

First Practice Healthcare Ltd

First Practice Healthcare Ltd

Inspection report

St. Georges Community Hub
Great Hampton Row
Birmingham
B19 3JG

Tel: 01213590566

Website: www.firstpracticehealthcare.com

Date of inspection visit:
26 January 2021

Date of publication:
01 April 2021

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

First Practice Healthcare is a domiciliary care agency providing personal care to 98 people including children aged 4-18, older and younger adults. People using the service may experience the following; dementia, learning disabilities or autistic spectrum disorder, mental health issues, they may misuse drugs and alcohol, they may have an eating disorder or have a physical or sensory impairment.

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.

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

Risk assessments were not always detailed and person centred, in particular to ensure people and staff were kept safe. Records were not always kept appropriately. Recruitment was not always carried out in a safe manner. Some people told us that staff did not always arrive on time, others were happy with the timings of calls. Incidents and accidents were dealt with, although it was not always clear if or what follow up action had been taken. Personal Protective Equipment (PPE) was used as required with the exception of a small number of concerns raised. Medicines were given appropriately and records for their administration were kept as required.

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.

Initial information gave a good overview of the person but did not always detail information on care required and how conditions could be improved or managed. However, people told us staff understood their needs. People's likes and dislikes were considered. People's life history was acknowledged. Staff received appropriate training to assist them in their role. People told us they were supported to eat and drink without issues.

There was a mix of opinion about staff members attitude towards people. Some felt it was caring and supportive, whilst others felt it was abrupt and rushed. People told us their privacy and dignity was managed well during the care they received. People's decision making was promoted.

There was inconsistency in care plans, and some had a higher level of information than others. People had been part of developing their care plan. Feedback was taken from people on a regular basis.

Whilst systems were in place to record complaints, lessons learnt were at times generic and not person centred. Audits did not identify the issues raised during the inspection. Audits did not lend themselves to the easy identification of patterns and trends. People's preferred communication were used. The service worked

with external agencies.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were offered choices and encouraged to make decisions on the care they wanted to receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 19/12/2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the safeguarding of people using the service and the timeliness of notifications received by CQC. A decision was made for us to inspect and examine those risks.

We found evidence the provider needs to make improvements. The overall rating for the service is requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance. Please see the action we told the provider to take at the end of this report.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 ●

First Practice Healthcare Ltd

Detailed findings

Background to this 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 Care Act 2014.

Inspection team

The inspection was carried out by one 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. A visit was made to the office on 26 January 2021 and telephone calls to people using the service, their relatives and staff members were made between 27 January and 5 February 2021.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they 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 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority. We did not ask for a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and with ten relatives of people who use the service about

their experience of the care provided. We spoke with seven care workers, the registered manager who is also the provider and nominated individual and an independent consultant working with the service. We reviewed a range of records. This included six people's care records and medication records. We looked at five staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service.

After the inspection the provider supplied us with additional information.

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 for 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

- Staff files did not always have the required information recorded within them. We found that there was not always a complete work history and for one staff member's file there was no work history provided at all. Not all work histories included dates of employment.
- References were not always taken from previous employers and character references were taken from friends, despite the employee having a work history. There was no audit trail to show any attempt to contact the previous employer. One reference was taken from an employer not stated on the application form.
- We found that correct disciplinary processes were not always followed or recorded appropriately in relation to allegations made against staff. We were told by the registered manager that staff were spoken to verbally, but we found no systematic recording to evidence the discussions taking place. The registered manager told us how in future disciplinary action would be taken as needed and if required would result in suspension of staff pending an investigation.
- Following receipt of the draft report the registered manager informed us they would be taking action to improve recruitment processes.

Systems were not robust enough to demonstrate the provider had established effective recruitment procedures to ensure fit and proper persons were employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Employment checks, such as Disclosure and Barring Service (DBS) and photographic ID were in place.
- People using the service felt there were enough staff available to support them and on most occasions they were familiar with the staff member attending to them. With weekends sometimes being an exception. Staff we spoke with told us they were aware of this and covered each other's calls when required, but that recruitment was currently underway.
- There were mixed opinions on the timeliness of calls with some people reporting some examples of lateness and others saying they were able to rely on staff arriving on time. The registered manager told us they were looking into this and speaking with staff to reiterate the importance of timely calls.

