

Firstcare Solutions Ltd

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Inspection report

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Tel: 07479903587

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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 30 October 2018. The inspection was announced.

First Care Solutions Ltd is registered to provide personal care support to people. At the time of our inspection the agency supported three people, two of whom were in receipt of support with personal care and employed two care workers. The service is located in Coventry in the West Midlands.

This service is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people, younger adults and people with physical disabilities.

This was the first inspection of First Care Solutions Ltd since their registration with us in December 2017.

The service had 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.

People received their care calls at the times they expected and from care workers they knew. There were enough care workers to cover all planned calls and sufficient time was allocated to each call so care worker did not have to rush. The registered manager was devising a plan to ensure the service provided was not disrupted in the event of an emergency. A person and relatives spoke highly of care workers and were confident care workers had the knowledge and skills needed to meet their needs.

The provider's complaint procedure was issued to people and relatives when the service started so they knew how to make a complaint. A person and relatives told us they had no cause to complain but felt able to speak with the registered manager if they needed. People's medicines were mostly managed safely and people received their medicine as prescribed. The registered manager was taking action to improve medicine management.

People felt safe with care workers who supported them, and staff recruitment procedures reduced the risks of the service employing unsuitable care workers. The registered manager understood their responsibility to comply with the relevant requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People made decisions about their care and support.

The registered manager and care workers quickly identified if people's health care needs changed and liaised with the right health care professional to support the person. People told us they felt safe using the service and care workers understood how to protect people from the risk of abuse. Risks to people's safety were identified and care workers understood how these should be managed.

Care workers completed an induction and on-going training the provider considered essential to meet

people's needs safely and effectively. Care records reflected people's diverse needs and gave care workers the detailed information needed to ensure care and support was provided in a way which respected people's preferences. Care workers practice was regularly checked by the registered manager to make sure they worked in line with the provider's policies and procedures.

People were supported to access health care professionals when needed. Support was given to people who required help with eating and drinking, if this was part of their planned care. Care workers felt supported and valued by the registered manager. Everyone we spoke with felt the registered manager was approachable and supportive.

People were supported with dignity and respect and, where possible, their independence was encouraged. People received their care and support from care workers who were patient and had the right skills and experience to provide the care and support required. People's consent was gained before care and support was provided and care workers respected people's decisions and choices.

People were involved in planning and reviewing their care and support. Care workers understood people's needs and abilities because they read care plans and shadowed the registered manager when they started working for the service. The registered manager and care workers worked with other professionals to support people to maintain their health and well-being.

Everyone spoken with was very satisfied with the service provided and the way the service was managed. The provider had policies, procedures and systems to check and monitor the quality and safety of the service people received. However, these were not always effective and required improvement. Action was being taken to address this by the registered manager. People and relatives were encouraged to share their views about the service to drive forward improvements.

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.

Staff were recruited safely and there were enough care workers to provide the support people required. People felt safe with care workers. Medicines were mostly safely managed and people received their medicine as prescribed. Care workers knew how to keep people safe and understood the risks relating to their planned care.

Is the service effective?

Good ●

The service was effective.

Care workers had been inducted into the service and had completed training the provider considered essential to ensure they had the knowledge and skills to deliver safe and effective care to people. The registered manager and care workers were working in line with the requirements of the Mental Capacity Act 2005. People's capacity to make decisions was established and recorded. Care workers gained people's consent before care was provided. Care workers supported people with their nutritional needs and to access health care when needed.

Is the service caring?

Good ●

The service was caring.

Care workers knew and respected the people they supported. People were supported by care workers who were patient and respectful and who encouraged people's independence. People's privacy and dignity was promoted and respected. People were involved in making decisions about their care. Care workers would recommend the service to a loved one.

Is the service responsive?

Good ●

The service was responsive.

People received their care calls at the times agreed from care workers they knew and who understood their individual needs. Care plans were personalised and informed care workers how

people preferred their care and support to be provided. People and relatives were given information about how to make a complaint. No complaints had been received.

Is the service well-led?

The service was not consistently well-led.

The provider's policies and procedures and some systems to assess and monitor the quality and safety of the service provided received required improvement. People and relatives were invited to share their views about the service provided and areas for improvement. No suggested improvements had been made because everyone was very satisfied with the service provided and the way the service was managed. Care workers felt supported by the registered manager.

