First4Homecare Ltd

First4Homecare Ltd

Inspection report

Kestrel Court, Waterwells Drive
Waterwells Business Park, Quedgeley
Gloucester
Gloucestershire
GL2 2AT

Tel: 07796662961

Date of inspection visit:
21 December 2017
02 January 2018

Date of publication:
21 February 2018

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

This inspection took place on the 21 December 2017 and 2 January 2018 and was announced.

First4Homcare Limited is a domiciliary care agency providing personal care and support for ten people in their own homes in the community. It provides a service to older people. First4Homecare is a franchise of Heritage Healthcare Limited and is supported by the Franchise Company. This was the first inspection of the service since it was registered with CQC in December 2016.

Not everyone using First4Homcare receives regulated activity. CQC only inspects the service being received by people provided with 'personal care' and help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provided care and support which was personalised and responsive to people's needs.
Risks to people's safety were identified, assessed and appropriate action was taken. Staff had completed safeguarding adults training and knew how to keep people safe and report concerns. There were thorough recruitment checks completed to help ensure suitable staff were employed to care and support people.

People were supported to maintain good health and be involved in decisions about their health. Care workers alerted healthcare professionals about people's health when necessary and monitored their health. Staff had the knowledge and skills to carry out their roles and their training was updated. Staff knew people well and treated them with dignity and respect. One person told us the staff were excellent and they were never rushed.

Quality assurance procedures were used to monitor and improve the service for people and they were included in developing their care and support. Feedback from people and their relatives or supporters was used to improve the service.

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.

People were safeguarded from harm because staff were aware of their responsibilities to report any concerns. All accidents and incidents were recorded and preventative measures identified.

People's or their relatives managed their medicine but staff were trained in safe management of medicines.

People were supported by staff who had thorough recruitment checks and an induction to the service.

Is the service effective?

Good

The service was effective.

People gave their consent to care and their rights were protected because the staff acted in accordance with the Mental Capacity Act.

People's health needs were well supported through access to healthcare professionals.

People were supported by staff that had the knowledge and skills to carry out their roles.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness. They knew staff well and had good relationships with them. Staff spoke respectfully about the people they looked after.

People were care for and supported in the way they wanted and staff respected their choice.

People's privacy, dignity and diversity was understood, promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support and were involved in decisions about their care.

Care plans were regularly reviewed with people and their relatives.

There were arrangements in place to respond to concerns and complaints.

Is the service well-led?

Good

The service was well led.

The registered manager was accessible and supported staff, people and their relatives through effective communication.

The service had monthly quality assurance visits from the franchise support manager and asked people if they were satisfied with their care.

First4Homecare Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 December 2017 and 2 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 21 December 2017 and ended on 2 January 2018. It included visiting two people in their own homes and the agency office. We also telephoned one care worker. We visited the office location on 21 December 2017 and 2 January 2018 to see the registered manager and office staff and to review care records, policies and procedures.

We reviewed the information sent to us in the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

The inspection was carried out by one inspector. We spoke with the two people using the service when we visited them and one relative, the registered manager, nominated individual, the franchise support manager and one senior care worker. Following the inspection we spoke on the telephone to one care worker. We reviewed three care records for people who received personal care and checked two records relating to staff recruitment and training and quality assurance records. We also contacted one social care professional involved with the service.

Good

Is the service safe?

Our findings

People were kept safe by staff trained to recognise signs of potential abuse and who knew what actions to take to safeguard people. The registered manager had completed additional safeguarding training. There were clear policies and procedures for safeguarding people which included 'whistle blowing'. Whistle blowing is a term used when staff report concerns about another staff member. Staff knew who to call for assistance should they need help or advice. The guide people had about the service informed them about safeguarding and the contact details of the local authority safeguarding team. There was also an easy read version of the guide with pictures for people who may not be able to fully understand what abuse is and what to do. One person who lived alone said they always felt safe when staff used the 'key safe' to get in. There had been no safeguarding incidents.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Accidents and incidents were recorded and included reflective practice to identify any preventative measures where necessary. There was an accident and incident reporting procedure for staff to follow. All accidents were recorded in people's care plan and in the health and safety folder on the computer which was capable of auditing all accidents. One person with the fluctuating need to use the hoist had slid to the floor. There was no injury but a detailed risk control measure had highlighted the relative needed to be there as the second person at each visit. The registered manager told us the lesson learnt from this had been the need to ensure people can walk when assessing them in hospital.

