

First Care Healthcare Ltd

# First Care Healthcare Ltd

## Inspection report

11 Humber Grove  
Birmingham  
B36 9NX

Tel: 07775800638

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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?	Good ●

# Summary of findings

## Overall summary

### About the service

First Care healthcare Ltd is a domiciliary care agency which provides personal care to people in their own homes. The service is registered to provide support to adults. At the time of our inspection 6 people were receiving personal care. CQC only inspects the service being received by people provided with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using the service and what we found

People received safe care and support. Risks associated had been assessed and staff provided examples of how they managed those risks with positive effect. If any accidents or incidents occurred, or if complaints were received about the service, the registered manager told us they would take action to prevent recurrence and learn lessons. The management of medicines was safe, and staff followed safe infection prevention control practices. Staff had been recruited safely, and enough of them were available to meet people's needs. People received their care calls from reliable staff at the agreed time.

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's needs had been assessed before they had started to use the service. People and their relatives had been involved in care planning to make sure their care and support met their needs and was delivered in line with their lifestyle choices and cultural needs.

People were treated kindly by caring staff. People's dignity was maintained and their right to privacy was respected. Support from the service enabled people to remain living in their own homes in line with their wishes. People received responsive care from a small staff team who they knew and trusted. Care records contained enough information to help staff provide personalised care and support.

The service was well-led. Effective systems were in place to monitor and review the quality and safety of the service provided. Relatives spoke positively about the leadership of the service and the registered manager who demonstrated their commitment to continually improving outcomes for people and their families. People had opportunities to feedback about the service they received. All feedback we reviewed was positive. Staff felt supported and told us they enjoyed their jobs.

Staff worked in partnership with other healthcare professionals and followed their specialist advice to ensure their needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 16 August 2021 and this was their first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# First Care Healthcare Ltd

## 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

The inspection team consisted of 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### 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 a registered manager in post.

#### 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 registered manager would be in the office to support the inspection.

#### What we did before the inspection

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 reviewed the information we had received about the service since it registered with us. This included information gathered as part of a monitoring activity that took place in April 2022 to help plan the inspection and inform our judgements. We used all of this information to plan our

inspection.

During the inspection

We spoke with 2 people's relatives via the telephone about their experiences of the care provided. We spoke with 5 members of staff including the registered manager, the recruitment and administration manager and 3 care workers. We reviewed a range of records, including 4 people's care records. We reviewed a range of records relating to how the service operated and we reviewed the recruitment records for 2 staff to check they had been recruited safely.

# 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 good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks associated with people's care and support including their mobility had been assessed.
- Risk assessments contained enough information to help staff provide safe care. For example, one person felt anxious when staff helped them to move using a piece of equipment. The person's risk assessment informed staff to talk to the person and offer them reassurance to make them feel safe at that time. The person's relative confirmed that happened.
- Staff knew how to manage and mitigate risks. Some people spent a lot of their time in bed which increased the risk of their skin being damaged. A staff member told us, "We check their skin condition on every call, it's a priority. We check for red areas and apply cream to prevent soreness."

### Systems and processes to safeguard people from the risk of abuse

- Feedback gathered confirmed safe care and support was provided. One relative said, "Everything is safe. I trust the staff 100% with mum. Because of that I have given them the code to the key safe so they can get into the house when I am not there."
- Staff had received safeguarding training and confirmed they knew what to do if they thought someone was at risk of harm or abuse. One staff member confidently explained, "I have had training, if I had concerns about safety, I would tell the manager straight away. Everyone knows to make sure people are safe."
- Safeguarding procedures were in place to guide staff and help them to keep people safe. The registered manager understood their responsibilities to protect people.

### Using medicines safely

- At the time of our visit staff supported one person to take their medicines. Care records confirmed the person had received their medicines as prescribed.
- The person's medicines were administered by trained staff whose competency was regularly checked by the registered manager to ensure they understood and followed safe medicines practice and procedures.
- Checks of medicines took place so if errors occurred, they could be identified and addressed.

### Preventing and controlling infection

- Feedback confirmed staff followed safe infection prevention control practice in people's homes to keep them safe. A relative told us, "They (staff) are very good at that. They wash their hands, wear gloves, aprons and masks."
- Staff received training in infection prevention and control and understood their responsibilities in relation this.

### Staffing and recruitment

- Staff were recruited safely. The registered manager completed checks to ensure their staff were suitable. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Enough staff were available to provide the care and support people needed. Relatives told us staff were reliable and punctual. One commented, "On time, like clockwork. It's the same staff or the manager who come. Care is never rushed, often they stay longer than they get paid for."
- An electronic system monitored the arrival and departure times of staff at people's homes. Records confirmed people had received their care calls at the correct time and for the correct duration.

### Learning lessons when things go wrong

- No accidents or incidents had occurred since the service had registered with us in 2021. The registered manager explained if they happened, they would take action to prevent reoccurrence and they would share any lessons learnt with their staff to continually review and improve.

# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Relatives told us staff provided effective care. One relative explained the registered manager frequently provided care calls with their staff to check they were competent to carry out their roles and they put their training into practice.
- Before staff worked unsupervised, they completed an induction and they worked alongside experienced staff to help them understand what was expected of them and to get to know people. Records and relatives feedback confirmed this.
- Staff spoke positively about their training and confirmed they had opportunities to meet with the registered manager to discuss and reflect on their practices. Staff meetings were used to share good practice and remind staff of the providers expectations.

