers care plan and risk assessment for that person and also give the provider an opportunity to assess if they can meet the person’s needs.

During the process we noted inconsistencies within the care records of both people supported. These inconsistencies placed people at risk of receiving ineffective care. We noted in one person’s records there was a care plan which had been developed by their previous service provider for the person’s specific needs. When we viewed 1st for Cares’ care plan we noted there was no mention of the specific needs and consequently did not give guidance to staff on how to provide care to the person and how to manage the persons needs. The nominated individual confirmed the person still required support with the need. Staff support for this person was given over a 24 hour period therefore it was likely there was going to be some intervention required from the support team to manage this need.

We asked the nominated individual why there was no information within the care plan relating to the persons specific needs. The nominated individual was unsure as to why it was not there. On the 03 November when we revisited the provider, we spoke with the registered manager. The registered manager informed us they were the main carer who provided care to the person and they knew the care needs of this person well. They advised us they followed a care plan that had been put in place by the district nursing team who oversee the person’s specific needs. The registered manager advised us they had amended the care plan held at the agency’s office to include the persons specific care needs. We viewed the care plan to verify this was the case.

We also noted information recorded within care plans was sometimes vague and did not give clear instruction. For instance, it was recorded in one persons’ file the person required a special diet. No other information relating to this was recorded in the documents as the form was incomplete. This lack of information may have placed the person at risk of harm from receiving foods which were not suitable to the person. However the registered manager told us with the few members of staff involved with this person’s support; they knew the person well in meeting their care needs.

Is the service safe?

We also noted conflicting information relating to a person's capacity to make decisions. In one care plan we noted a mental capacity assessment had been carried out to state the person had variable mental capacity. We then noted a risk and compatibility assessment had been completed to state the person could go out alone as they had full capacity. We asked the nominated individual about this and they informed us this was a mistake in the paperwork and said, staff were aware this person did not have capacity. We spoke with the registered manager on 03 November and they advised us this had been an error in administration. We saw the documentation had been changed to show the correct information.

During the course of the inspection we looked at how safeguarding procedures were managed by the provider. The nominated individual confirmed they had not received any safeguarding alerts from staff or relatives. We noted the registered provider had a policy for reporting safeguarding concerns. The policy gave staff clear direction as to how to report a safeguarding concern and included a flow chart to guide staff through the process. The policy also referred to the Department of health guidelines, "No Secrets," giving staff further direction and guidance.

We were unable to ascertain how many staff had completed safeguarding training. The nominated individual assured us this was a mandatory training course for staff but there were no records available to verify the total number of staff who had received training in this area. We spoke with a member of staff who was able to give clear information about safeguarding procedures. The staff member told us they would report any concerns straightaway and said, "I am confident the managers would act upon any concerns, they are the type of people who would not let people get away with it."

Staff were aware of their rights and responsibilities should they decide to whistle blow. One staff member said, "I would go to the police or Care Quality Commission if it was relating to the registered manager."

We looked at how the service was being staffed. We did this to make sure there were enough staff on duty at all times, to support people who used the service. We were informed by the nominated individual that people who used the service were supported consistently by the same staff.

People who used the service and their relatives were complimentary about staffing levels. All the people and relatives we spoke with said staff were reliable and supported them at times they had agreed.

We spoke with the registered provider to ascertain what systems were in place for monitoring missed calls. The nominated individual said people who used the service or relatives could call the office or the managers' mobile if a staff member did not arrive. The nominated individual stated they had only once been unable to cover a requested shift for one person and in this situation they had let the relative know in advance.

We spoke with staff and the registered manager to ascertain what systems were in place for provision of staffing in an emergency. The registered manager explained there was an emergency on call system in place for management support outside of office hours. On call management was provided between the two directors of the company and the registered manager. The registered provider did not use agency staff but had a bank of their own casual staff to cover in emergencies. This allowed for consistency of staffing.

On the first day of the inspection we looked at recruitment procedures in place to ensure people were supported by suitably qualified and experienced staff. To do this we requested to view three staff files to ensure the information required to assess a person's suitability was in place. Staff files were held electronically and no hard copies were kept.

We noted from individual staff files the registered manager had requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing a regulated activity within health and social care. This process allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with vulnerable adults.

We looked at the file belonging to the organisations only permanent member of staff and requested to view files belonging to two casual workers.

In the three files we viewed we noted there were no written references in place. We discussed this with the nominated individual. They told us that in the first file, verbal references had been obtained by a director. We requested to view these but these could not be found. The nominated

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individual could not confirm when the references were obtained, who had supplied these or if a written account had been kept. We also noted there was no application form in place for the staff member.

