Care Quality Commission

Firstcol Services Limited

# FirstCol Services Limited - Domiciliary Care

**Inspection report**

Suite G1-3, International Business Centre,
Spindle Way, Crawley, West Sussex,
RH10 1TG
Tel: 01293 537878

Date of inspection visit: 17 November 2015
Date of publication: 29/12/2015

## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Requires improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

We inspected Firstcol Services Limited - Domiciliary Care on the 17 November 2015 and it was an announced inspection. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. Firstcol Services Limited – Domiciliary Care is a domiciliary care agency providing personal care to a range of people living in their own homes. These included people living with dementia, older people, people with a physical disability, people with a learning disability, young children and people receiving end of life care. At the time of our inspection, the service was supporting up to 72 people and employed 20 members of staff.

A manager was in post but not yet registered with the Care Quality Commission. They had submitted their application and were awaiting their registered manager's interview. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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, relatives and care workers spoke highly of the service. One person told us, "The service we get is excellent." A relative told us, "We are very happy with the service we get. The office is very helpful and they will ring if the carers are going to be late because they have been held up with the previous call."

People received safe care, however documentation such as risk assessments were not consistently robust. Risks to people's safety were undertaken and risk assessments in place. However, risk assessments lacked sufficient guidance and information for care workers to provide safe care. Moving and handling risk assessments failed to include guidance on the sling size, whether the person could participate in the transfer and what may prevent a safe transfer. Medicine risk assessments were generic and not personalised to the individual. We have identified this as an area of practice that needs improvement.

Where restrictive practice was taking place, the provider was unable to demonstrate if the restriction was in line with legal requirements. Care workers provided care and support to young children and also attended households where children were present but had not received child protection training. We have identified this as an area of practice that needs improvement.

The ethos, values and visions of Firstcol Service Limited – Domiciliary Care was embedded into everyday care practice. The provider, manager and management team were committed to providing high quality care. A robust quality assurance system was in place and the provider encouraged people and care workers to feedback about how the service was run. The provider demonstrated a commitment to quality and was passionate about influencing the delivery of home care in the local area.

People were assured that care workers had been appropriately recruited as their employment procedures protected people by employing care workers that were suited to the job. There were sufficient numbers of care workers that had the skills they needed to provide people with safe care and support.

People confirmed care workers respected their privacy and dignity. One person told us, "The care I get is excellent. The staff are really caring and always think of me first. They treat me with real respect, not just doing it, it's genuine." Another person told us, "The care I get is excellent. They know exactly how to care for me and how to do it. They certainly treat me with respect which is nice."

Staff had a firm understanding of respecting people within their own home and providing them with choice and control. The service had identified people's needs and preferences in order to plan and deliver their care. People said the service met their needs and encouraged them to be as independent as possible. People were asked for their views of the service and said they knew how to make a complaint about the service if they needed to.

# 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?**

Requires improvement

Firstcol Service Limited - Domiciliary Care was not consistently safe. Risk assessments were in place but were not consistently robust or contained sufficient evidence on how to safely mitigate risks posed to people. Care workers had not received any formal child protection training.

Robust recruitment processes made sure only suitable care workers with the right skills and knowledge were employed. Care workers made people feel safe in their own homes and left their property secure at the end of each care visit.

The provider had policies and procedures in place to make sure adults were protected from abuse and harm. Care workers demonstrated they could apply the training they received in how to recognise and report abuse.

**Is the service effective?**

Good

Firstcol Service Limited - Domiciliary Care was effective. Care workers were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively. The provider recognised the importance of a skilled work force and encouraged care workers to progress with their career.

People were supported with their health and dietary needs. Care workers understood people's health needs and acted quickly when those needs changed.

**Is the service caring?**

Good

Firstcol Services Limited - Domiciliary Care was caring. Care workers involved and treated people with compassion, kindness, and respect.

Care workers demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. The service placed a strong emphasis on promoting people's independence.

The principles of confidentiality were understood and guidance was provided to care workers. Sensitive information was shared in a secure manner and people confirmed their confidentiality was respected.