Risk assessments were in place to help minimise any risks to people. One risk assessment for safe moving of one person was clear and included safe handling tasks when they were hoisted and used a special profiling bed. Care workers were guided to assess the person daily and use the hoist when required making sure to always communicate with the person. The staff had access to the hoist user manual on their mobile phones for reference and all staff were trained to use the hoist. The profiling bed had an automatic setting set to the person's weight to help prevent pressure ulcers which alarmed when incorrectly used. Care workers knew what to do to reset the alarm and always checked the bed at bedtime. Staff also checked the equipment had been serviced to ensure it was safe and in working order. We observed a member of staff helping one person to transfer safely from their wheelchair to an armchair and they were reassured at all times. There was a risk assessment of people's homes to ensure they and staff were safe which included checking smoke detectors were installed and hazards from trips or slips. There was a health and safety risk assessment to promote the safe use of the office premises, staff and people.

People were protected from cross infection. Staff were trained in infection control and were provided with personal protective equipment and hand wipes to use to prevent cross infection. There was a clear infection control procedure and staff had access to this from their mobile phones. Two people told us care workers always used disposable gloves and aprons when they visited. One person said, "They [staff] keep the place clean and tidy."

Staff were deployed to meet people's needs and electronic alerts to the office ensured they had arrived, completed the care and all records. When staff knew they would be late they rang the on call manager who

informed the person they would be late and checked that they will be safe until the staff arrived. When two staff were needed to hoist people this was arranged. Staff told us they were given sufficient travelling time to ensure they were on time for visits and to complete people's care and support. People were provided with a weekly list of the staff rostered to provide their care. The care coordinator told us they always introduced new care workers to people to ensure they knew who was visiting them.

People or their relatives administered their medicines currently and they did not require staff support. Staff had been trained to complete safe administration of medicines. The services procedure for supporting people in the safe handling, management and administration of medicines was comprehensive and included the use of over the counter (OTC) medicines when staff should check with a GP or pharmacist before administration.

There were thorough recruitment procedures where checks had been completed to help ensure suitable staff were employed to care for and support people. Staff had provided previously completed training certificates. They completed an induction programme when they started and shadowed experienced staff until they were competent to work independently.

There were arrangements in place to keep people safe in an emergency and staff understood them and knew where to access the information. People had been rated from low to high risk. Those most at risk, who lived alone, were a priority. In a recent snow fall all people received a visit where necessary. One relative told us, "They [staff] are always on time even in the snow."

The Provider information return (PIR) informed us that the service had joined the NHS 'Sign up to Safety' initiative with the intention of learning from their own safety concerns and those which may be a generally recurring theme. There has been extra communication to staff on recognising changes in people which may be a sign of illness or decline. The PIR also informed us that the service received alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) and Notification of Infectious Disease (NOID) where the prevalent diseases for Gloucestershire were reported and weather reports in order to keep people and staff safe.

Good

Is the service effective?

Our findings

Staff received suitable training, support and supervision. All new staff completed the Care Certificate training or assessment of their skills if they had recently completed it. Staff had regular training updates to ensure they had sufficient knowledge to carry out their roles and will be encouraged to undertake further qualification in health and social care. All staff had completed the provider's required mandatory training which included moving and handling, basic life support, dementia awareness, fire safety, health and safety, mental capacity, food safety, pressure ulcer prevention and safeguarding adults. The training record for all staff was updated to show when staff training was due. Currently all five staff had 100% compliance of their training. The Provider information return (PIR) told us staff completed an induction programme mapped to the Care Certificate requirements.

