

Firstcol Services Limited

# FirstCol Services Limited - Home Care - Crawley

## Inspection report

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Date of inspection visit:  
13 May 2021

Date of publication:  
18 June 2021

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

FirstCol Services Limited - Home Care - Crawley is a domiciliary care agency. It provides personal care to both older people and younger adults living in their own homes. CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were 101 people who received personal care.

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

People were kept safe from abuse and harm, and staff knew how to report concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were enough staff to keep people safe. Recruitment processes ensured suitable staff were selected to work with people.

Staff had received induction and training to enable them to meet people's needs effectively. Most staff felt supported by the management to perform their role and whilst formal supervision meetings had not always taken place, staff told us they could access support when they needed it. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People, their relatives and staff were informed about changes to how health and care records were gathered. An information technology system had been introduced and the service had moved essential records to this. This supported the service with a system to monitor, maintain and improve the quality of the service.

Rating at last inspection

The last rating for this service was Good (10 November 2017).

Why we inspected

The inspection was prompted in part due to concerns we had in relation to safe care and the induction and training of staff. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection people were at risk of harm from this concern. Please see the safe and effective sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service is Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe

### Is the service effective?

Good ●

The service was effective.

### Is the service well-led?

Good ●

The service was well-led.

# FirstCol Services Limited - Home Care - Crawley

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. The nominated individual continued to provide oversight of the service and had detailed interim management structures in place at the service. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short notice period of the inspection to ensure the inspection could be carried out safely in accordance with COVID-19 precautions and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 12 May 2021 and ended on 23 May 2021. We visited the office location on 13 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included a review of information from the provider's other location. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and six relatives about their experience of the support provided. We spoke with 14 members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the quality manager, the deputy manager, three care coordinators and eight support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two professionals who regularly work with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place and safeguarded people from the risk of abuse. People told us they felt safe and the staff looked after them well. Comments we received included, "The carers do everything properly for me", "They [staff] know me well and know what I need".
- Staff demonstrated a good knowledge of the risk of abuse and safeguarding. One staff member told us, "We call the management to report [concerns], co-ordinators have certain clients that they oversee so you report to them and they deal with [the concern]".
- The provider had appropriate policies and procedures in place to protect people from abuse. Staff knew how to recognise abuse and protect people. Records confirmed when abuse was suspected, staff took immediate action and reported concerns to the management team.
- The provider and manager were aware of their safeguarding responsibilities and had reported concerns to CQC and the local authority, as required. Where investigations were required, these were thorough and ensured concerns were managed in an open, transparent and objective manner.

Assessing risk, safety monitoring and management

- The provider assessed and managed risks to keep people safe. The provider was in the process of implementing an online care management system and at the time of inspection key records relating to people's safety and risks were readily available on the new system. Staff accessed information via mobile phones the provider had issued. A staff member told us, "It is a very quick way to keep up to date I can click on a client's details to see what's happening in real time". Staff told us this system could be updated quickly and as a result ensured that the most up to date information was available to staff. This ensured staff were aware of risks to people's wellbeing and how to manage those risks.
- People and relatives were aware of the changes to online records and had been informed how they could access this information. One person told us "they are involved with support planning every day" and would "call the office if there was a problem".
- Records relating to care were detailed and person centred. Information included background information, communication plans, step by step instructions which accounted for people's preferences and risks. The records contained information to support staff to manage health risks and provided instruction on what to do in case of emergency.
- Risk assessments included information on actions to take to minimise risks to people, including the use of any equipment. There was detailed information about the number of staff required and how to support people safely. Risk assessments were reviewed and amended to ensure they reflected people's changing needs.

