First Call Healthcare Limited

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Inspection report

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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 Call Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults including people who live with dementia or learning disabilities. At the time of inspection 43 people were using the service.

People's experience of using this service: People said they felt safe with the service provided. They trusted the workers who supported them. There were sufficient staff hours available to meet people's needs in a safe and consistent way, and staff roles were flexible to allow this.

Staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were other opportunities for staff to receive training to meet people's care needs.

Communication was effective and staff and people were listened to. Staff said they felt well-supported and were aware of their responsibility to share any concerns about the care provided.

All people were complimentary about the care provided. They said staff were kind, caring and supportive of people and their families. Privacy and dignity were respected and people's independence was promoted.

The service assisted people, where required, in meeting their health care and nutritional needs. Staff worked together, and with other professionals, in co-ordinating people's care.

Systems were in place for people to receive their medicines in a safe way. Risk assessments were in place and they identified current risks to the person as well as ways to keep them safe.

People were involved in decisions about their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Information was accessible to involve people in decision making about their lives.

People's views and concerns were listened to and action was taken to improve the service.
The provider undertook a range of audits to check on the quality of care provided.

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

Rating at last inspection: At the last inspection the service was rated good (27 August 2016.)

Why we inspected: This was a planned inspection to check that this service remained good.

Follow up: We did not identify any concerns at this inspection. We will therefore re-inspect this service within

the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

First Call Healthcare Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one adult social care inspector 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 care service.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using First Call Healthcare Limited receives a regulated activity; CQC only inspects the service being received by children and young people provided with 'personal care'; help with tasks related to personal hygiene and eating. For people the provider helps with tasks related to personal hygiene and eating, we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission at the time of inspection. The manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because we needed to be sure that the manager would be in the office.

Inspection activity started on 30 January 2019 with a visit to the office location by the inspector. We made telephone calls to people, staff and relatives on 31 January, 1 February and 7March 2019.

What we did: Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service and events which the provider is required to tell us

about by law. We contacted commissioners to seek their feedback. We received no information of concern. During the site visit we spoke with the registered manager. We reviewed a range of records. These included six people's care records. We also looked at three staff files to check staff recruitment and their training records. We reviewed records relating to the management of the service. After the site visit we contacted seven people and seven relatives of people who use the service and four support workers.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.
- People were cared for safely. People and relatives told us people were safe and trusted staff. One person said, "I certainly feel safe with staff support."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They had received training relating to safeguarding adults. The service planned to provide support to children. Staff received safeguarding children training and additional classroom based safeguarding of children was completed by staff after the inspection. Staff had access to telephone numbers for the local authority child protection team to report any child protection concerns.
- The registered manager was aware of their duty to report any safeguarding incidents to ensure people were kept safe.

Assessing risk, safety monitoring and management.
- Risks to people`s health, safety and well-being were identified and managed. Measures were put in place to remove or reduce the risks. This included any environmental risks to ensure people were kept safe.
- Where people required equipment to keep them safe, these were in place.
- A system of reviewing risk assessments was in place but we identified that they should be evaluated more often to ensure they remain current. The registered manager told us this would be addressed.
- Some people could become upset and distressed. The registered manager told us positive behaviour support training was planned staff to give them more understanding about behaviours that challenge.
- The management team provided an on-call service when not on duty. A staff member said, "The manager is always available, if you need to discuss a safeguarding issue at the weekend."

Staffing and recruitment.
- There were sufficient staff to support people. Relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met.
- Staff stayed for their allocated time, were reliable and usually arrived as arranged. One person commented, "Staff always call me if they are going to be late, but it doesn't happen often."
- The provider had an on-going programme of staff recruitment and retention. They only took on people's care packages they had the capacity to meet.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. One of the management team interviewed prospective staff. We discussed that two staff members interviewing prospective staff promoted equal opportunities and safeguarded people. The registered manager told us this would be addressed.

Using medicines safely.

● People received their medicines in a safe way, when this support was required.
● Staff received regular medicines training and systems were in place to assess their competencies.
Preventing and controlling infection.
● Measures were in place to control and prevent the spread of infection.
● Staff received training in infection control to make them aware of best practice. Disposable gloves and aprons were available to help reduce the spread of infection.

Learning lessons when things go wrong.
● People were supported safely as any incidents were recorded and monitored. Accident and incident reports were analysed, enabling any safety concerns to be acted on.
● Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

Good

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
- Detailed assessments were carried out to identify people's support needs. They included information about their medical conditions, eating and drinking requirements and other aspects of their daily lives.

Supporting people to live healthier lives, access healthcare services and support.
- People were supported to maintain their health and well-being.
- Records showed there were care plans in place to promote and support people's health and well-being.

Supporting people to eat and drink enough to maintain a balanced diet.
- People were supported with their food and drink where needed.
- Staff supported people with the preparing of their meals and drinks. The related care plans described people's eating and drinking needs. Information about people's food likes and dislikes was not available. The registered manager told us this would be addressed.