Requires Improvement 

First Care Solutions 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 site visit took place on 30 October 2018. The inspection was announced. We gave the service three days' notice of the inspection because the registered manager is out of the office every day providing care to people and we needed to be sure that they would be available to speak with us.

This was a comprehensive inspection and was undertaken by one inspector.

This was the first inspection of time First Care Solutions Ltd since registering with the Care Quality Commission (CQC) in December 2017.

Before our visit we reviewed the information, we held about the service. We looked to see if the service had sent us any statutory notifications and we contacted local authority commissioners. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They told they had some concerns about the way the service operated but at a recent quality monitoring visit found the service had 'significantly' improved. Findings during our inspection confirmed this.

During our site visit we spoke with the registered manager.

We looked at two people's care records and other records related to people's care, including risk assessments, medicines and daily communication records. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records.

We reviewed two staff files to check staff were recruited safely and were trained to deliver the care and support people required. We looked at records of the checks the provider made to assure themselves people received a good quality service.

Following our site visit we contacted people by telephone and spoke with one person and two people's relatives to obtain their views of the service they received. We also spoke with two care workers.

Is the service safe?

Our findings

During our first inspection of this service, we looked at the safety of the service and have given a rating of Good.

Care workers provided care and support in a way which made people feel safe. One person told us this was because they could rely on their care call taking place and being provided by care workers they knew. The person added, "This goes a long way to making me feel safe." A relative described how the consistency of call times and care workers assured them their family member was safe. They added, "They [care workers] are spot on with their timings."

Records confirmed there were enough care workers to cover all planned care visits. The registered manager explained because the service was small most care calls were delivered by themselves and the provider. They added, "This means the clients [people] get consistency." The registered manager told us the service also employed two-part time care workers who mainly worked at weekends and when cover was needed for planned and unplanned staff leave.

The provider operated an 'out of hours' system to ensure a member of the management team was available if people or care workers needed advice or guidance outside of 'normal' office hours. One care worker commented, "It makes you feel more confident knowing advice is at the end of the phone, if you need it."

The provider had recruitment process in place to ensure, as far as possible, risks to people's safety were minimised. This included completing pre-employment checks with the Disclosure and Barring service (DBS) and obtaining references to ensure staffs' suitability to work with people in their own homes. Records confirmed this. The DBS is a national agency that keeps records of criminal convictions. Care workers confirmed these checks had been completed. Records confirmed

Records showed risks associated with people's care had been assessed and plans put in place to manage identified risks. This included risks in relation to medicine management, falls, nutrition, skin damage, moving and handling and the use of equipment. For example, one person was at risk of falling out of bed and had been referred to an occupational therapist. The occupational therapist's advice, following their assessment on how to mitigate risks of harm or injury, was for the person to use bed rails attached to each side of their bed. This was detailed in the person's risk assessment and daily records showed care workers followed this advice.

Care workers knew about the risks associated with providing care and support to the people they undertook care calls to and what to do to manage the risk. One told us, "Everything you need to know is written down. Following the guidance keeps the clients [people] and us [care workers] safe."

The registered manager and care workers knew how to protect people from the risk of abuse and had safeguarding information they could refer to if needed. Care workers had received training in how to protect people from abuse and understood their responsibility to report any concerns. One care worker described

how they would contact the local authority, CQC or the police if they felt their concerns had not been 'properly looked into'. Discussion with the registered manager demonstrated they understood the correct procedure to follow to report any concerns raised with the local authority and to share information with CQC.

Accidents and incidents were logged and appropriate action taken at the time to support people safely. For example, one person had experienced difficulties whilst climbing the stairs which increased the risk of the person falling. The registered manager had shared this information with a social worker which resulted in the number of care worker needed to support the person safely being increased.

We checked to see if medicines were safely managed by the service. People's medicines were mostly managed and administered safely. Some people managed their own medicine or had a relative who assisted them with this. Records showed people who required support received their medicines at the times they needed. When discussing the management of people's medicine one relative commented, "[Registered manager] is a nurse. She is on the ball and always checking things including medication."

Medication administration records (MARs) had been signed by care workers to show people had received their medicine as prescribed, including creams which needed to be applied directly to people's skin. The registered manager told us care workers were not allowed to administer people's medicines until they had completed medicine training and had their practice observed to ensure they were 'confident and competent'.

