

1st Healthcare Ltd

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Inspection report

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Date of inspection visit:
05 October 2022

Date of publication:
06 February 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

1st Healthcare provides a supported living service for adults with a learning disability. At the time of the inspection one person was using the service.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting some of underpinning principles of right support, right care, right culture. However, they also needed to make improvements in order to fully meet these.

Right Support:

Risks management plans had not been developed to identify how to mitigate risks associated with the care the person required. People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. However, staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests.

Right Care:

The provider did not always ensure care plans provided accurate information on the person's current support needs. People's communication support needs were not always clearly described. Care workers understood how to support a person's privacy and dignity when providing care. People were supported to maintain their independence by care workers. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

Right Culture:

The provider did not have effective and robust systems in place to monitor the quality of the care being provided. Records about people did not always show respect or understanding of their needs. The provider could not demonstrate that care workers had completed the mandatory training identified as required for their role. Care workers felt supported by the registered manager.

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 6 October 2016 and this is the first inspection.

Why we inspected

We inspected the service based on the date of registration with us.

Enforcement and Recommendations

We have identified breaches in relation to person centred care, need for consent, safe care and treatment, staffing and good governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

1st 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 was conducted by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 who was also a director of the company.

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. Inspection activity started on 3 October 2022 and ended on 13 October 2022. We visited the location's office on 5 October 2022.

What we did before the inspection

We reviewed information we had received about the service during the registration process. 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 met the registered manager who was also a director of the company and a service manager. We looked at a range of records which included the care record for one person, three care workers' files and a range of records including those used for monitoring the quality of the service, such as audits and policies. Following the inspection, a telephone interview was carried out with one relative and we received feedback from three care workers, two people and the relatives of four other people who received care visits.

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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The provider did not always ensure identified risks were managed effectively. They did not always develop risk management plans to provide care workers with guidance on how to reduce risks through the development of risk management plans.
- A generic risk assessment had been developed for the person, but it did not identify specific risks related to the care required by the person and how these could be reduced. The risk assessment did not identify any specific risks related to the care of the person, it stated they should not be left unsupervised. The assessment stated the existing risk control measure was one to one support but did not explain how this support was to reduce identified risk. The risk assessment also required a list of any risks or hazards which were not currently controlled and what action should be taken to reduce this risk. This section had a list of locations around the person's home, but no identified risks or mitigation.
- The person's care plan indicated they should be supported by care workers to undertake activities they enjoyed outside their home, but the provider had not developed a risk management plan to identify possible risks and provide guidance for care workers on how these could be mitigated.
- The registered manager confirmed they had an infection control process in place. They informed us that care workers were provided with personal protective equipment (PPE) such as gloves and masks.
- The registered manager also told us that care workers had completed infection control training during their induction, but we were unable to locate induction training records for two of the three care workers employed by the service to demonstrate they had completed infection control training.
- A relative we spoke with told us when they had visited their family member's home, they saw the care workers did not always comply with best practice in relation to infection control by not always wearing masks.
- The provider had not developed risk assessments in relation to COVID-19 for people receiving support and care workers which considered all the risk factors associated with COVID-19 such as ethnicity and age. Therefore, appropriate measures had not been implemented to mitigate risks associated with COVID-19.

The provider did not always ensure risks were identified and guidance on how they could be mitigated put in place. In addition, the provider did not always ensure infection control guidance was followed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The provider had a process in place for the management and administration of medicines, but this did not always reflect best practice. The medicines administration record (MAR) form did not include all the information identified in the best practice for the administration of medicines in the community.

- The records indicated the person had been prescribed a medicine which should be administered as and when required (PRN). The provider had not ensured guidance was provided for care workers to indicate when this medicine should be administered. This meant we were not assured the person was receiving PRN medicines as prescribed.
- There was no risk assessment in place for the administration of medicines to ensure actions were identified for any related risks.
- The care plan included a list of medicines which had been prescribed at the time of the care plan had been developed in October 2021 and did not indicate if the medicines were to be prompted or administered. The care plan did not indicate if this had been updated to reflect the person's current prescribed medicines.
- The provider could not demonstrate that the care workers' competency in managing and administering medicines had been assessed to ensure they followed current best practice.

The provider did not always ensure the management of medicines was in line with national guidance on the management of medicines in the community. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had developed a recruitment process, but this was not always followed. The registered manager confirmed as part of the recruitment process there should be at least one reference obtained from a previous employer and one character reference.
- We reviewed the recruitment records for the three care workers employed by the service and found references had not always been obtained in line with the provider's procedure. The records for one care worker indicated they had recently worked for another social care provider but had provided details for two character references.
- The registered manager was unable to provide evidence of the references being obtained as they explained they contacted the people providing references by telephone but did not include a record of these calls as part of the recruitment record for care workers.
- When we contacted care workers, they confirmed they had completed induction training when they joined the service but when we reviewed their recruitment records this had not always been recorded. For one care worker there was no record of an induction being completed with the record for a second care worker not being completed in full or dated. This meant the provider could not always demonstrate that care workers had always completed an induction before they started to provide support.