The PIR also told us the registered manager is a Registered General Nurse and a well-qualified and experienced healthcare trainer so most training was delivered in-house and it was easy to follow up staff competency checks. The registered manager is a first aid and moving and handling instructor. In addition, the Care Coordinator is also a moving and handling instructor, which allowed the agency to have a policy that equipment training was always carried out at people's homes. Although the staff training was delivered in-house it was externally validated and certified. Care staff were supported through individual (supervision) meetings and annual appraisals of their work. The people they visited were discussed and their training needs. Spot checks of staff competency were completed to check their practice. One person told us the staff seemed to be well trained in what they do.

All people had an initial assessment which planned the times, frequency and level of care/support they needed which the agency staff monitored and changed if required to meet people's changing needs. Individualised care plans were developed with the person and their family/representatives if required. When staff arrived at a person's home they manually logged into their mobile phone and chose the visit time and all the tasks were displayed in the care plan. The care workers spoke into their phone or manually typed in the daily records of the visit. The number of support care plans developed might vary but usually consisted of; personal care, nutrition and hydration, moving and handling, what is important to me and housekeeping. All care records were reviewed daily by the office staff on computer. Should a care plan be updated care workers had an alert that informed them of the changes.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). Staff knew about the MCA but currently there was no need to complete mental capacity assessments for any of the people supported. The PIR told us 'Equality and Diversity is part of training and consent for care is sought formally and informally.' Staff gained consent from people for their care every time they visited. All the people supported had mental capacity to make their own day to day decisions. One person told us the staff always asked for their consent before providing personal care.

People's diet and fluid intake was monitored to ensure they had enough to eat and were hydrated. The electronic system highlighted when people were at risk from dehydration and staff had to add three ticks for giving a drink, the person drinking and for leaving a drink when they left. When ticks aren't completed the

office was alerted immediately. This ensured that staff checked people had drunk what was offered. One person told us they chose their lunch and the care workers cooked it and made sure they had drinks available before they left. Staff reported when people were unwell to healthcare professionals and any instructions from them were carried out to ensure people's health and wellbeing were maintained. The registered manager gave us examples of when they had contacted the GP for one person who had swollen legs and another person where they had contacted the Parkinson's nurse specialist.

Good

Is the service caring?

Our findings

People had positive relationships with staff and they told us the staff were always there on time.

The Provider information return (PIR) told us how the agency had sent people birthday greetings with a special balloon. One person told us the staff were "very good" and they would definitely recommend the service to other people. They also said the staff went out of their way to be helpful and the communication with the office was "excellent". Another person said the staff were "brilliant" and on time even in the snow. They told us the staff were respectful and never gossiped about other people they visited. The PIR informed us that new care workers were always introduced to people by the registered manager or care coordinator and the new relationship closely monitored to ensure it is working well.

Staff supported people with kindness and compassion and their privacy and dignity were respected. The daily records recorded staff had closed the curtains and doors before they provided personal care to people. One person was encouraged to mobilise regularly as they had been advised by a physiotherapist and staff assisted them to be independent. One care worker told us there was enough time to care for people without rushing as there was always enough travelling time allocated. One person with hearing impairment was supported to communicate with their relative. Staff rang the relative with information and the relative facsimiled back a reply for staff to show or read to them as they had excellent lip reading skills. The service sometimes sent the person a facsimile to provide a short notice, for example about a change of care worker. One person's care plan identified clearly what was important to them. For example their lifestyle choices and communication methods. The person was a Christian and the church played a big part in their life. They also liked using their computer, reading and watching television. The care plan identified that to communicate well the person needed to have clean glasses and both hearing aids in place. Staff knew their previous occupation and where they had lived which helped them to talk about the person's life with them.

People and their relatives were positive about the care and support they received. There were seven positive reviews written on the homecare website and the service was rated the highest score by everyone. Two relatives and one person said, "I particularly like the way that my comments are listened to and, when possible, are implemented. I cannot recommend Heritage Healthcare highly enough", "Heritage has provided a person centred approach from day one, and they have been flexible in providing her care and have added and altered times in order to offer a service that suits her daily routine" and "Always on time, helpful and courteous."