**Is the service responsive?**

Good

Firstcol Service Limited - Domiciliary Care was responsive. People knew how to complain and said their concerns were responded to in a positive manner.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs. The service was flexible to take into account individual needs and changing circumstances. The provider was committed to ensuring care calls were personalised to people's individual requests.

There was good communication within the service.

# Summary of findings

**Is the service well-led?**

Good

Firstcol Services Limited - Domiciliary Care was well-led. Systems and processes were in place to monitor the service and drive forward improvements.

The overall feedback from people relatives and care workers was very positive about how the service was managed and organised.

The provider was committed to influencing good practice in the delivery of home care in the local area.

# FirstCol Services Limited - Domiciliary Care

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection began with a visit to the services office which took place on 17 November 2015 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. We then contacted people and their relatives by telephone on the 17 and 18 November 2015 to obtain their views and feedback. We also visited two people in their own homes after the inspection on the 17 November 2015.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience helped us with the telephone calls to get feedback from people and their relatives.

We spoke with 15 people and relatives by telephone and visited two people. On the day of the office inspection, we spoke with the managing director, business support manager, acting manager, deputy manager, care coordinator, two field care supervisors and two care workers. Over the course of the day we spent time reviewing the records of the service. We looked at six staff files, complaints recording, accident/ incident and safeguarding recording, rotas and records of audit, quality control and feedback from people and care workers. We also looked at six care plans and other relevant documentation to support our findings.

Before our inspection we reviewed the information we held about the service. We considered information which had been shared from the local authority, and looked at safeguarding concerns that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Firstcol Services Limited – Domiciliary Care was last inspected in December 2013 where we had no concerns. On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Requires improvement

# Is the service safe?

## Our findings

Everyone we spoke with said that they felt very safe in the hands of Firstcol Service Limited - Domiciliary Care and the care workers who supported them. One relative told us, "We feel very safe with our carers. We get the same group of carers who we know very well and get on well with them. They always arrive on time for each visit and stay for the full session. If they are held up then they will ring to let us know." One person told us, "I get lots of carers but I feel quite safe and have no worries with them. They are a nice lot who are very helpful and always ask if anything else needs doing." Although people confirmed they felt safe, we found areas of care which were not consistently safe.

Assessment of risk is a significant component of safe care. Guidance produced by the Health and Safety Executive identified that the 'risk to both the person being cared for and those providing care, will vary greatly according to the individual's needs, the environment where care is provided, the type of care being provided and the competence of the care worker'. Risk assessments were completed regarding moving and handling, the environment and medicine management. Risks associated with moving and handling require a clear handling plan to be in place which considers all of the potential risks and how to minimise those risks. Moving and handling risk assessments were in place but did not address all of the associated risks. They considered the equipment required, for example, one person had the following equipment in place; a wheelchair, hoist, sling and hospital bed. However, information was not consistently recorded on the size of sling and what loops the sling should be placed onto the hoist with. Information was also not recorded on what equipment was required for each transfer, such as bed to chair or commode to bed. There was also no consideration of the views and preferences of the individual being hoisted. Where people had limited mobility or unpredictable mobility, the risk assessment failed to identify how that could impact on a safe transfer. One person was living with involuntary movements of the body along with muscle spasms. The moving and handling risk assessment failed to include guidance on how to manage the involuntary movements during transfers or how the involuntary movements may impact upon a safe transfer.

Although moving and handling risk assessments failed to detail the steps required to safely transfer a person, care workers confirmed they had received moving and handling training which was face to face training and spoke highly of the training provided. Care workers detailed the steps they took when supporting someone to safely move and transfer. The manager also told us, "We emphasise to care workers the importance of communication when using a mobility aid, such as a hoist. Always talking to the person, explaining what they are doing and reassuring the person." Care workers demonstrated how they safely moved and transferred a person, however, for new care workers, robust risk assessments would need be in place to ensure they had the correct information to be able to support people safely. We have therefore identified this as an area of practice that requires improvement.