Systems and processes to safeguard people from the risk of abuse. Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- We visited in part due to a previous issue where an allegation was made against a care worker by a person using the service. The allegation was withdrawn and not proven, however we were concerned about the

wider implications and the way in which the service was managing risk. We found the provider had not always managed risk in a way that recognised the vulnerabilities of both staff as well as service users. More in-depth risk assessment and engagement with external professionals would have flagged up concerns earlier in order to keep everyone safe.

- Staff had an understanding of how to manage the risks related to people's care when spoken with. However, we found some risk assessments for people using the service were more detailed than others. An example being; where one person had a specific condition there was no information for staff how to respond if the person was taken poorly or if any medications were needed. The consultant working with the service told us how updating and improving records was 'work in progress'.
- We found the appropriate authorities were not notified of two specific safeguarding incidents as required at the time they occurred. However, we saw that in most cases incidents had been referred to the correct authorities as required, and the local authority told us the provider was responsive and thoroughly investigated incidents when asked to.
- The registered manager acknowledged where there were issues and improvements required and had employed the services of an independent consultant to assist with making changes.

Preventing and controlling infection.

- Overall people were satisfied with staff members use of personal protective equipment (PPE) and safe practices to minimise the risk of coronavirus. Two people told us there were issues with a small number of staff taking their mask down to speak, this had been reported to the registered manager and was being managed. We saw records that showed specific staff were to be retrained in infection control where concerns arose.
- People were protected from the risk of cross infection. During the COVID-19 pandemic, additional training and measures were in place for staff to follow to help keep people safe. These included wearing personal protective equipment (PPE) and ensuring staff had access to an adequate supply. A member of staff told us, "We certainly have enough PPE we go and collect whatever we need from the office, there is never a shortage."

Using medicines safely

- People were satisfied with how their medicines were administered. One person told us, "I had to have cream [applied] and the carers put it on me every morning and evening, until the problem cleared up." A relative said, "The carers give my [relative] their tablets morning and lunchtime; there have been no incidents or problems."
- We saw that Medicine Administration Record (MAR) charts had been completed correctly for people and showed no gaps in administration.
- Where people self-administered medicines, this was recorded within their care plan.

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, ensuring consent to care and treatment in line with law and guidance

- Initial assessment information gave an overview of the person. However, some information was limited and did not provide directions for how a person needed their care to be carried out. For example, in a section asking what was required to maintain a person's safety the answer only briefly described the issue the person had experienced and not how it could be managed or improved going forward.
- The registered manager acknowledged this and said the staff member carrying out these assessments would be supported to improve.
- People's needs assessments included their physical health, mental health and some social and emotional needs however some sections were incomplete or lacked detail. We were told the independent consultant was working to assist staff to update information.
- We saw there were assessments in place which considered cognitive and communication needs.

Staff support: induction, training, skills and experience

- People told us staff understood their needs. One person shared, "I think [the carers] have had plenty of training. I feel I can trust them to do the job properly." A relative said, "The carer knows how to support my [relative] because she's the regular carer and knows [relative] well."
- Staff were able to describe people's specific needs to us. One staff member said, "[Person's name] has [specific condition] and the registered manager ensures that the district nurse comes out whenever needed."
- We saw that staff received an in-house induction and completed a workbook, which demonstrated their skills and learning.
- The staff training matrix showed that staff had completed core training within appropriated timescales. Training included, but was not limited to; Safeguarding, Mental Capacity, Moving and Handling and Infection Control. Staff members commented on the quality of the training.

Supporting people to eat and drink enough to maintain a balanced diet, staff working with other agencies to provide consistent, effective, timely care

- People told us they received food and drink appropriately from staff. One person said, "The carers are very good. They warm my food as I want, frozen meals that I choose and tell them what I'd like." A family member said, "My [relative] chooses which meal they want, and the carer microwaves it and gives it to them. The

carer makes a sandwich for them for teatime and puts it in the fridge and leaves a hot drink after breakfast or whenever they want one."

- We saw that referrals were made to health professionals where it was found that people required assistance or support with eating or drinking. This was done in a timely manner.

Ensuring consent to care and treatment in line with law and guidance. Supporting people to live healthier lives, access healthcare services and support.

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 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

- People's mental capacity needs had been assessed and their care was delivered in line with their requirements.
- Care plans noted people's needs in relation to mental capacity and staff understood these.
- We found where it had been identified that people required support from professionals this had either been arranged directly or their family members had been notified.