Staffing and recruitment

- There were sufficient staff available to meet people's needs and keep them safe. Staff worked alongside more experienced staff before working alone with people. Most staff we spoke to were happy with the amount of support they had received prior to working with people alone. The provider detailed how staff could request further support if they needed it. The provider recognised this was dependent on the staff member's existing skills and knowledge and provided assurances all staff could request further support if needed.
- The service operated a staff rota which detailed support calls, and these were allocated according to area. The rota process also identified where two carers were needed for calls.
- Some staff told us they felt rushed between calls, one told us "Sometimes our rounds are really busy, you don't always get chance for a break, the co-ordinators are supportive though. You can ring up and say you're going to take 10 mins and they will call your next client for you and let them know you'll be a bit late. Since having the new phone system though it's much better". The provider is in the process of implementing systems to support the service and told us how they were working with staff developing their understanding and knowledge of these.
- Records showed people were supported by a regular team of care staff that knew them. One person told us, "They [the staff] are very good, they are polite, and we listen to each other". A relative spoke of the provider, "They supplied care way above what [persons] needs were, they couldn't be more helpful". Those we spoke to confirmed they received support from a consistent team of staff.
- The provider had a recruitment process in place to help ensure staff they recruited were suitable to work with the people they supported. Appropriate pre-employment checks were completed.
- The service had effective systems in place for staff to report safety concerns for themselves or people they worked with and ensured that staff had access to Personal Protective Equipment (PPE).

#### Using medicines safely

- People received their medicines in a safe way, where this support was required. People with time specific medicines had correct timings and appropriate gaps between doses.
- Staff received medicines training and systems were in place to assess staff competencies.
- Records were well maintained and electronic medication administration records (MAR's) had been signed as required.
- People's care records included specific information about their health conditions, the medicine they took and the level of support they required with it. People were supported to be as independent as possible with medicines.
- Incident reports detailed how errors were reported and investigated in accordance with good practice guidance.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. During the COVID-19 pandemic this had been particularly important to ensure that people remained as safe as possible.
- People told us, "Staff have been wearing masks" and "Wore PPE, shoe protectors, masks gloves and aprons, this gave us confidence". Staff confirmed they were issued with a month's supply of PPE in advance.
- A staff member told us, "I've worked a lot through the pandemic sometimes we were the only people that were going in we had to get shopping for people to make sure they were safe".
- The provider had ensured new customers had a negative COVID-19 test and staff followed the government guidelines for PPE use. Care records included an Infection Prevention and Control (IPC) pop up message for each person that ensured staff were reminded of safety precautions to take on entry to their home.
- The provider had ensured staff had access to policies and procedures to support management of infection risks and had provided training.

### Learning lessons when things go wrong

- The provider was able to demonstrate how lessons had been learnt and was able to evidence how this had impacted on improvements they were making.
- For example, incident reports in another location had not always identified concerns that should have been reported as safeguarding concerns. The provider had implemented changes to the reporting system which now included real time updates which the provider and managers could access and review incidents to monitor and ensure these were managed correctly. The provider had been monitoring this closely and as a result could provide assurance potential risks to people were managed safely.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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

- People's physical, mental and social needs were holistically assessed, and their care, and support was delivered in line with legislation, standards and evidence-based guidance. FirstCol Services Limited - Home Care - Crawley also provided a hospital discharge service and this required information to be gathered at speed ahead of staff providing support to the person in their home. Staff detailed the processes they completed, and this included a senior staff member carrying out the first visit and completion of an assessment of the person's needs and risks.
- People's care plans contained details of their background, any medical conditions, and information about choices and preferences. Information had been sought from relatives and other professionals involved in their care. This meant that staff understood people well and supported them in line with their wishes.
- A relative said, "Really happy with Firstcol and the care they provided, they care about how [person] is. More visits during the pandemic lifted [persons] mood as they have not been able to see anyone else. I cannot explain how much it has meant". This demonstrated how the provider had continued to assess and review support needs and adapted measures which resulted in a positive effect on the wellbeing of the person.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Feedback from people and relatives has been consistently positive about the skills of staff. A relative said, "Staff skills are great especially when communicating with [person]"
- New staff completed an induction which included face to face training, e-learning and a period of shadowing an experienced staff member. All staff completed training which included: moving people, infection control, medicines, health and safety, first aid, food safety and safeguarding.
- Most staff we spoke to felt they had received adequate support and training to be able to carry out their role effectively. Several had told us that they had not received formal supervision in some time, however, most went on to say that they could call the office at any time for support.
- The provider told us supervision arrangements had been challenging during the height of the pandemic and had focussed on providing opportunities for staff support following incidents or concerns. Records we reviewed, detailed meetings had been carried out with staff and development and improvement actions had been detailed where required.