The provider did not always follow a safe recruitment process to help ensure staff employed by the service were suitable to work with people. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The care plan we reviewed indicated the person required the support of one care worker when at home and two care workers when going out. The care worker who provided support at night was required to be awake during their shift. The registered manager confirmed they had three care workers employed to provide support. The registered manager told us that if additional support was required, they would provide support at the service.
- The recruitment records for the three care workers showed Disclosure and Barring Checks had been carried out as part of the recruitment process. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The provider had developed a process for the reporting and investigation of any concerns raised about the care provided and they demonstrated a good understanding of what action should be taken if a safeguarding concern was identified.
- At the time of the inspection there had been no safeguarding concerns reported so we were unable to review any records or investigations.
- Care workers told us they understood what safeguarding adults meant and how it impacts the way they provided support. Their comments included, "Safeguarding means those we support are safe from abuse and neglect and are able to be independent and make choices", and "Yes, safeguarding protect from harm or damage with an appropriate measure to protect from abuse and neglect."

Learning lessons when things go wrong

- The provider had developed a procedure for the reporting of accidents and incidents. At the time of the inspection, there had been no incidents and accidents reported so we were unable to review any records or investigations.

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.

Staff support: induction, training, skills and experience

- The provider had identified a list of training which they viewed as mandatory for care workers to complete but they could not always demonstrate care workers had completed this training. The registered manager provided a list of the training courses and the frequency of completion. The training list included moving and handling, fire safety and basic life support.
- The records for two care workers which we reviewed did not indicate which training had been completed. The employment record for one care worker indicated they had undertaken some online training courses, but the certificates were not dated so we were unable to identify when these courses had been completed.
- The registered manager explained they had regular supervision meetings with care workers but there were no records of these meetings. We saw an annual appraisal form had been started by one care worker but had not been completed to identify any outcomes from the appraisal.
- The records for another care worker indicated a spot check form was on file but there was no information recorded of the outcomes of the observations carried out during the spot check. Therefore, it was not clear how effective the monitoring process was.
- Care workers told us they had completed training in supporting people living with a learning disability and/or autism, but the registered manager could not demonstrate this had been completed.

The provider could not always evidence care workers had completed the training identified as mandatory as up to date records were not maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 had a process to assess the ability of a person to consent to aspects of their care, but this did not always reflect the principles of the MCA.
- A mental capacity assessment had been carried out which identified the person was not able to consent to the care being provided. However, the provider did not ensure a best interests decision had been recorded for each aspect of the care being provided to explain why the provision of this support was in the best interest of the individual.

The provider did not always make sure the principles of the MCA were followed to help ensure care was being provided in the least restrictive manner possible and in the person's best interests. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The care plan indicated the person required support with preparing and eating meals but did not identify their food preferences.
- A relative told us, "[My family member] has enough to eat but I also bring in food for them."

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

- People were supported to access healthcare services when required. The contact information for the person's GP was included in the care plan.
- The relative confirmed that when their family member required healthcare support the provider contacted the relevant service.

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

- People's support needs were assessed. The provider had completed an assessment of the person's support needs before they started receiving support.

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

- The care plan did not indicate if the person had any religious or cultural beliefs which required support from care workers to meet. A relative confirmed that care workers supported their family member to access music related to their religious beliefs via the computer.
- People were treated with dignity and respect when support was provided. The relative we spoke with told us they felt their family member was treated with dignity and respect when they received support.
- Care workers explained how they ensured people's privacy and dignity was maintained during care which included, "I make sure doors, curtains are properly closed before supporting the person I am supporting to wash or dress. I ask before touching the person I am supporting in any way. I knock or speak before entering the room." and "Provide them extra privacy in overcrowded spaces, look away while they are getting dressed, maintain a personal space and boundary, discretely identify their pains and discomforts, assist them using the toilets and maintaining service user confidentiality."
- Care workers told us how they ensured people were supported to make their own decisions. Their comments included, "Provide all the relevant information they need, avoid overwhelming them with information. Present all the options by giving them choices" and "A person must be given all practicable help not treating them as not being ... able to make their own decisions. Encourage and support to make the decisions for themselves."
- People were supported to maintain their independence. Care workers told us how they supported people to maintain their independence in relation to activities of daily life. Their comments included, "Be patient, allow choice, provide decision-making power, encouragement. Provide support" and "I use simple language that can easily be understood, if appropriate I use pictures or an object to communicate. I ask one question at a time and wait for response before I continue." The relative confirmed that some of the care workers supported their family member to be as independent as possible with daily activities.