However, care records showed one person received their medicine through a patch applied directly to their skin. Whilst the MAR showed daily applications in line with the prescribing instruction, there was no record to show where the patch had been applied. This information is important to ensure application sites are rotated in line with manufacturer's guidance to prevent any possible side effects. We discussed this with the registered manager who gave assurance this would be addressed as a priority.

Care workers understood the importance of and their responsibilities in relation to infection control. One said, "We always wear gloves and aprons it breaks the infection chain and stops the spread." We saw staff were reminded of the importance of using disposable gloves and apron in people's care records.

Is the service effective?

Our findings

During our first inspection of this service, we looked at the effectiveness of the service and have given a rating of Good.

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.

The registered manager and care workers understood the principles of the Mental Capacity Act. Care workers had received training in MCA and understood the importance of asking people for their consent before they provided care and respecting the decisions people made.

One person and relatives we spoke with confirmed they had agreed to the care and support provided and that care workers gained their consent before providing support. A relative told us, "[Care staff] always check first with [Person] before they start."

Care workers explained they gained people's consent by asking people at the start of each care call. One told us, "The clients [people] we support have capacity and they will tell us if they are happy for us to help them." We asked what the care worker would do if the person did not give consent. They responded, "Respect their decision but try to understand why and to encourage them to let me help."

People's care records included information about people's capacity to make decisions. Where people had been assessed as not having capacity to make complex decisions, records showed who and what decisions could be made in people's best interests.

Everyone spoken with felt care workers were competent and trained to provide their care and support. One person described how care workers 'always followed the correct procedure' when assisting the person to move safely using a hoist. Their relative told us care workers had received training from an occupational therapist to ensure they understood how to use the equipment safely. They added, "The staff are very good."

Care workers were supported through an induction and completed training the provider considered essential when they started working at the service. Records showed inductions included, working alongside the registered manager and reading the provider's policies and procedures. One care worker described their induction as 'really helpful' because the registered manager had, "explained everything and made 100% sure I understood what I needed to do."

As part of the provider's induction care workers began working towards the Care Certificate. The Care Certificate assesses staff against an agreed set of standards during which they have to demonstrate they have the knowledge, skills and behaviours expected of specific job roles in social care sectors. This

demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Care workers received ongoing training to enable them to keep their knowledge and skills up to date. One care worker said the training they had completed was 'really interesting'. They added, "I learnt such a lot. Things I would never have known." Records showed care workers were also supported to do training in areas specifically related to individual needs of people's they supported, for example, dementia awareness.

The registered manager maintained an up to date record of training care workers had completed. This included equality diversity and inclusion, safer people handling, safeguarding and falls prevention. However, we saw some staff training was not up to date. The registered told us they had already identified this and training was being planned.

Records also showed the registered manager regularly worked alongside care workers to ensure they were putting their training into practice and were working in accordance with the provider's policy and procedures. A care worker told us, "[Registered manager] does visits with us to make sure everything is being done right."

Prior to the service starting the registered manager visited people to discuss their needs and expectations. They told us this was important because they needed to ensure people's needs and expectations could be met by the service. For example, people were asked if they had a preference regarding the gender of care workers if they needed support with personal care. A relative told us the registered manager had 'really' taken their time to understand their family members needs which they described as 'refreshing and reassuring'.

People's nutritional needs were met by care workers if this was part of their planned care. Daily 'communication records' completed by care workers showed where people were reliant on care workers to assist with eating and drinking choice was offered. Where care workers supported people with meal preparation, care plans included information for care workers on what people liked to eat. For example, one person's care plan informed care workers they liked to eat cereal for breakfast and their cup of tea needed to have three quarters of a spoon of sugar.

People were supported to see health and social care professionals when needed to meet their healthcare needs. A relative told us, "[Registered manager] is very good. The slightest hint that something is wrong and the doctor is called, if needed of course." Records confirmed the involvement of health and social care professionals in people's individual care on an on-going and timely basis. For example, social workers, district nurse and occupational therapist.

Is the service caring?

Our findings

During our first inspection of this service, we looked to see if the service was caring and have given a rating of Good.

Everyone we spoke with thought highly of the care workers who visited them. One person described their care workers as 'Brilliant'. They added, "They are like family." A relative commented, "They always leave us with a smile on our faces." Another relative described their family member's care worker as 'wonderful'. They added, "[Person] loves being entertained by them. They [Person] get on really well with all the staff."