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.

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

- There were differing opinions on length of calls and staff attitudes. One person told us, "The carers do ask, 'how are you', but other than that they don't actually speak unless I force a conversation. They're always in a rush to get the job done". However, another person said, "The carers are friendly and caring, 100%. We chat and laugh, we have got a good relationship."
- A relative said, "My relative is very fond of one carer, she is wonderful with [person's name] doesn't rush her. There's a couple of others who rush her, don't talk to her, want to get in and out as quickly as possible." The registered manager told us they would impress upon staff the importance of developing positive relationships with people through their actions.
- Most staff members told us they had time following care to speak with people. One staff member told us, "I often have five minutes left of the call and I never leave early, so I will sit and chat with the person. I think they all like company". Another said, "It would be nice to have the time to chat, but depending on the needs of the person, the care provided must come first."
- We saw that care plans included information around people's religious and cultural needs and they were asked if they had a preference for gender of carer. The care plan asked the following, 'Important things you need to know relating to my beliefs and culture' and this is where individualised information was recorded. The initial assessment asked people to identify their gender and their sexual identity to ensure people were supported in the most appropriate way.
- Staff understood how to promote people's equality and diversity requirements and one staff member told us, "People are individuals, I do my best to meet their individual needs and I know them [people] well."

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

- People spoken with could not remember their consent being sought verbally during care given, but none raised concerns about this, and none felt they were made to do things they didn't want to do. Staff members told us they asked people for their consent on an ongoing basis and was part of their daily routine.
- We saw that feedback given on the service was positive and that it was fed back to staff for their information. However, the feedback we saw was taken via telephone calls from the office to people asking how they felt about the care provided. A written template provided to people may have gathered feedback in greater detail as people may feel less 'on the spot' with their responses. There was no recording of specific answers, mainly 'people were happy with the care received'.
- Following the inspection, the registered manager informed us questionnaires had been sent prior to the Covid-19 pandemic and these provided more detailed feedback. We were sent examples following the

receipt of the draft inspection, that evidenced people were able to provide feedback in a semi-pictorial manner on the care received. Feedback given was positive, however it was not dated so we could not ascertain when it had been taken.

- We saw how one person had requested a carer they had been allocated previously and wished to have again. Staff had rearranged the rota to ensure the person could receive the favoured carer.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. A relative added, "I have absolutely no reason to think that staff are not respecting privacy and dignity and [person] would definitely tell me if they felt their dignity and privacy to be at all compromised."
- People told us they were encouraged to keep their independence as much as possible and cited washing themselves where they were able to and making cups of tea. A relative told us, "This level of independence allows [person] to remain at home and not in a care home."
- We found that care plans listed what people were able to do with and without support, so that staff were aware of the most appropriate way to support independence.

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

- There was an inconsistency between care plans and whilst some offered a personalised overview of the person's needs others lacked information and detail. This was acknowledged by the registered manager and the independent consultant who told us work was being undertaken to improve and update people's care records. To enable consistency specific staff would be chosen to complete care plans and would be trained to do so.
- We found that people had been part of developing their care plan and one person told us, "Staff came out to visit and I was part of the plan". People told us their care plan was kept in easy reach and records were made by carers on each visit. A relative said, "The care plan covers everything my relative needs. There was good communication when it was set up, and we were all involved. My relative was able to say what they wanted."
- We found assessments carried out considered the person's history and likes and dislikes. It also included 'Who I am' and this looked at any cognitive needs and preferences, including level of mental capacity and ability to carry out any actions.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints, however information on lessons learnt could be more in-depth. We saw that lessons learnt for a number of complaints was the cut and pasted statement, 'To ensure carers are well trained to deal with different situations.' This generic response does not show how specific changes could be made to improve the service.
- People told us they knew what to do if they were unhappy about something. One person told us, "We had a couple of complaints at the beginning, but I let the office know and it was corrected."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw that throughout the care plan and initial assessment people's preferred form of communication was discussed. Examples given were carers speaking slowly and carers communicating verbally with people but demonstrating patience. The registered manager told us that information could be adapted into the

form most suitable for the person receiving it.

- Where people's first language was not English this was noted so adaptations could be made. Where a person's family did not speak English, this was recorded so they could be spoken to appropriately. The registered manager told us that having a multi-cultural staff team allowed them to carry out communication effectively.