Each person had an individual medicine risk assessment which considered if the medicine was dispensed from the pharmacy; if the medicine was stored appropriately, were procedures in place for missed/refused medicine and was the medicine left out for the client to take after the visit. However, the risk assessments were not personalised to the person and failed to take into account the individual risks posed to the person and their medicine regime. For example, one person's care plan identified they had their medicines administered via a peg tube. Their medicine risk assessment failed to record this along with the associated risks of administered medicines via a peg tube. Therefore for care workers, there was no guidance on the importance of checking the site where the peg tube was situated and flushing the tube to reduce the risk of blockage. Another person's care plan identified they would be at risk of taking the incorrect medicine, therefore their medicines were kept out of reach. It was also identified they would be at risk of depression if their medicine was not administered correctly. The medicine risk assessment failed to identify these risks and include clear actions to mitigate these risks.

Medicine Administration Records (MAR charts) were utilised to record when people received their medicines. MAR charts indicated that people received their medicines on time and as prescribed. Relatives confirmed that care workers always applied any prescribed creams. One relative told us,

"I give (the person) his tablets but the carers cream his legs and back." On a monthly basis, the provider reviewed all MAR charts monitoring for any gaps and omissions in recording. Where omissions were identified, these were followed up and further medicine training provided to the

care worker alongside additional competency checks. Training schedules confirmed care workers had received safe handling of medicines training and people confirmed care workers supported them to take their medicines. Therefore, we had no concerns that people were not receiving their prescribed medicine. However, robust risk assessments were not in place for the administration of medicines. Therefore for new care workers, sufficient guidance would not be able for them to follow. We have therefore identified this as an area of practice that needs improvement.

Care workers were able to tell us how they would put their training on safeguarding adults into action, and raise any concerns with the manager or the local authority. They also understood that they were protected by the provider's whistle blowing policy. Safeguarding policies and procedures were in place and were up to date and appropriate for this type of service. For example, the safeguarding policy corresponded with the Local Authority and national guidance. Information was readily available to remind staff of their duty and responsibilities under adult safeguarding and the mechanisms to keep people safe within their own homes. Care workers demonstrated a firm understanding of their own responsibility under the Care Act 2014 to raise a safeguarding concern.

Care workers also provided packages of care to young children and also attended households where children were present. Safeguarding adults training was provided but child protection training was not provided to care workers. The management team felt confident that care workers would recognise any child protection concerns but acknowledged formal child protection training would be beneficial. Following the inspection, the provider sent us confirmation that child protection was being organised.

Where restrictive practices were taking place, with a view to keeping people safe. We were unable to locate any subsequent risk assessments which detailed whether the person had consented or if the restrictions were in place for their best interest and the least restrictive option. For example, some people had bed rails in place which restricted their movement. Although the service had not supplied the equipment (bed with integral bed rails), the care workers were engaging with the restrictive practice by putting the bed rails up. Therefore, the provider could not demonstrate if the arrangement were in line with legal requirements. The provider was prompt in sourcing advice from the local authority and making sure procedures were in place to ensure any restrictive practice was in line with legal requirements. We have identified this as an area of practice that needs improvement.

Staffing levels were determined by the numbers of care workers employed, geographical areas and hours of care required. Rotas were planned on a weekly basis and care workers were informed of their shifts three days in advance. A member of the management team told us, "Sending out the rotas in advance enables care workers to come back to us with any alterations or changes." On the day of the inspection Firstcol Service was providing 846 hours' worth of care a week. The number of hours that care workers were employed was 802. A member of the management team told us, "When devising the rota, we consider all of our allocated calls first (where a set care worker goes to the same person) and then we allocate the calls without an allocated care worker. Some care workers have bank hours, so we call upon them and in a last case scenario, the management team will cover the care calls." We looked at a sample of rotas for the past three weeks and identified that all care calls had been allocated.

