First In Care Services Ltd

First In Care Services

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?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
First In Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 16 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 8 people were receiving support with the regulated activity of personal care.

People's experience of using this service and what we found
There was a lack of a registered manager, this appeared to have had a direct impact of oversight of the service. People and relatives had not been asked for feedback and there was no quality assurances processes in place. There was a lack of oversight of staffing levels, missed calls and calls of concern were not being responded to in a timely way.

There were not enough staff to meet people's needs, and there was not always evidence of safe recruitment practises being followed. We received some negative feedback regarding pre-assessments not being thoroughly completed and not completed in a timely way.

People and relatives told us how staff treated them with kindness and respect. They also confirmed staff respected their equality and diversity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had person-centred care plans and detailed care plans to advise staff about how best to communicate with people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 05 November 2020 and this is the first inspection.

Why we inspected
We inspected in line with inspection scheduling and to formally rate the service.

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment and good governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

First In Care Services

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
This inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There was a manager in post who intends to submit an application to register, however, at the time of our inspection this had not yet been completed.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a

Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 3 people who used the service and 4 relatives about their experience of the care provided. We spoke with 4 members of staff including the manager, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 4 health and social care professionals that have recently worked with the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Some people told us there were not enough staff to meet their needs. One person said, "There's been a few missed calls, where they just haven't turned up." One relative said, "They're in a word, unreliable, they're often late to calls and rushing off to the next, they've missed calls completely and I just think they haven't got enough staff."
- A relative told us that staff had not attended care calls for an extended period of 5 days. We addressed this with the provider who took immediate action.
- Following feedback received from people and relatives we spoke with the provider and manager. It was then realised by the provider that their call monitoring system had not been effective or working correctly. There was also no oversight, due to shortage of staff, the manager often completed care calls so even if alerts were going through to the office, there was nobody to action them.
- Safe recruitment processes were not always followed. There were considerable gaps in people's employment that had not been investigated by the manager. This meant there could be untoward reasons the person had not confirmed why they were without work for substantial periods of time.
- The manager had not always obtained proof of criminal checks in countries staff members had been residing in until recently moving to the UK. This meant there was no confirmation that the staff members were suitable for the role of care staff.
- People that had recently moved to the UK had very little information regarding professional references. The manager confirmed that this was not always possible. However, in the absence of this, some staff files were missing professional references from UK places of work and some staff members were missing personal references.

Systems had not been established to have oversight of staffing levels and shortages. This placed people at risk of harm. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment systems had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and manager responded to concerns about missed calls with a full investigation and sent CQC assurances regarding all other care calls being covered. These were confirmed when CQC reviewed relevant documents. The provider also made immediate contact with their service provider to ensure missed calls sent an alert to the manager and nominated individual.

● In other areas of recruitment, the manager had completed some checks. These included Disclosure and Barring Service (DBS) checks, these provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management;
● Risks to people's safety did not always have individual assessments. However, the manager had ensured that all risks were assessed and monitored through care plan reviews. Where a risk had been identified it was integrated into care plans with advice and guidance for staff.
● Some pre-assessments had been completed to consider risks and how to manage these. The manager was knowledgeable about completing reviews as soon as any new risk was identified or changed.
● Staff were knowledgeable about people's risks. One staff member said, "I generally go to the same clients and I know who is at risk of falls, who is at risk of choking and things like that."

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe with the staff that care for them. One person said, "I feel very safe with the staff that come to help me."
● There was a safeguarding policy in place. This ensured staff always had a point of reference to know how to identify different types of abuse and how to report in a timely way.
● The manager knew their responsibility to report any safeguarding concerns. When the extended period of missed calls occurred, and the provider was made aware they raised a safeguarding with the local authority as soon as possible.

Using medicines safely
● The service was not providing support with medicines for any person at the time of inspection. This was confirmed with feedback we received from people.
● The registered manager had templates for medicine audits if this was to change and staff were to begin supporting people with medicines.