We observed the friendly rapport people had with the care staff when we were introduced to them. Staff talked to people on their same level by kneeling down to them and smiling when they spoke with them or holding their hand. There was no rush and people and one relative were pleased to see the staff. People had a guide to the service which informed them what they could expect from the service and whom the agency could provide care and support for. The guide also told people they would be supported to access any other services they required. There were contact details for the agency and adult services at Gloucestershire County Council and an explanation about adult abuse and who to contact if they did not feel safe. There was also an easy read version of safeguarding adults to explain with more simple words and pictures to help

people understand.

Good

Is the service responsive?

Our findings

People received care and support which was personalised and responsive to their needs. The registered manager completed a detailed assessment of people's needs and the safety of their home before the service started. The information was used to complete the computerised care plan record. Staff had access to the records from their encrypted mobile phones. Staff knew people well and when they needed changes to their care the registered manager ensured the records were updated for staff to follow. One person told us they knew which care workers were coming a week in advance. When six monthly care plan reviews took place a new plan was printed for people to keep in their home.

There was an efficient and responsive record and call monitoring system. The service had implemented a new electronic system enabling a smooth transition from having a written support care plan to keeping and maintaining electronic care records. The ability to plan and document care delivery, monitor all task delivery in real time and share information where necessary, with the correct consents in place, had proved to be an effective tool in responding to people's needs. The systems were 'cloud' based and therefore accessible from any location with a secure internet connection. We looked at care records and there was sufficient detail to ensure people's needs were met. At each visit staff recorded in detail what they had completed and addressed each area of support. They had made an unscheduled visit to one person when they needed help. The visit identified the person probably had a urinary tract infection and the GP was called and they prescribed antibiotics. Safe moving and handling was described each time and whether the equipment was in working order.

The service kept in close contact with people and their families in a variety of ways by phone, text messaging, emails, post and face to face contact. The registered manager told us people and relatives had the systems explained to them. The registered manager could see the daily record in the office that one person was "A bit wheezy today" so they rang and asked them later if they were alright. We saw on the system one person had refused a shower and the office computer was alerted. The care worker had recorded the reason why. Additional tasks were added electronically too and an example was to check one person's swollen legs. The staff monitored changes in people and communicated to the office any concerns which were acted upon. The provider information return (PIR) told us about the staff's early recognition of people's behaviours that could help prevent them falling and becoming unwell. The service had helped raise the alert for one person and they had early medical intervention.

People and their families had access to their records. The PIR told us, "We encourage service users and their families, where appropriate, to access our notes" through the use of the electronic system which is also available to other visiting healthcare professionals. One relative had used the electronic system to ask the staff to give the person a different breakfast. The care plans were signed by people on an electronic tablet before printed for the person's file in their home. The care coordinator told us, "Systems are amazing you can see where staff are and if they have checked people's care." One care worker said the system was responsive because they could read what happened the day before to see if there were any issues raised before they visited. People found the service responsive and told us, for example, they could ask staff to do shopping for them and put the waste bins out for collection. One person told us the care worker always gave

them a receipt for any shopping they did.

People were supported to remain independent and continue with what they enjoyed. The PIR told us "We try to go the extra mile we carry mini manicure sets so service users can have nails cleaned and filed and nail polish applied if they so wish and we arranged a trip to Bingo for one person." The service had started to collect some reminiscence resources to meet people's specific interests. The service aimed to become more involved with local community in time.

People and their relatives had access to a clear complaints procedure. Any concerns raised were acted upon to people's satisfaction. One person told us the provider had helped them change a household item which they were relieved was sorted out for them. They also told us they would call the agency office if they had any concerns. One staff member told us they had no complaints from the people they cared for. There were no formal complaints recorded. The service had also received letters of compliment from people's families.

The registered manager told us they had provided one person with care at the end of their life. They showed us the card from the person's relatives that thanked them for "calm, supportive and friendly care." The PIR told us how staff had a meeting to discuss their feeling around the loss of the person and reflected on the support they received and where any improvements could be made. The registered manager had recognised that staff may need additional training and support with end of life care but the service had a policy regarding this and wanted to address this training themselves with staff when it was appropriate.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. It has a well-developed understanding of equality, diversity and human rights and put these into practice. There was a registered manager who was a registered general nurse. The Provider information return informed us that both the registered manager and nominated individual had a wealth of knowledge and experience in healthcare, training, logistics, financial management and operational expertise. Heritage Healthcare Limited is a franchise and the service was supported by the Franchise Company. The vision for the service was to deliver the highest quality care to people and to respect and look after the care workers equally.