Care workers spoke positively of recent changes to the allocation of care calls. One care worker told us how following feedback, the allocation of care calls were now based on geographical location which meant reducing travelling time between care calls. A member of the management team told us, "We have some clients who all live in the same block or the same road; therefore we devise a care run around that area." One care worker told us, "We have worked on keeping the rounds more local, more reliability and better worker-client relationships." For people who required two care workers at their care call, the management team organised for two care workers to work in succession and work together visiting people. Where travelling between care calls was required, care workers were provided with realistic travelling time. This decreased the risk of care workers not being able to make the agreed visit times. When care workers needed to stay longer than anticipated they would inform the management team who would contact their next person or make alternative arrangements to cover their calls. People and their relatives confirmed that if the care workers were running late, they were informed.

The provider and manager had devised a high risk register. The high risk register identified people who were deemed

Requires improvement

# Is the service safe?

at high risk. This may be due to living alone and living with dementia. Living alone and unable to contact the office. Living alone and dependent upon care workers for total well-being. On a daily basis, the registered manager went through the high risk register ensuring that all care calls had an allocated care worker and would be covered. The manager told us, "The implementation of the risk register enables us to ensure that very frail or dependent clients always receive a care call."

People were cared for and supported by care workers who were suitable for the role. Appropriate recruitment checks were conducted before care workers started work. This included application forms, interview, references, qualification and previous experience, employment history, proof of identification and Disclosure and Barring Service (DBS) check was received. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with people. The management team recognised that recruitment in the area was difficult and they were therefore trying to be innovative in the way they recruited. The managing director told us, "We are one of the first agencies to get rid of zero hour contract and we now offer a flexible working pattern. We ask care workers what hours they would like to work and promote work around staff's own way of life."

Good

# Is the service effective?

## Our findings

People told us they felt the care workers had the right attitude, skills and experience to meet their needs. People and their relatives confirmed they felt care workers were sufficiently trained. One relative told us, "Our carers are definitely well trained they are very good at what they do. They always ask my husband if it is alright to do things for him. We have a really good relationship with the carers, they understand his needs." One person told us, "They certainly seem to know what they are doing. They are very good at what they do. They are very polite and always ask if it's alright to do things for me. I am very pleased with them."

Care workers told us they felt supported and received an effective induction which enabled them to provide safe and effective care to people. The provider operated a robust induction programme. Following successful recruitment, care workers attended an induction to the agency which lasted a week. The week induction enabled the care worker to be introduced to the ethos and vision of the agency, have time to read over policies and procedures and complete mandatory training. During the induction, care workers were provided with induction questionnaires which they had to complete and return to the head office within their first two weeks of employment. The questionnaires covered a range of areas from privacy and dignity, medicine management and safeguarding. The manager told us, "For new care workers, we will be commencing the care certificate and completing that in the first 12 weeks." The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with care workers in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Following an induction week, care workers then shadowed more experienced care workers. One care worker told us, "You can't go out even shadowing until you've done manual handling, medication and safeguarding face to face training, and 18 on-line courses. You get tested and have to pass." The length of time a new care worker member shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. This also gave people the chance to get to know a new care worker visiting them before they worked on their own. Whilst shadowing, feedback from the person was also obtained on how they found the care worker alongside feedback from the care worker observing the care worker.

Care workers attended a variety of essential training which equipped them with the skills and knowledge to meet people's needs. Training schedules confirmed care workers received training in fire safety, first aid, infection control and food hygiene. The management team recognised the importance of a strong skilled workforce. A member of the management team told us, "We want to create a career pathway for people." Care workers were encouraged and supported to obtain a diploma in health and social care. The provider also offered the opportunity for care workers to receive a qualification in customer care. The number of field care supervisors had increased from two to eight in order to allow care workers to progress. Care workers spoke highly of the training provided. One care worker told us about the emphasis in different training on being alert to dignity, privacy and confidentiality. Another care worker told us how they saw dementia awareness as very important given the scale of people living with dementia they support.

Care workers received on-going support from the provider and registered manager. Every other month, care workers received supervision and a spot check. Supervision is a formal meeting where training needs, objectives and progress for the year were discussed. These provided staff with the forum to discuss any concerns, practice issues, training needs and also how they are doing. Spot checks were utilised as a mechanism to ensure training was embedded into practice. Spot checks were based upon the Care Quality Commission's five key questions; safe, effective, caring, responsive and well-led. Spot checks considered communication between the care worker and person, if the care worker was wearing appropriate uniform, moving and handling and medicine management. Care workers spoke positively of spot checks. One care worker told us, "It's good to know what's expected of you." A member of the management team told us "Spot checks help us ensure care workers understand the training and also help in identifying where further training may be required."