The nominated individual further explained that in relation to the second file, they had obtained a verbal reference and they themselves intended to provide a second written reference. This was as they had worked with the staff member previously. The nominated individual confirmed they had not kept records of the verbal reference they obtained.

We discussed the third file with the nominated individual. We were informed by the nominated individual this person was related to the registered manager and as such a reference had not been sought. The nominated individual said they intended on being the referee for the person.

When we returned on 03 November 2015 we were informed the missing references for one person had been found. We also saw evidence a curriculum vitae had been located. We verified these were in place.

On the second day of inspection, the nominated individual said the references had not been in place due to the fact they had only recruited people they were familiar with beforehand. On further discussion the nominated individual acknowledged they had not known the permanent member of staff they had recruited and acknowledged this was an oversight.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure systems were in place to ensure all staff employed were of good character.

At feedback the nominated individual informed us they were in the process of recruiting for new staff and told us a new system was now in place to ensure robust systems

were in place. We noted the registered provider encouraged people who used the service to be involved in the recruitment of their own staff team where appropriate. The registered provider worked with one person to empower them to co-facilitate their support package. We saw evidence of the person being involved in recruiting their own staff. One of the Directors was taking sole responsibility for the recruitment and had developed a new system to ensure all checks were in place prior to a person being offered employment.

We asked the nominated individual to explain how medicines were monitored and managed. We were informed by the nominated individual that staff were only permitted to administer medicines to people if they had been appropriately trained and the administration of medicines was detailed within the care plan. The registered manager informed us they directly supported one person who required assistance with their medicines. We looked at the care plan relating to this person and it confirmed this person required support to take their medicines. The registered manager confirmed they had received medicines training and were suitably qualified to administer medicines.

We were unable to verify processes in place at the houses to ensure medicines were administered appropriately as people did not wish us to visit them. The local authority had no concerns and there had been no safeguarding alerts or complaints to indicate any issues with the medication.

We asked the nominated individual how accidents were recorded and managed. The nominated individual said they had not yet had any accidents to report or record but they were aware of their responsibilities to document such incidents.

Is the service effective?

Our findings

Feedback from a person who received care and support was extremely positive in regards to the effectiveness of the service provided. They said, “The service provider is very good. I have had a few agencies over the years. I know they will help sort out any problems I have.”

Friends and relatives we spoke with were also complimentary about service provision. One relative said, “I am confident in their capabilities.”

On the first day of inspection, we looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. We looked at staff training records relating to the one permanent member of staff. We found training records for the permanent staff member which indicated in the first four months of employment they had completed food hygiene and safeguarding training. The nominated individual stated this member of staff was due to commence their level 3 NVQ.

We looked at the training and development policy for the organisation. The policy stated mandatory training consisted of moving and handling, basic life support safeguarding of vulnerable adults, health and safety, medicines, infection control and complex care. The policy stated casual staff were also required to have up to date training in these areas.

When we looked at training records for the casual members of staff, we were unable to locate any copies of any training records. We asked the nominated individual how they could be assured staff had up to date training if they had no copies of training certificates. The nominated individual said staff who worked for the company were ready trained by previous employers and at present they were trying to get previous employers and training providers to release certificates for these people. The nominated individual said the registered manager was in charge of training and had this “in hand.”

On the second day of inspection we spoke with the registered manager about processes in place for ensuring staff were trained to be competent within their role. The registered manager confirmed they were responsible for training. They explained they knew one casual worker was fully trained as it was a relative and they were aware of the training they had undertaken. The registered manager said

the directors were now in the process of collating copies of certificates for all staff. The registered manager showed us a training matrix template they had now devised and were in the process of completing for all staff.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed as the registered provider failed to have systems in place to ensure staff had the skills and experience for the work they are required to perform.

We were unable to verify the induction processes received by staff as we were unable to discuss this with any staff members. The one staff member we spoke with had been taken on at the request of the person using the service and had received training and support beforehand from the person themselves. The nominated individual however told us they had a rigorous induction programme in place where staff were shadowed by a manager in the first week of their employment. The nominated individual said training for staff was dependent upon the assessed needs of the person being supported and bespoke training packages would be developed for each member of staff. The nominated individual explained staff were always introduced to the new person who is to receive a service beforehand so all information regarding that person could be relayed prior to support being delivered. Relatives we spoke with said new staff were always introduced by a familiar staff member before providing care.