Preventing and controlling infection
● Staff told us how they ensured they took action to prevent the spread of infection. One staff member said, "We always wear PPE when we are at a call."
● There was an infection control policy in place. This included COVID-19 and mentioned other infections staff needed to be aware of.
● The provider had a supply of Personal Protective Equipment (PPE) in the main office. Staff collected PPE as and when they needed this to add to their supply.

Learning lessons when things go wrong
● Accidents and incidents had been recorded by staff and this was recorded in care plans. The forms were then signed off by the manager to confirm there had been an explanation and result. For example, following a person having a fall the person explained what had happened and the manager confirmed no additional precautions needed to be put in place.
● The manager had an accident and incident log to ensure oversight of any trends or patterns. This meant that preventative measures could be put in place if a trend was identified to prevent future occurrences.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Some relatives and a professional told us their experience of the assessment process was not positive. One relative said, "I don't think they (manager) did a very thorough assessment of [person], but they're getting there." Another relative said, "They don't really know how to support [person]. They seem to have not really assessed her needs at the beginning." One professional also said, "They're not turning up for initial assessments." This meant some people were at risk of the provider not effectively meeting their needs. The manager confirmed they would address these concerns immediately to ensure a more consistent approach.

- We also received some positive feedback about the assessment process. One professional said, "I have been present for two assessments for my clients and they were thorough and digitally documented." Another professional said, "From my experience, the assessment process is well done. Once I email the agency, they respond and always communicate when they have contacted the client and booked in the assessment. I have not received any bad feedback in terms of the assessment process."
- When we reviewed assessments. Most had been completed thoroughly, however, some were missing some minor details to ensure a person-centred approach.

Staff support: induction, training, skills and experience

- All staff had proof of up to date training, in some cases this was training courses staff members had received from previous employment. The manager did not have oversight of staff training at the beginning of the inspection. This meant staff training could have expired without the manager's knowledge. The manager later sent us assurances with estimated dates of training, provided by the service, to be completed by staff.
- We saw an example of a new member of staff induction This showed how the new member of staff was shadowing an experienced member of staff. When we asked for how long a shadowing period would be the manager replied, "For as long as needed for them (new staff member) and us (management team) to feel confident they can do the role."
- We saw examples where staff had achieved The Care Certificate in previous employment. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- During feedback one person confirmed that staff supported them well with food. They said, "[Staff

member] makes me a great cup of tea and the food they prepare is always nice."
● Some care plans detailed what people liked and disliked regarding food and drink and advice for staff on how to encourage people. However, other care plans did not have this level of detail.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Some professionals told us that they struggled with communicating with the provider and manager. One professional said, "The manager does not answer her phone and the communication is very slow." This meant that some professionals did not have the opportunity to share information in an effective way.
● We received generally positive feedback from other professionals. One professional said, "Generally, responses to queries via email has been very good, however recently getting hold of the team over the phone has been increasingly difficult." Another professional said, "[Manager] is always professional and has good communication skills and gets back to me when I leave messages for her in a professional manner."

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● There were no people receiving support that lacked capacity at the time of our inspection. However, one person was being referred to start the process which the service was going to be involved with.
● The registered manager was knowledgeable in this area and knew what their responsibilities would be if they were to start supporting someone that lacked capacity.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity. A person had been left without care support calls for a number of days. This meant the person had to rely on friends and family members to support with personal care and other care related tasks.
- People told us staff were compassionate and respected people's dignity. One person said, "I was so embarrassed (on one occasion when being supported) and [care worker] said, 'Don't worry about it, I've got you.' He dealt with it so well and I really appreciated that."
- People told us they had the opportunity to express their views and make decisions. One person said, "They ask me questions all the time. They would never do something I didn't want them to do, I'm in control and I like that very much."
- Relatives told us that staff supported independence and encouraged it. One relative said, "I like how they keep [person] independent, they encourage her to help with tasks around the house and it means she feels she has achieved something as well."
- Staff told us how they respected people's privacy. One staff member said, "We're visitors in their home, we must respect their space and only deliver support they are comfortable with."