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

- People were supported to eat and drink if this was part of their planned care.
- Staff were aware of people's individual dietary requirements and preferences which were documented in their care records. For example, staff knew one person liked to eat porridge and another liked to use two tea bags to make a cup of tea.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and the registered manager provided examples of how they worked with other agencies including district nurses and GPs to ensure people's care and support was effective and timely.
- In January 2023, a feedback from a relative stated, 'Mom required an emergency ambulance and during a visit they (staff) spoke to the emergency services and stayed with us until the ambulance arrived, going above and beyond to provide support.'

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

- People's needs were assessed before they started to use the service. One relative told us, "The manager came out to visit us to find out what we needed."
- Following assessments, care plans had been created to ensure care and support was delivered in line with people's lifestyle choices and cultural needs.

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.

- The provider was compliant with the Mental Capacity Act 2005.
- Staff had completed training and described how they worked within the principles of the Act to uphold people's rights. One staff member said, "We ask people and always seek their consent. For people with dementia, they might not be able to make big decisions, so we involve their families."
- Where required, people's capacity had been assessed. Their care records documented whether or not they had capacity to consent to specific aspects of their care.

# 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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives spoke positively about the staff and described them as , 'lovely', 'kind' and 'caring people.'
- Discussions with staff confirmed they cared about people. Comments included, "I love my clients, they are like family," and, "People come first. They get very good care from us. The manager has high standards and together we achieve that."
- All staff told us they would be happy for someone they loved to receive care and support from the service. When we asked 1 staff member what caring meant to them, they replied, "Looking after someone with kindness. I have learned that from [Registered manager]."

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make daily decisions about their care. A staff member told us, "For everyday decisions we give people options and choices, like asking what they want to wear and eat."
- Care records evidenced where possible people had been involved in the development and review of their care plans. All relatives spoken with felt involved and included in decision making where this was appropriate.

Respecting and promoting people's privacy, dignity and independence

- Feedback from relatives confirmed people were treated with respect. Comments included, "Staff are very polite and well-mannered in our home," and, "Always respectful."
- People's independence was promoted. Relatives told us the support their family members received from the service enabled them to remain living in their own homes in line with their wishes.
- Staff provided examples of how they supported people to remain independent. One staff member said, "It's all the small things that make a difference. Simple things like encouraging people to wash their faces and putting their own deodorant on."
- Staff demonstrated a thoughtful approach to care and understood the importance of maintaining people's dignity. For example, they closed the curtains and covered people with towels when assisting them to wash and dress. Relatives confirmed that happened.

# 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

- People received responsive care that met their needs. A relative felt the best thing about the service was their flexibility. They added, "[Registered manager] is very accommodating nothing is set in stone. By working together, mum gets the care she wants when we as a family need it. It is very good."
- The service was small, and staff cared for the same people consistently which they helped them to get to know people and their families and build up meaningful relationships.
- Care records contained enough information to help staff provide personalised care and support. The registered manager told us they planned to add further detail to care records following our visit.

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.

- Information, including the providers complaints procedure, was available in a variety of languages including braille on request to support people's communication needs.
- The registered manager told us they would 'find a way' to help people understand information which included reading information to people if they were unable to read written words due to a disability or sensory impairment.

Improving care quality in response to complaints or concerns

- Relatives knew how to complain if they were unhappy with the service provided. One relative told us, "Nothing to complain about, but if something wasn't right, I would tell [registered manager] or phone her. She would be round here faster than lightening and would 100% sort it out."
- A complaints process was in place. No complaints had been received since the service registered with us in 2021. When discussing complaints, the registered manager explained they would act upon complaints received in an open and transparent way and use them as an opportunity to learn lessons and improve.

End of life care and support

- At the time of this inspection no one was at the end stage of their life. However, this support could be provided if it was needed.
- Care records evidenced the registered manager had held sensitive discussions with people and their families to ensure their end of life wishes were known and respected.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had good oversight of the service provided to people and a range of effective audits and checks took place. For example, audits of call times took place to ensure people had received their care and support on time and for the correct duration.
- The registered manager demonstrated commitment to continual learning and improving. They told us they planned to review their auditing systems after our visit to make sure all completed checks were documented.
- The management team consisted of the registered manager and the recruitment and administration manager. The registered manager planned to strengthen their management team by recruiting a care coordinator to help them run the service as the number of people in receipt of a service grew.
- The registered manager demonstrated an understanding of the regulations and responsibilities. This included notifying us of incidents including serious injuries, deaths and safeguarding alerts.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was proud of the service and explained one of their main aims was to 'make a positive difference to people's lives'. Feedback from relatives confirmed that aim had been achieved.
- Relatives were very happy with the care and support provided. Comments included, "[Registered manager] is excellent, communication is great," and, "[Registered manager] is amazing. She is a nurse; which gives me confidence. I trust her. As a family we are listened to. We couldn't ask for anything more."
- People and relatives were encouraged to provide feedback about the service in a variety of ways including quality questionnaires and discussions. Feedback gathered during 2022 was positive.
- Some relatives had provided feedback about First Care Healthcare on an independent forum used by people and their families to help them choose their care provider. At the time of our visit the service had received a score of 9.3 out of 10 based on 7 reviews since October 2021. All of the feedback was positive.
- Staff felt supported and gave positive feedback regarding the open, honest and supportive culture of the service. One staff member said, "It's going great, [registered manager] is very passionate, and the company is in a good place. I love my job."

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; Working in partnership with others

- The registered manager understood the duty of candour and told us if standards fell below their

expectations and mistakes were made, they would be open and honest with people.

- The whole staff team, led by the registered manager, worked in partnership with other healthcare professionals and followed their specialist advice to ensure people achieved positive outcomes and their needs were met.