We spoke with the registered manager to assess how information was communicated between management and staff. The registered manager said supervisions occurred informally or on an as and when basis. Formal supervisions were arranged when significant matters needed discussing. We spoke to one staff member about supervision. The staff member confirmed they received supervision from the nominated individual on a regular basis. The staff member said they felt supported within their role.

We looked at how the registered provider ensured health needs were being met by the provider. We spoke with the registered manager who delivered direct care to one person and they advised us they worked in association with the district nursing team for one person. They also stated they had good relationships with the person’s doctor and advised they would not hesitate in contacting them if the person’s health needs deteriorated.

Is the service effective?

We looked at how nutritional needs were met by the registered provider. Nutritional needs were covered within a person's care plan and risk assessments. We asked one staff member how they managed a person's fluid and nutrition. The staff member had a good knowledge of this and described how they made appetising meals for the person. The staff member understood the need to ensure food was appetising in order to encourage people who are at risk of malnourishment to eat. They also confirmed they monitored fluid intake for the person whilst on shift. We were unable to monitor how care was being delivered within this area as we did not have access to any daily notes or care records as they were at the people's homes.

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.

We spoke with the registered manager to assess their knowledge of the MCA. The registered manager had a good knowledge of the MCA stating, "Everyone with capacity can make decisions, even if it is the wrong decision."

During the course of inspection we noted the registered provider routinely carried out an assessment of people's capacity. Two of the three care records we looked at had a mental capacity assessment within them. We spoke with the nominated individual about this and they told us one person had variable mental capacity. They told us staff assessed capacity regularly and encouraged the person to make choices wherever appropriate.

Is the service caring?

Our findings

1st for Care (GB) Ltd provided a service to three people. We were able to speak with either the person or a relative for the three people. Feedback was positive. A person who used the service said, “I know if I have any problems they will sort them out. I can always talk face to face with them.”

The two relatives we spoke with also praised the caring nature of the staff and service provider. One relative said, “Staff are grateful and accommodating. [Registered manager] is brilliant.” Another person said, “All the staff are caring and help my [relative.]”

The registered manager said they prided themselves on the person centred approach they developed and maintained with people who used the service. They wanted to be viewed as a service that cared.

We were unable to observe any interactions between staff and people using the service at this inspection. We have therefore had to rely on feedback from people who used the service and their relatives. The local authority had no concerns and there had been no safeguarding alerts or complaints to indicate any issues with the service provided from 1st for Care (GB) Ltd.

Is the service responsive?

Our findings

A person who used the service told us, “If I need to speak to them [registered provider] they respond quickly. If they are not there and I leave a message they will always return my calls.”

Relatives told us, “We are very happy with the service we receive.” Another person said, “[Registered Provider] is very reliable. Whenever I have needed help they have been there.”

We spoke with the nominated individual to ascertain how care was planned and delivered for people. The nominated individual told us all care delivery was person centred and delivered according to people’s needs. Each person who received a service from 1st for Care had very different needs. The nominated individual said as a provider they were proud of their ability to provide bespoke individualised care packages.

We noted the registered provider encouraged people who used the service to be involved in the recruitment of their own staff team where appropriate. The registered provider worked with one person to empower them to co-facilitate their support package. We saw evidence of the person being involved in recruiting their own staff. In order to support the person and to encourage interactions, the registered provider made all communication for the person accessible. They did this by using a specified colour of ink and size of font to make information accessible. The person confirmed this saying, “[Registered provider] puts things in large print for me to help me read.”

We were informed by the nominated individual one person was supported to carry out activities of their choosing, with support. Activities depended upon what the person wanted to do. We were informed this person had just been on holiday and took their support worker with them to provide support and companionship.

The registered provider had also responded to a crisis and supported another person when their informal carers were unable to provide care. The relative of the person said staff could be called upon in a crisis and at short notice if they were required to do so.

We looked at care records belonging to two people who used the service. Care records we viewed showed people were consulted with when developing plans and preferences were taken into consideration within the care planning process.

Care plans covered a number of areas including maintaining a safe environment, sleeping, promoting independence, fluid and nutrition, communication and planning meals. Care plans detailed people’s own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional’s being involved wherever appropriate, within the care plan. When a person was assessed as having mental capacity they were asked to sign the care plan as a means to consent to the care.

We spoke with the nominated individual. They confirmed they had a complaints policy and said as yet they had not had any formal complaints. The nominated individual said they had received an informal complaint from a person about staff maintaining confidentiality. The nominated individual acted upon this in a timely manner and addressed it with the staff member concerned, providing support to improve the skills of the staff member.

We looked at the organisations complaints policy and noted it gave people clear instruction as to how to complain and offered further guidance to signpost complainants to other bodies should the complainant be unhappy with the response from the service provider.