Where required, care workers provided support to people to meet their nutritional and hydration needs. Information was available in people's care plans if they required

support with eating and drinking. One person's care plan identified they were at risk of dehydration and urinary tract infections (UTI) and for care workers to prepare drinks and leave plenty of fluid available. Daily notes provided an audit trial for what people had to eat and drink at each care call. For example, one person's daily notes, care workers recorded what they had to eat at each care call and what fluids they had left for the person. Another person's care plan identified that they enjoyed care workers making them and their wife a cup of tea upon arrival. People and relatives confirmed they were supported by care workers to meet their nutritional and hydration needs. One relative told us, "They prepare meals for my Grandmother. She particularly likes their bacon sandwich. When they leave they always leave a hot drink and plenty of other fluids." One person told us, "They make whatever I want for breakfast and what I want for dinner. They make me a sandwich for lunch. They always make me a hot drink and leave me squash to drink."

During visits to people's own homes we found care workers were aware of the importance of leaving drinks to hand. At one home visit, the care worker immediately made the person a hot drink of their choice and upon leaving ensured they had two cold drinks to hand. During another home visit, the care worker ensured the person had fresh water to hand.

People received support which effectively managed their healthcare needs. Care workers recognised the importance of monitoring people's well-being and taking action when needed. The manager told us, "The other day, the care worker raised concerns regarding a person, they were not responsive, we therefore called the paramedics and the person was taken to hospital." A member of the management team told us, "The change in allocation of care calls, now means that field care supervisors have their own area to cover and so build up a very good knowledge of people's changing needs." A care worker told us that following the changes to the rota, "It's better for the clients, there's more of a sense of belonging and we are more able to observe changes, because we know what's normal for someone." Where concerns were raised regarding people's wellbeing, action was taken. One care worker told us how they reported concerns that a person was not taking their medicines. The field care supervisor visited and discussed the concerns with the person and their family member and consequently changes to the care plan took place.

Training schedules confirmed care workers had received training on Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make specific decisions. Policies and procedures were also available to care workers on the MCA and Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Although DoLS does not apply in a domiciliary care or supported living setting, the principles apply, but any authorisations for restrictions would go through the Court of Protection. During the inspection, the registered manager questioned whether one person living in their own home may be subject to a deprivation of liberty. Whilst reviewing the person's care plan and seeking further clarification, we agreed that they may be deprived of their liberty. The registered manager confirmed they would seek further clarification.

Care workers recognised the importance of obtaining consent before providing any care. One care worker told us, "We always ask people, give options and gain consent before providing care." People and their relatives also confirmed that care workers always obtained consent. One relative told us, "They always ask for her consent when they wash or shower her." Another relative told us, "They always ask my husband if it is alright to do things for him."

Good

# Is the service caring?

## Our findings

People and their relatives had high praise for the care workers. One relative told us, "The care my Grandmother gets is very good and the staff really care for her and always do it with a smile, particularly now we get more permanent carers. They always give my Grandmother real respect particularly the ones who have worked with for some time." Another relative told us, "We can't fault the care we get. My husband is really happy with the service and the quality of care he gets. They treat him with real respect, particularly in the way they talk with him."

People spoke positively about relationships with their carer workers and told us that they were treated with kindness and consideration. One person told us, "They all know what they have to do and get on with the job. They treat me with respect and when they speak to me they are polite. They support me well and listen to what I have to say and allow me to get on with it."

People were given a comprehensive 'Service User Guide' by the agency which contained clear information covering topics such as the 'aims and objectives', 'the ethos' and information about the agency. People confirmed they found this guide extremely useful as it has all the useful contact numbers to hand. One person told us how it was helpful having everything kept in one place.