The franchise support manager visited the service monthly. We spoke with the franchise support manager who completed quality assurance visits to support the new business. They told us that not all formal audits had been completed yet as they had begun quality assurance systems by mapping the new Key Lines of Enquiry (KLOE) used by CQC to their audit system. They also told us the computerised system was capable of producing audits of issues where alerts highlighted errors or missed tasks and for accidents and medicines. The franchise support manager had highlighted in September 2017 the use of a flow chart to identify the action taken and who is responsible should there be a risk, for example, for missed or late calls. The flow chart had been created and there had been no actions necessary. Accidents were audited monthly and overall in one year on the office audit system that identified they were all logged correctly on 14 December 2017. The summary of the support manager's recent visit in December 2017 had not highlighted any necessary action. The support manager also spoke with random clients and staff to gain their opinion of the service and they told us, "I am very impressed this is a good agency".

The registered manager told us they reviewed one care plan record daily but were constantly looking at the computerised records when any alerts came in from staff who may notice changes in people. We looked at a care plan audit for one person and all areas of the record were noted as complete including several risk assessments and health related documents for example fluid and food intake. The audit added a comment that a 'best interest' meeting may become necessary as the person was deteriorating. At people's first review after six weeks support they are asked about the service and this was recorded in the care plan. We also looked at recruitment record audit for a care worker who started work in October 2017 and the records had been completed correctly.

The Gloucester branch had developed some of their own flow charts for some procedures for example safeguarding adults. We looked at the staff procedures folder which had many easy to follow flow diagrams to ensure processes were followed correctly and staff were aware of relevant guidelines and procedures. A staff handbook was provided to all staff. The PIR informed us the governance framework was led by comprehensive documentation of policies and procedures which were centrally managed from head office and updated in accordance with changes in policy guidelines and best practice. The care coordinator told us they completed 'spot checks' and observed care workers with people to ensure they provided care in accordance with the provider's policies. The information was fed back to the care worker and the registered manager to improve the service when required. We looked at two 'spot checks' records where the care workers were experienced and there was no action necessary.

Staff were well supported by the management team. Staff told us they felt well supported by the registered manager and nominated individual who they were in regular communication with about people and procedures. There was also a communication alert system all care workers could see as soon as they opened their mobile phone application. The PIR gave an example where there were high winds and rain forecast and staff were reminded to take extra care on their journeys and be aware of wet leaves on the ground. One staff member told us the communication with both the registered manager and the nominated individual was "brilliant". Another care worker told us, "We flag to the office if anything is wrong and the office staff always ring us back."

The providers valued treating their staff as individuals and recognised their rights. The provider was a Real Living Wage Employer and displayed the certificate in the office and on their marketing material. The registered manager told us they had an open management policy and staff contacted them regularly. One care worker told us, "This agency is relaxed and I feel appreciated, supported and not under pressure."

Staff and directors meeting were held to monitor the services progress and capture staff views and inform them of necessary improvements. Minutes of the monthly staff meetings we looked at had various topics to include reflective practice of an accident, completing records, safe lone working and access to new people's key safe. One record told staff that Heritage Homecare Gloucester had been one of the finalists in the national franchise network in the "New Franchisee of the Year" category and showed the staff the certificate. One staff member had commented during a meeting that their husband had said it was nice to have them come home happy after being at work. Directors meetings concentrated on recruitment, training, advertising and finances. Recruitment had been difficult and the provider planned to continue a measured approach to the acquisition of new clients. The registered manager and care coordinator are planning to start a management diploma, level five, early in 2018.

The registered manager was actively involved in key local and national organisations and had forged relationships with commissioners and health and social care professionals. They had attended the franchise AGM in November 2017 and have become associate members of Gloucester Old People's Association and UK Home Care Association. The registered manager has validated her own registration with the Nursing and Midwifery Council (NMC) and receives many safety alerts from, for example, Gloucester Safeguarding Adults Board and National Institute for Health and Clinical Excellence (NICE)