We spoke with people who used the service and their relatives to ascertain if people were happy with the service being delivered. No one we spoke with had any complaints about the service. One relative said, “I’ve never had to make any complaints. I feel perfectly confident in approaching any members of staff if I did.” Another relative said, “I’ve never had any complaints in three months. (Since the service started.) The person who used the service said, “I’ve never had to complain. I had a few teething problems but they have all been quickly resolved.”

Is the service well-led?

Our findings

Relatives and the person we spoke with all commended the way in which the service was managed. One person said, “[The service provider] is good.” One staff member said the service was, “Well managed.”

Although people who used the service and staff described the management as good we identified some inconsistencies in the way the service was managed.

During the course of inspection we were informed the registered manager was based in another town and was also undertaking training to be a social worker. The registered manager did not therefore attend the office on a regular basis. We spoke with the nominated individual and the registered manager to ascertain how effective communication systems were between all parties. The registered manager informed us regular management meetings took place weekly and all information retained and required for the service was shared via a file sharing system. This meant information was readily accessible at all times even when staff were not in the office. The registered manager was confident there were suitable communication systems in place to keep them up to date.

We noted there was vague lines of accountability within the organisation. The registered manager stated that management responsibilities for each care package were delegated between the two directors and the registered manager. Each manager was responsible for managing their own staff. We spoke to the registered manager about their role and they confirmed they solely provided direct care to one person. The registered manager did not manage any staff. The registered manager said they did not therefore get involved in any supervision or appraisals of staff or where they involved in the recruitment of staff.

During the inspection we identified errors in documentation relating to care planning and risk assessments. We also noted several discrepancies within policies and procedures and brought these to the attention of the nominated individual. We highlighted these concerns with the nominated individual at the end of the first day. They told us audits had not yet been carried out as they were in the process of creating a quality assurance template. This meant errors in care planning documentation had not been identified and improvements were not made until they had been picked up during the

inspection by the inspector. On the second day we asked the registered manager what checks were carried out to ensure 1st for Care (GB) operated effectively and areas for improvement were noted and actioned. The registered manager said on the first day of inspection there had been no systems in place.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good Governance) because the registered provider had failed to have systems and processes established to assess, monitor and improve the quality and safety of services provided.

We noted the registered provider had made some improvements on the second day of inspection. The registered manager told us that following feedback on day one of the inspection they had since audited the files to ensure information was accurate and consistent. The nominated individual said they were now in the process of developing an audit system to limit any other errors within documentation from arising. They confirmed all policies and procedures had been reviewed and were up to date. Recruitment procedures had also been improved and implemented and one staff member was taking responsibility for overseeing this.

We spoke to the registered manager about their legal obligations as a registered manager. The registered manager acknowledged their role and said all the errors we had identified during the first day of inspection were now rectified. They stated the management systems in place were going to change. It had been agreed the nominated individual was going to increase their presence within the office for the long term. The registered manager said, “I have taken too much on.”

We asked a staff member about team meetings. They told us they had worked for the service provider for over 12 months but had never been to a team meeting. We asked the registered provider to clarify this and they confirmed the employee had only worked for the company for six months. The employee said they felt supported by the registered provider. They also said communication between the carers and the registered provider was good.

During the course of inspection we noted the organisations policy and procedures file stated the registered provider would monitor feedback from people who used the service every six months. The nominated individual told us they were currently in the process of drafting a service user

Is the service well-led?

questionnaire as they had now been in business for six months. The nominated individual said, “As we are so small, we ask people on a regular basis if everything is ok and they are happy.” Relatives we spoke with and a person using the service all confirmed they were informally asked for feedback on the way in which the service was being delivered. This demonstrated that the registered provider was committed to listening to people as a means to improving service provision.

1st for Care (GB) Ltd commenced supporting people in their own homes in April 2015. Prior to the inspection taking place we analysed data held upon our system about the registered provider. This included looking at

notifications received from the registered provider in relation to deaths, serious injuries and safeguarding alerts. There was no information upon the system to show any notifications had been made. We spoke with the nominated individual about this during the inspection and they confirmed there had been no events to warrant any notifications being submitted. The nominated individual said they had raised one concern with a person’s social worker but they were advised it was not a safeguarding matter. The nominated individual said they were however aware of their statutory obligations to notify CQC of any significant events as mentioned above.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider failed to have appropriate systems in place to assess, monitor and improve the quality and safety of service provided.

17 (1) (2)

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider failed to have systems in place to ensure staff were of good character and had the skills and experience for the work they are required to perform.

19 (1) (a) (b)