Care workers spoke positively about working with people who used the service and the relationships they had developed. One commented, "I have created a bond with the clients [people]. When I am away from work I really look forward to returning to visit them." Another care worker told us, "I always chat with clients to make them feel comfortable. I have developed good relationship and built up trust. I know this because they will talk to me and share things."

Relatives described how choices their family members made were respected by care workers. One said, "They ask what [person] wants and follow their wishes." A care worker commented, "We visit the same clients so we know them really well. What they like, what makes them laugh. But we don't assume we always ask." They added, "It's important to check. Things can change each day. It's always the client choice."

Care worker described how they promoted people's privacy and dignity. This included ensuring people's 'private parts' were covered whilst assisting with personal care and ensuring doors and curtains were closed. One person told us, "I never feel embarrassed. They [care worker] make sure of that."

Relatives told us their family members were supported to maintain their independence and the support they received was flexible to their needs. One relative explained because care workers were 'patient' and 'never rushed', their relative was able to do 'small' things independently. They told us this was important to their family member.

Care workers said they had enough time allocated for each care call to encourage people to do things for themselves. One care workers said, "[Person] can do things but needs to feel relaxed. It's really important to give that time and not to rush or take over." Care plans included information about what people could do for themselves, for example, one person's plan informed care workers the person could wash their face but needed assistance to wash the areas they could not reach.

We asked care workers if they would be happy for someone they loved and cared about to use the service, 'The mum test'. One care worker replied, "If ever me or my family needed help I would love to be taken care of by service." They added, "Our service is all about the clients [people] and making their lives happy."

The registered manager and care workers understood their responsibilities and the importance of maintaining confidentiality. We saw people's records held in the office which contained personal

information were secured and kept confidential. One care worker told us, "If I need to talk about a client I go outside (the house) so I can't be overheard."

Is the service responsive?

Our findings

During our first inspection of this service, we looked at the responsiveness of the service and have given a rating of Good.

Everyone we spoke felt the service was responsive to their need. One person commented, "They [care workers] know me. They know exactly what I need them to do and they do it very well." A relative described how they felt 'supported' because two care workers had stayed with them during a visit from a health care professional to ensure the relative understood how to use the equipment that was being demonstrated. They added, "They were so good. You couldn't ask for more."

People received their care calls at the times they expected and care workers stayed long enough to do everything they needed without having to rush. One person said, "Even though we live out in the country they still get here on time. In the past it was a problem with other agencies but not anymore." A relative added, "Nothing is ever too much trouble. They take their time and check if we need anything else before they go."

Care workers said they had sufficient time allocated to people's care calls which included time to chat with people about how they were going to spend their day and about things that were important or of interest to the person. Records reviewed during our visit confirmed this.

The registered manager and care workers were responsive to people's needs because they knew the people they supported and how they preferred their care and support to be provided. For example, one person enjoyed watching motor sports. Daily records showed care workers chatted with the person about their interest and ensured their call times did not coincide with when motorsport was on the television.

We looked at the involvement people, and where appropriate, relatives had in contributing to planning their care and support. One relative described how they had spent time with their family member and the registered manager discussing their family member's needs, likes and preferences. They added, "It was all part of the assessment before they started. All that information went to make the care plan and the care workers follow what we asked for." Records showed people and relatives were also involved in reviewing their planned care.

We saw care plans provided care workers with level of detail they needed to provide personalised care, including people's preferences, agreed call times and life style choices. Plans had been regularly reviewed and updated when a change occurred. For example, one plan had been amended to show a person's mobility had improved and the number of care workers needed to support them safely reduced.

Care workers told us they read people's care plans as part of their induction and again before they visited people. One explained why they felt this was important, commenting, "The care plans tell you all about the person and show you step by step how to do things." They added, "If you follow the plan you can't go wrong."

The registered manager ensured any changes affecting people's planned care was shared with care workers. Records showed information was shared via the telephone and in daily communication records which was kept in people's homes. One care worker told us, "We are always kept updated. The system works well." Daily communication records we reviewed were complete, comprehensive in detail and up to date.

We looked at how complaints were managed by the service. One person and relatives told they had no complaints but felt able to speak with the registered manager if they needed. A relative said, "I am confident [registered manager] would promptly deal with any worries." Relatives understood how to make a complaint because they had been provided with a copy of the provider's complaint procedure when the service started.