Care workers told us how they were mindful of people's privacy and dignity when providing care. Care workers were able to describe how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in before entering and making sure doors and curtains were closed and the person was covered when assisting them with personal care. Guidance regarding privacy and dignity was also available in people's care plans. For example, one person's care plan clearly identified for the curtains to be closed while the person receives personal care. Care workers received guidance during their induction in relation to dignity and respect. Spot checks were then utilised as a forum to monitor care workers adherence with the principles of privacy and dignity.

Care workers recognised the importance of promoting people's independence. People confirmed they felt care workers enabled them to have choice and control whilst promoting their independence. Care workers provided clear examples of how they enabled people to retain their independence for as long as possible. One care worker told us about one person who could commonly refuse a shower but through encouragement and incremental steps they could be encouraged to wash by themselves. With pride, one care worker told us about one person who when they started receiving care could barely walk. With the support of care workers, they were now walking with assistance and care workers regularly practiced walking exercises with the person. People and their relatives spoke highly of how care workers always promoted independence. One relative told us, "They are always trying to get him to do more for himself, like walking to the kitchen and he is making real progress." Another relative told us, "The care my husband gets from his carers is excellent. They really help me out with things like changing the sheets. They treat us both with real respect which is very nice. They do a lot to keep my husband as independent as possible."

During visits to people's own homes, we found care workers respected people's homes and recognised they were entering the home of the person. Before entering, the care worker knocked and then used the key safe to gain entry. Upon entering, the care worker called out 'hello', alerting the person to their arrival. During the care call, the care worker called the person by their preferred name and engaged with the person. Conversation flowed and the care worker and person discussed various topics. The care workers demonstrated they had a firm understanding of the person's likes, dislikes and life history. For example, during one home visit, the care worker was telling the Inspector how it was the person's birthday at the weekend. People confirmed they got along with the care workers that visited and enjoyed the companionship the care workers brought.

People were matched with care workers with whom they were compatible with. The management team told us that due to recent changes in the allocation of care calls, the majority of care calls now had a set care worker. Therefore, people received support from the same care worker. When considering the allocation of a care worker, the management team identified they considered the geographical areas and also the compatibility of the care worker with the person. Some people expressed a preference for either male or female care worker which was upheld. Where it was identified that a care worker was deemed as not appropriate supporting someone for a particular reason this would be documented and that care worker was prevented from being allocated to that person

Good

# Is the service caring?

in the future. A member of the management team told us, "We are quick to respond to people's concerns. One person phoned up to say they were unhappy with their regular care worker, we quickly visited and made changes to their rota along with arranging an additional spot check on the care worker concerned."

People's confidentiality was respected. Care workers understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. A confidentiality policy was made available to care workers which explained the principles of confidentiality and that failure to adhere to the principles of confidentiality could result in disciplinary action. Care workers had their rotas sent via secure email, post or collected from the office. Key safe codes were kept separate from other information and care workers had to request the key codes directly.

Good

# Is the service responsive?

## Our findings

People received care that responded to their individual needs and wishes. People felt care workers had a good understanding of their likes, dislikes and what was important to them. One relative told us, "They certainly know what my husband likes and what he doesn't like. We have never had a reason to complain." One person told us, "They do understand my likes and what I don't like. I have had no reason to complain and I know that I would need to speak to the manager if I did wish to complain. The manager has been out to carry out a review and ask what I think of the service."

People's needs had been assessed and appropriate care plans were in place so that they received the care and support they required. The provider had processes in place to fully assess people's care needs before they started to receive care. Information was gathered from a variety of sources and most importantly, the person themselves. Before people received care and support from Firstcol Services, a member of the management team would visit the person to discuss what support they require, when they would like their care call and how often. A pre-assessment would be completed which considered personal care, health, food and drink, housekeeping and medication. The pre-assessment helped determine whether Firstcol Services would be able to meet the person's need.