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans did not always provide accurate information on the person's current support needs. For example, the care plan indicated that care worker should provide support with hobbies and activities but there was no information on what the person's interests were so they care workers could provide the appropriate support.
- Care plans did not always include information on the person's preferences, for example for food and drink.
- Information in the care plan was not always accurate and did not reflect how carer workers supported them. The care plan indicated that the person should be supported to arrange and collect their own prescription but the needs assessment indicated this was not an activity the person could undertake and their medicines were managed by the care workers.
- Care plans had not been updated to reflect any information received from external organisations in relation to the support needs of the person. This meant care workers did not have information on current support needs.
- Care workers completed records of the care and support provided each day but these were not always detailed and did not provide information on the person's experience of the care they received. We saw that care workers had described the person's experience in terms which were not appropriate. For example, a care worker had described the person as "very naughty" when describing their behaviour during the day and on another occasion they stated the person was making "an awful noise" but there was no explanation of what the person was trying to express or what action was taken to resolve any related issues.

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.

- The care plan included a section on how the person communicated but it did not indicate what tools the care workers could use to communicate with them. The relative we spoke with confirmed their family member used a pictorial communication system to express their wishes, but this was not identified in the care plan. Therefore, care workers had not been provided appropriate guidance to support them to

communicate with the person in a way that suited their needs.

- Care plans were not provided in an accessible format which met the person's communication needs.

The provider did not always ensure care workers were provided with accurate and current information on people's support and communication needs as well as their preferences. This meant care workers may not have always been able to provide care in a person-centred way. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- At the time of the inspection the provider was not providing anyone support with end of life care. The registered manager confirmed that a person's end of life wishes was not discussed with the person or their relatives during the initial needs assessment or when the care plan was developed. This was raised with the registered manager who confirmed they would consider how this information could be identified.

Improving care quality in response to complaints or concerns

- The provider had developed a system to respond to and investigate complaints. At the time of the inspection they had not received any complaints.
- The relative we spoke with confirmed they knew how to raise any concerns relating to the care provided with the registered manager.

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.

Continuous learning and improving care

- The provider did not always have effective systems and processes in place to mitigate risks or monitor and improve the quality of the service.
- During the inspection the registered manager was unable to provide an example of the care plan audit they said had been completed. Following the inspection, they sent a care plan audit which had been completed after the inspection. The registered manager also provided a separate care audit and action plan form which was dated after the inspection. This form identified some actions which needed to be resolved, for example the care plan had not been signed by the relative to confirm consent to the care being provided. Neither audits had identified all the issues that were noted during the inspection. Therefore, the quality assurance process in relation to the care plan was not robust enough.
- The registered manager confirmed CCTV was in use and we asked to review the CCTV policy to ensure to comply with current legislation. The registered manager provided a policy which was dated 7 October 2022 which had been created following the inspection. Therefore, at the time of the inspection, the provider did not have a policy in place to ensure the use of CCTV complied with current legislation.
- The provider did not have robust risk management processes and systems in place. They had not developed effective risk assessments to identify risks in relation to people's health and wellbeing. Where risks had been identified, for example care workers supporting a person to take part in activities outside the person's home, risk management plans were not in place and implemented to mitigate risks.

The provider did not have effective and robust quality assurance processes to monitor, assess and improve the quality of services people received. Risk was not managed to ensure care was always provided in a safe and effective manner. This was a breach of regulation 17 (Good Governance) 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The relative we spoke with confirmed they had been involved in the assessment of their family member's care needs and the development of the care plan but stated they had not been involved in any reviews of the care plan since it was written in October 2021. This was confirmed when we reviewed the care plan.
- Care workers we contacted told us they felt the culture of the service was open and fair. Their comments included, "The company operates on a fair and open culture on the attitude that employee takes towards each other, which promotes value, it takes away blame culture building confidence and trust between staff

and management" and "The organisation has a good culture, makes staff want to stay in the company. The culture is made up of shared values, beliefs and assumptions about how staff progress."

- The relative told us, "I am happy with the care and if I was not happy, I would raise it with the company and help staff to help my family member. There is room for improvement."
- Care workers told us they felt support by the registered manager. Their comments included, "Yes, my manager encourages me and is very supportive, provides me with the necessary training to do my work perfectly and also there to mentor when required" and "Yes, of course, he helped with all my doubts and when I don't know what is the best way to do something in different situations. Manager is always helpful and easy to contact."
- The registered manager told us care workers respected the person's cultural characteristics. For example the care workers identified television channels with programmes which related to his religion and joined in with prayers.

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

- The registered manager explained their understanding of the duty of candour as, "It is important there is openness and being transparent as well as being approachable to the service users."
- The relative we spoke with commented, "I can get hold of the registered manager if I need to. If I don't call the office, I would not hear anything from them."
- A range of policies and procedures had been developed which reflected current legislation and good practice.
- The registered manager confirmed there were clear roles and responsibilities within the service with a service manager providing support in relation to the needs assessments and medical issues whilst the registered manager liaised with local authorities, managed care workers and the day to running of the service.

Working in partnership with others

- The provider worked in partnership with other organisations. The registered manager confirmed they worked with the local authority in addition to various healthcare organisations.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure the care and treatment of service users was always appropriate, met with their needs and reflected their preferences.</p> <p>Regulation 9 (1)</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not act in accordance with the Mental Capacity Act 2005 as they did not ensure care was always provided in line with the principles of the Act.</p> <p>Regulation 11 (1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider did not ensure the recruitment process was operated effectively.

Regulation 19(2)