Care workers described how they would support people to share any concerns or complaints. One commented, "I would do everything I could to sort it. If I couldn't I would report it to the manager."

The registered manager told us no complaints had been received since the service started operating. They added, "Making sure the clients [people] are happy is very important to me. I would deal with any complaints immediately."

Is the service well-led?

Our findings

During our first inspection of this service, we looked to see if the service was well-led. We have given a rating of Requires Improvement because some systems and processes were not fully effective and improvements were needed.

Everyone we spoke with was positive about the way Firstcare Solutions Ltd was managed and the quality of service provided. Comments included, "The manager is brilliant and the service is superb." "We are extremely satisfied with the way they conduct their business. It couldn't be any better." and "I absolutely can't fault them."

The service had 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.'

The registered manager had been in post since late 2017 and told us whilst they had a background of working in health care settings this was their first position as the manager of a service. They described how they had 'networked' with other providers to develop their knowledge and understanding of relevant guidance and regulation. They said, "I can learn so much from other's which I really value." The registered manager told us they also received updates about best practice and legislative as part of their membership with social care organisations and through attendance at 'provider meetings' organised by the local authority.

Records showed the registered manager used a range of internal checks to monitor the quality and safety of the service. For example, regular observations of care workers practice, and monthly checks of medicines management and care records.

The provider's systems and processes to check the quality of the services provided were, however, not fully effective. Some auditing tools lacked detail, for example, the audit tool used to check medicine management did not include checking that additional records, for example patch site records, needed to support the safe administration of medicine had been completed. The registered manager addressed this during our visit.

Some of the provider's policies and procedures were not always reflective of the service provision. For example, the provider's medicine management policy referred to details that were not relevant to the service because they related to a 'care home' setting. Important information that related to medicines management, such as 'when required' medicines were not covered by the policy. The registered manager acknowledged this, they said, "My priority will be to check all of them and update."

The provider invited people and relatives to share their views about the service and areas where improvement could be made through quality questionnaires. One relative commented, "I did complete a

survey but to be honest I couldn't think of a single thing that could be improved. The service is very good."

The registered manager explained questionnaires were sent a month after the service started and then at six monthly intervals. They told us, "We do it like this in case an improvement is needed and we can implement it quickly." Comments from the latest questionnaire showed a high level of service satisfaction, comments included, "I am very happy with the care and support given." and "They [care workers] go above and beyond."

Care workers told us they felt supported by the registered manager who they described as 'professional and available'. One care worker told us, "[Registered manager] always gives me the time I need and is there if I need to talk." Another said, "We have a very good relationship."

Records showed care workers were also supported in their roles through individual [supervision] and team meetings with the registered manager. One care worker told us supervision was their opportunity to talk about how they were feeling and any support they needed which made them feel 'valued'.

Minutes of the latest staff meeting dated October 2018 included discussion about medicines and risk management. We saw one care worker had suggested holding 'staff conference calls' because some care workers were not always able to attend meetings. The registered manager told us, "I'm in the process of setting these calls up. It's a really good idea so we can strengthen our team communication." This showed the registered manager was using staff feedback to improve the service.

The provider did not have a documented contingency plan in the event of them not being able to provide a service, for example in the event of widespread staff sickness or extreme weather conditions. Because the provider only employed a small team of care workers this meant we could not be sure people would continue to receive their planned care in the event of the service experiencing an emergency. We discussed this with the registered manager and whilst they were able to tell us about their emergency plans, they acknowledged these were not written down. The registered manager gave assurance this would be addressed immediately.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager explained they were developing their knowledge of the framework and would be exploring the different formats available, for example large print. The registered manager told us information would be available in various formats by the end of December 2018.

The service worked in partnership with other health and social care professionals to support people. The registered manager told us this was an 'important' element of improving the service people received. They described how joint working with health care professionals had resulted in one person's needs being addressed whilst their wishes and preferences were respected. The person confirmed this.

We asked the registered manager about their responsibility to submit statutory notifications because we had not received any since the service registered with us. A statutory notification is information about important events which the provider is required to send to us by law. They demonstrated they understood their responsibility to submit notifications and the types of notifications required. During our inspection we did not identify any events which we should have been notified about.