Staff working with other agencies to provide consistent, effective, timely care.
- Staff had developed links with health care professionals to help make sure people received holistic and effective care.
- Assessments had been completed for people's physical and mental health needs.
- Staff followed professional's advice to ensure people's care and treatment needs were met.

Staff support: induction, training, skills and experience.
- Staff received training to ensure they had the skills and knowledge to carry out their roles and meet people's needs. New staff completed an induction before working as a permanent member of staff. This included shadowing experienced members of staff.
- Staff received ongoing training that included training in safe working practices and for any specialist needs. A staff member commented, "There are lots of training opportunities."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

Applications must be made to the Court of Protection when people live in their own homes. We checked whether the service was working within the principles of the MCA.

● Staff had received some training about the MCA and understood the implications for their practice. We discussed this should be a separate, in-depth course and not just as part of the Care Certificate. We received information after the inspection that additional MCA/DOLs training had now been completed by staff.

● Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.

Good

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.

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.
- People were provided with kind and compassionate care. People and their relatives were all very positive about the care provided. Their comments included, "Staff are tip top, first class" and "The staff are just lovely, I feel really blessed to have them."
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- Staff understood their role in providing people with effective, caring and compassionate care and support.
- Relatives and staff told us staff were introduced to them through shadowing, so they always got to meet them before they provided their care. One relative said, "[Name] has the same few staff coming in."
- Care records contained some information about people's likes and dislikes. We highlighted that these could be more detailed to contribute to more person-centred care. The registered manager told us this would be addressed.

Supporting people to express their views and be involved in making decisions about their care.
- Guidance was available in people's care plans which documented how people communicated.
- Information was accessible and made available in a way to promote the involvement of the person.
- People and relatives were consulted about people's care and involved in their decisions. One person told us, "Staff always check with me and ask my permission."
- No-one was using an advocate at the time of inspection. The manager told us that relatives were available to advocate on behalf of people.

Respecting and promoting people's privacy, dignity and independence.
- People and relative's all maintained privacy and dignity were respected when people were supported.
- Care plans were written in a respectful, person-centred way, outlining for the staff how to provide individually tailored care and support, that respected people's privacy, dignity and confidentiality.
- Staff supported people to be independent. People were encouraged to do as much as they could for themselves. One relative told us, "Staff help [Name] to keep mobile by walking with them up and down the hall, it really helps them."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
- People's care and support was assessed and planned in partnership with them and their relative.
- Care was personalised and responsive to people's individual needs. It was delivered by staff who knew people well. People, relatives and other professionals were fully involved in planning how staff would provide care.
- Care plans were in place. They did not all show steps to take to mitigate risk where it had been identified. For example, a risk of falls or distressed behaviours. Care plans did not give detailed instructions of what staff needed to do to help maintain the person's independence and deliver the care in the way the person wanted. We discussed this with the registered manager who told us it would be addressed. We received information straight after the inspection to show that this this had been done.
- Care plans were reviewed, however we identified they should be evaluated more often to monitor people's well-being. We discussed this with the registered manager who said it would be addressed.

End of life care and support.
- Relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves.
- Information was available about the end-of-life wishes of people.
- The service worked with Marie Curie staff and other health care professionals when end-of-life care was provided.

Improving care quality in response to complaints or concerns.
- A complaints procedure was available. Systems were in place to acknowledge and respond to any complaints. A person told us, "When I made a complaint, it was dealt with straight away."
- People told us they would speak with the provider, registered manager or senior staff if they had any concerns.

Good

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.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The provider and registered manager had a good oversight of what was happening in the service.
- Arrangements were in place to ensure people were central to the processes of care planning, assessment and delivery of care. The registered manager was enthusiastic and had introduced changes to ensure people received individualised care and support.
- People and relatives were extremely positive about the service provision. Their comments included, "I think the agency seems to run remarkably well-I cannot fault them" and "It's a well-led service with great staff."
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

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

- Everyone told us the registered manager and management team were approachable.
- There was a positive culture where staff and management took pride in the care and support that they provided.
- The registered manager worked well to ensure the effective day-to-day running of the service and had clear arrangements in place to cover any staff absences.
- Regular spot checks took place to gather people's views and to observe staff supporting people.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, and quarterly checks. A formal system was not in place to check that identified actions were carried out and to audit the registered manager's audits. We discussed with the registered manager the checks the provider carried out should be documented. They told us this would be addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- Staff told us they were listened to and it was a good place to work.
- Relatives and people were involved in decisions about care and advocates were also involved where required.

Continuous learning and improving care; working in partnership with others.

- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service.
- There was a programme of ongoing staff training to ensure staff were skilled and competent.
- The management team and staff were enthusiastic and committed to further improving the service for the benefit of people using it.
- Staff communicated effectively with a range of health social care professionals to ensure that people's needs were considered and understood so that they could access the support they needed.