The management team and care workers were committed to delivering a personalised service. Each person had a detailed care plan that provided person-centred detail about the service provided and how they wanted their care and support to be provided. Person-centred planning is a way of helping someone to plan their support, focusing on what's important to the individual person. Care plans considered access to the home, if the person could let the care workers in or not. Information was also readily available on how the person communicated; past medical history, any allergies, the support required and what they wished to achieve. For example, one person required support with meal preparation and nutrition. What they wished to achieve was, 'I want to be able to maintain a healthy diet and not get dehydrated.' Care plans also include information on the person's life history alongside the views and opinions of the person receiving the care.

Care plans were also written from the perspective of the person. For example, one care plan identified the healthcare needs of the person, who was important to them and things for the care workers to know.

Care plans also included a breakdown of the tasks required at each care call and how long the care call should be. For example, one person received a morning call for 45 minutes, a lunch call for 30 minutes and an evening call for 30 minutes. An overview of the tasks required was recorded. During the morning call assistance with a shower or full wash was required. Support with oral hygiene, medication administration, breakfast and leaving the home clean and tidy. This provided the care workers with a clear overview of the level of support and tasks required at each care call. The care plan also identified an outline of the key risks at each care call which prompted care workers to be aware of those risks and take action. For example, during one person's morning call the following risks were identified; risk of taking medication when not required, risk of food poisoning, risk of malnutrition and risk of self-neglect. People and care workers felt care plans were personal and contained the level of detail required to provide safe, effective and responsive care.

The timings of the care calls were personalised to people's individual care needs. A member of the management team told us, "I was involved in the re-design of the care calls. It means we can meet more specific time requests that people make. The old system was stressing out care workers, but mainly the changes were for the clients, to give more consistent and more person-centred care." A care worker told us how working in a person centred manner, they had improved their relationship with a person. One person living with dementia was having difficulties accepting help from the care workers. From working with the person and their family, the care worker established that although there was a key safe, they were more accepting if given the opportunity to answer the door and let carers in as visitors. Also established they were uneasy with visits before 10:00am or after 17:30pm so care calls were designed around this preference.

Mechanisms were in place to ensure people's care plans and packages of care were reviewed on a regular basis. Every three months (or sooner), the provider held individual reviews with people and their relatives to ascertain how things were going. The three month review considered the visit times of the care calls, the visiting care

Good

# Is the service responsive?

workers and if people were happy with the overall service. Comments from the reviews included, 'Very happy, would like to relay that to carers.' Another comment included, 'No problems with the carers. (Person) relates well to (care worker) who talks to him.'

Effective communication is part of the core skills required by all health and social care workers to ensure that they are effective at meeting the needs of the people who use the service. Care workers described the level of communication within the service as one of its key strength. One care worker told us how text was used a lot by care workers to notify others of any changes to care plans. The management team confirmed that care workers were effective at ringing in with information and queries and confirmed that that care workers were constantly reminded of the importance of communication. A member of the management team told us, "The care workers may be working alone but we are all part of the service." Another member of the management team told us, "Management's view is that the more we respond to care workers observations, whether about users or working conditions, the more observations we get and the more dynamic the service will be."

People and their relatives confirmed they felt able to express their views, opinions or raise any concerns. One relative told us, "We have only complained once about the work practices of one care worker and their level of cleanliness. We have never seen them again so the office do take action." Information on how to make a complaint was provided to people when they first started receiving care and people confirmed they felt any complaint would be dealt with and acted upon. The complaints policy was also accessible to people within their homes, as a copy was available in their care plan. The policy set out the timescales that the organisation would respond within, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have. The provider demonstrated a commitment to learning from complaints and welcoming any feedback received. On a monthly basis, complaints/any concerns raised were subject to a formal audit. The audit considered how long it took for the complaint to be acknowledged, when an acknowledgement response was sent to the complainant, a summary of the complaint, when the complaint was resolved and the action taken. In October 2015, the provider received eight concerns/complaints. One complaint was where the care workers arrived at the home once the package of care had finished. The complainant was contacted and informed they would not be charged for that call as the package of care had ceased.

Good

# Is the service well-led?

## Our findings

People, relatives and care workers spoke highly of the leadership of the service. One care worker told us, "Management share aspirations and encourage staff to be a part of service development." A member of the management team told us, "I like the provider's insistence on systems and regular audits to test how everything is working." One person told us, "We are happy with the service we get. The office are helpful and nothing is too much trouble. If you leave a message they ring back."