- Most staff told us they felt supported in their role. One staff member said, they "Felt supported by the managers. I've got lots of respect for the managers ...they've always supported me. I get catch up calls, I can ring them anytime". Whereas another felt unsupported, "I have never had supervision". The provider was aware that the support experiences of staff were mixed, and they had planned further work to improve this experience for all staff.

Staff working with other agencies to provide consistent, effective, timely care

- Firstcol Services Limited worked with health professionals providing hospital discharge services.
- A professional told us, their "Main involvement with Firstcol is regarding the hospital discharge contract they have, to deliver care and support as part of our "home first" pathway. Generally, this goes well. This is a high volume, fast turnover contract with people who are frail and dependent after a hospital admission, and they work well to support them and work with our community health provider to encourage people to be as independent as possible".
- The provider had effective systems in place to ensure essential information regarding people's needs were gathered in a timely manner ahead of providing support.

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

- People were supported to eat and drink enough. One relative said, "My [relative] loves their meals and carers cook for them".
- People's care files showed their needs had been assessed in relation to nutrition and hydration and this took into consideration their preferences and dietary requirements.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health needs was recorded in their care plans.
- People's health was monitored by staff and they were supported to access healthcare when needed. For example, a multidisciplinary meeting had been scheduled to discuss specific health concerns and agree the best way to support the person.
- Details about people's specific care needs were shared with other agencies when people needed to access other services, such as hospitals.

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 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 and their relatives confirmed staff obtained consent for people's care and support.
- Staff received training in relation to MCA and had a good understanding of its principles.
- People were supported wherever possible to make their own decisions. One person told us, "Staff do what I ask of them, they are very good and flexible". Another said, "I am involved everyday".
- People were encouraged to express their wishes and preferences, and the service adapted their approach to meet people's needs.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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

- There was an open and person-centred culture. The provider had implemented recent changes to recording and communication systems which enabled people and staff to access information relating to people's support needs. This was in the process of being fully embedded in the service and more records were in the process of being added.
- Relatives were aware of the changes to the communication systems and confident in the quality of care and support being provided. One relative told us, "There is a good two-way communication." This ensured changes to a person's health were communicated and actions managed. A relative went on to say, "We get a good night's sleep knowing that [person] is well looked after".
- One staff member said, "You can access lots of information about people. It tells you their medication, the office updates the system if there are any changes. If you need to communicate with other carers you can see who has been before or coming later".
- Most staff who provided feedback felt supported by the management team. One member of staff said, "The [staff] in the office have done so well, they're very organised. You can always phone up and get an answer from them". Another said of the provider, "Firstcol do really well it's not about money it's about the respect that I get I can't fault them".
- The provider understood their 'Duty of Candour' responsibility This regulation sets out specific requirements providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. Information was shared in line with this. The provider completed robust investigations and were clear about their responsibilities to be open and transparent if things go wrong.

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

- The registered manager had recently left their post. The provider had provided detailed interim management arrangements and was actively recruiting.
- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on incidents and accidents, medicine administration records (MARs), spot checks and regular quality monitoring phone calls. The provider continued to review incidents and identified trends and themes. Records reviewed detailed actions taken to address any identified issues.

- Leadership at the service had a clear vision of how they wanted the service to run.
- The provider told us the newly introduced information technology systems were supporting them to access information regarding the quality of the service and would be "running supervision clinics to support staff to focus on how they work with the system and emphasise to use this for reporting".
- The provider ensured we received notifications about important events so we could check appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- A relative told us how the service considers peoples equality and cultural needs, "All staff respond to [persons] culture and listen and sing to the songs, they listen to [persons] likes and dislikes". They went on to say, "I feel so much more relaxed, I work in partnership with FirstCol. Now I can spend quality time with [person]".
- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it.