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind and caring staff. One person said, "They are very considerate of my feelings and [staff member] is just so kind to me."
- Relatives told us how staff treated people with kindness. One relative said, "I will say, the actual care staff are very good, they are very kind to [relative] and always treat her with respect."
- Staff were knowledgeable about respecting equality and diversity. One staff member said, "All of the clients are so different, you cannot treat them the same. They have different preferences and we must respect that."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised with details about how people liked to receive their care. They contained information that guided staff around people's choices and how to promote their independence. One person's care plan stated, '[Person] would like to be independent doing her own personal care.' Another informed staff that '[Person] loves to keep her mind mentally challenged playing scrabble and crosswords in her daily paper.'
- Some care plans had details of relatives to be included, when appropriate, in choices about people's care. These had been confirmed with the people receiving the support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans detailed communication needs. This included advice for staff on how to support people in their preferred ways. For example, one person required support ensuring they always had their glasses near them. These details in care plans made sure staff knew how to support people in line with their needs.
- The manager was aware of their responsibilities if people required additional communication support. For example, the manager confirmed that if they started supporting someone who was visually impaired, they would ensure they had access to their care plan in large print.

Improving care quality in response to complaints or concerns

- People confirmed the manager responded well to any concerns or complaints raised. One person said, "One person (staff member) I didn't like and they resolved it straight away and got rid of them."
- There was a complaints policy in place with action to take and prompts for staff in how to deal with any concerns or complaints in a timely way.
- The manager had a complaints tracker to keep oversight of all concerns and complaints that have been raised. This ensured responses were made and action taken in a timely way.

End of life care and support

- The service was not supporting anyone with end of life care. The manager confirmed they would work

closely with professionals if any of the people they supported entered this stage of their life. For example, make contact with GP and the local hospice.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had not begun the CQC registration process. It was explained to the provider that it was essential for the service to have a registered manager as a legal requirement. This meant there was no registered manager to be held accountable and legally responsible for any failing found in the inspection. The provider explained they were planning for the manager to register.

There were no systems to obtain feedback about the running the of service. This meant there was no way for the manager to have oversight of quality assurance feedback from people, relatives and staff where appropriate

- The manager did not always have oversight of the staffing levels or missed calls. CQC had to inform the manager that five days of care calls had been missed by one member of staff. This meant the manager had not had oversight of their staffing team.
- Recruitment processes were not being consistently followed. This meant the provider could not confirm that all staff members were suitable for their roles.
- The local authority had suspended any further placements with this service. The reason was confirmed as a number of missed calls, the manager not responding to calls to the office made by people, relatives and social care professionals and recruitment concerns. This meant that professionals had made this decision in response to concerns of the management of the service.
- Some professionals shared with us frustrations with lack of communication or responses to calls detailing concerns. This meant some professionals did not believe the management team were working in partnership with them.

The lack of management oversight of quality performance, staffing and recruitment meant people were placed at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Care plans were person-centred and people told us how staff members knew them well. One person said, "I have the same member of staff all the time and he knows everything about me."

● The manager and the provider were keen to learn from recent concerns that had been raised by the local authority and from feedback to CQC during the inspection process. The manager said, "I want this service to be the best it can be. We will work with whoever we need to, to make sure that happens."
● We saw the beginning of an in-depth internal investigation completed by the provider in response to the recent missed calls. This included speaking with other professionals to ensure all information is shared.
● The provider had a duty of candour policy which we saw had been implemented in response to the recent concerns regarding missed calls.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of management oversight of quality performance, staffing and recruitment meant people were placed at risk of harm.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment systems had not always been followed. This placed people at risk of harm.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems had not been established to have oversight of staffing levels, shortages and some areas of recruitment. This placed people at risk of harm.