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

- People told us they were supported to do things they enjoy doing. One person told us, "The carer takes me shopping. I couldn't go on my own but going with them means I get to choose what I want independently."

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

- Systems for monitoring the service were in place but were not always effective, for example audits had not identified where records were omitted or not sufficiently detailed.
- Systems had failed to identify risks to staff and people using the service, for example risk assessments had not ensured the safety of staff on calls was managed appropriately.
- A risk assessment process to assess, monitor and mitigate risk to people was not always in place, in particular where new risks had been identified.
- Systems failed to identify the providers own recruitment policy was not effective.
- Systems failed to identify where disciplinary procedures were not taken appropriately.
- We asked to see regular audits carried out but were only provided with those for care calls and medicines. These had been completed on a monthly basis, but comprised only of numerical data, making it difficult to identify patterns and trends experienced by specific people receiving care. An example being; September 2020 showed 0 missed calls, however October 2020 showed 97 missed calls, with no explanation for this jump in numbers or who had experienced missed calls and why.
- An annual audit completed mainly concentrated on policies in place rather than specific experiences of people using the service. An example being; the accident and incidents audit stated 'health and safety training is reviewed to ensure risks minimised'. This was generic and did not focus on improving life for people experiencing accidents or incidents.
- Where accidents and incidents had been recorded, we found action had been taken immediately, such as referral to GP or family, but there was no follow-up recorded by the service, such as an ongoing risk assessment to inform staff of the best way to manage the concern. Staff were knowledgeable on such instances and the registered manager told us improvements would be made.
- We found in the 'Learning/Lessons Learnt' section of incident and accident recording there was often an identical 'cut and paste' statement for different incidents. This was not person centred and did not provide any detail on what had been learnt. The registered manager told us this would be improved upon and staff understood the impact of any accidents or incidents upon people.
- Where risks had been identified following specific events, such as new skin conditions, action was taken to address the immediate concern. However, there had been no updated risk assessment in place to alert staff to changes and how to manage them in the longer term. The registered manager acknowledged recording shortfalls and told us improvements were being made with the assistance of the independent consultant.

Systems were either not in place or not robust enough to demonstrate the provider had maintained effective management oversight of the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had demonstrated they wanted to make improvements around risk assessments, audits and lessons learned by the employment of an independent consultant.

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. Continuous learning and improving care

- We found that opportunities for learning were not always recorded, for example the lack of recording discussions with staff and how generic cut and pasted lessons learnt were used when considering accidents and incidents and complaints.
- The provider understood their obligations to report incidents and accidents to the correct authorities such as the Care Quality Commission and local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Only one person we asked knew who the manager was. Two other people could name a member of the office staff. This was raised with the registered manager following the inspection, who told us they felt it was incorrect as literature was sent out to people with their name on it.
- People found office staff to be accommodating whenever they phoned about anything. One person said, "[Staff member] is definitely approachable." A relative told us, "I have found staff easy to get hold of; they answer straight away when I ring."
- People told us their views about the service were asked for. One person told us, "The office phone, check things are okay, about four times a year."
- There was a mix of opinion regarding satisfaction with the service. One relative said, "I am 70% happy and I think my [relative] is as well. It's the rushing, and the impersonal way some carers have that stops me giving it any more." A second relative said, "Overall, we're fairly happy and we feel this is a much better option than a care home. We would recommend the service overall."
- Staff felt engaged in the service and told us they received regular opportunities to speak with the registered manager including supervisions and an open-door policy where the registered manager was available to them.
- Staff understood the whistle blowing policy and said they would be comfortable in using it if they saw any concerning issues. Staff told us they currently had no concerns and felt that colleagues supported people effectively.
- The registered manager told us they were committed to improving the service and making it the best it could be. They told us, "I just love to give care, it is a part of me."

Working in partnership with others

- We saw that the service acted quickly when there was a concern for people's health, for example getting into contact with health professionals and making referrals.
- Staff told us that if they passed information on about a person's health to the office the registered manager would follow this up with professionals to ensure they.
- The registered manager told us they were supporting the service to adapt to constant changes in social care and that they wanted to work with the local authority and CQC to build positive links.

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 System's failed to provide an effective oversight of regulatory compliance.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems were not in place to ensure the safe recruitment of staff within the service.