The provider and management team expressed dedication, commitment and led by example. The provider told us "Firstcol was originally set up in 2006 and primarily supplied nurses to care homes. We then started to deliver homecare and have a branch here and one in Worthing. We aim to demonstrate that we care alongside provide solutions and influence how homecare is delivered." The provider was passionate about influencing the homecare market and making changes to the delivery of homecare for the better. Recently, the provider had been working to introduce a new model of homecare called 'Firstin'. 'Firstin' is an emergency homecare service. The provider told us, "FirstIn Emergency Homecare Service is designed to respond to Homecare emergencies for residents of West Sussex, promoting early discharge, preventing hospital or care home admission and providing peace of mind to our clients. This service can be accessed 24 hours a day through our emergency homecare support hotline." The provider and management team told us how six care workers were contracted for 37.5 hours a week to cover the Firstin care calls. The Firstin model of care was currently operating in the provider's Worthing branch and was soon to transfer to the Crawley branch.

Influencing good quality home care underpinned the provider's philosophy and vision for care alongside promoting that home care is all about the person, their care and their choice. The registered manager told us, "Our mission statement is, your home, your care, your choice. We always try and send the message that its people's own homes that the care workers are going into." The provider's vision was embedded into the everyday practice of Firstcol. Care workers demonstrated a firm understanding of the visions and philosophy of the service. One care worker told us how they saw the services core values as being person centred; respect for the person, their culture and home and keeping people and care workers safe.

The provider and manager promoted an open and inclusive culture. Care workers were encouraged to feedback and question practice. Staff meetings were held on a regular basis to provide care workers with the forum to discuss any concerns or raise practice issues. Minutes from the last meeting in October 2015 reflected that care plans, medication, supervisions and home care bags (bags with torches and equipment required during a care call) were discussed. The registered manager told us, "We have a staff meeting every other month where new topics are discussed but we hold the meeting on two different occasions to enable all staff to attend." Care workers confirmed they felt listened to as employees. One care worker told us, "I think they've listened to us and if we see anything else in the field, I think they will want to work out the best way to resolve it. From what I've seen so far, I think it will go on improving all the time. They have values and want everyone in the company to share them."

Quality was at the centre of Firstcol Services aims and objectives. The provider told us, "Quality is at the centre of what we do, we focus on coverage, quality and compliance." Robust quality assurance systems were in place. The manager and management team completed regular audits. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people. Medication, care plans and incidents and accidents were subject to regular audits.

Feedback from people and their relatives was sought on a regular basis to also help drive improvement. The latest satisfaction surveys from August 2015 found that 82% of people felt they were appropriately consulted about their care plan. 87% of people felt happy with the training and competency of care workers and 87% of people agreed that their care was provided in a manner that protects their privacy and dignity. Following the results from the satisfaction survey, an action plan was produced highlighting how improvements could be made. For example, the results of the survey found that 30% of people felt they didn't know or disagreed that their care worker

Good

# Is the service well-led?

turned up on time. The action plan included greater monitoring on the times care workers arrived and to then run another survey on what makes care workers late to calls.

As part of delivery high quality care and promoting quality, the provider had a contract with Peninsula (consultant service) who undertook their own regular audits regarding the provider's health and safety. The provider had also signed up for ISO 9001. ISO 9001 is part of the international standards organisation which helps services to implement robust quality management systems. To continually drive improvement, the provider and manager regularly attended forums organised by the local authority. These enabled them to learn about any practices and also share ideas with other providers.

The provider had clear visions for the future for Firstcol Services. To help promote the quality assurance framework governing the service, the provider told us, "We are questioning how we measure whether we provide an efficient service." The provider then added to help measure efficiency they were going to have more of a focus on KPIs (Key Performance Indicators). The provider and manager told us how they had started to focus on the KPIs for recruitment which aimed for 100% compliance with all mandatory training for new care workers within a month of commencing employment.