

# First Choice Medical Solutions Ltd

## First Choice Medical Solutions Ltd

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 09 January 2019 and 10 January 2019 and was announced.

This was the first inspection of this service since the provider initially registered with the Care Quality Commission in January 2018.

First Choice Medical Solutions Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger adults and children who may live with sensory or physical disabilities, dementia or learning disabilities and autism. At the time of this inspection six people were using the service.

Not everyone using First Choice Medical Solutions Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had 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.

Staff had been trained about safeguarding people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Risks to people's safety and wellbeing were assessed and managed in the least restrictive way possible. Enough suitably trained staff were available to meet people's needs. People's medicines were safely managed. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The management and staff team used incidents as a learning tool to help further ensure people's safety and wellbeing.

Staff received training and supervision to enable them to meet people's care and support needs. The service worked within the principles of the Mental Capacity Act 2005 (MCA). Staff and management team liaised with social care commissioners and appointed next-of-kin where people were not able to give consent. People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. The staff and management team worked in partnership with external professionals and families to help ensure the individuals needs were identified and met.

People had a small team of staff who supported them which helped to ensure continuity and enabled people to form bonds with the staff. Staff understood the importance of promoting people's independence and respecting their dignity. People's care records were stored securely to help maintain their dignity and confidentiality.

People and their relatives had been involved in developing care plans that addressed all areas of people's

lives. Staff were matched as far as possible with the people they supported in terms of gender, interests and skills. The registered manager had not received any concerns or complaints from people who used the service or their relatives but had appropriate processes in place to manage these.

There was a range of routine checks undertaken by the management team which were effective in identifying shortfalls. The management team were passionate about providing good care and support and demonstrated an in-depth knowledge of the staff they employed and people who used the service. The management team had an operational oversight of the service and priorities for the organisation.

## 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:

Staff had been trained about safeguarding people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

There were enough staff available to meet people's needs.

The provider's recruitment practices helped make sure staff were of good character and suitable for the roles they performed.

People's medicines were safely managed.

Staff received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

The management and staff team used learning from incidents as a tool to help further ensure people's safety and wellbeing.

### Is the service effective?

Good ●

The service was effective:

Staff received training and supervision to help them to meet people's care and support needs.

The service worked within the principles of the Mental Capacity Act 2005.

The staff and management team worked in partnership with external professionals and people's relatives to help ensure people's needs were identified and met.

### Is the service caring?

Good ●

The service was caring:

People were supported by a small team of staff which helped to ensure continuity and enabled people to form bonds with the

staff.

Staff had developed positive and caring relationships with people they clearly knew well.

People's care records were stored securely to help maintain their dignity and confidentiality.

### Is the service responsive?

Good ●

The service was responsive:

People and their relatives had been involved in developing support plans.

Staff were matched as far as possible with the people they supported in terms of gender, interests and skills.

The provider had a complaints policy and procedure to help ensure any concerns and complaints raised were appropriately investigated and resolved.

### Is the service well-led?

Good ●

The service was well-led:

There were a range of checks undertaken routinely to help ensure that the service performed safely.

People, relatives and staff told us they felt well supported by the management team.

Relatives told us they would be confident to recommend the service to anyone looking for care in their own homes.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

The management team had a clear operation oversight of the service.

Feedback from people and relatives was actively encouraged

# First Choice Medical Solutions 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 checked 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.

The inspection took place on 09 January 2019, was announced and was undertaken by one inspector. We gave the service 24 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 available to support the inspection.

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

We reviewed the provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Inspection activity started on 09 January 2019 and ended on 10 January 2019. We visited the office location on 09 January 2019 to meet the registered manager and finance director and to review care records and policies and procedures. On 10 January 2019 we spoke with relatives of three people who used the service and two staff members to gather their views about the support provided.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

# Is the service safe?

## Our findings

Relatives told us people were safe receiving care and support from First Choice Medical Solutions Ltd. One relative said, "[Relative] is absolutely safe receiving care from First Choice Medical Solutions. We see them with [relative], they work well together to ensure [relative] has good care and [relative] is very pleased."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Safeguarding matters were discussed at team meetings, supervision and spot checks. The registered manager and finance director were clear about what constituted abusive practice and how to report any such concerns to the local authority safeguarding team for investigation. However, staff were not all clear about the relevant external authorities to contact if they had any concerns about a person's safety or wellbeing. We discussed this with the management team after the inspection and they undertook to refresh this matter with the staff team immediately.

People were supported to take risks to help retain their independence and freedom. Risks to people's safety and wellbeing were assessed and people were supported to manage these. Individual risk assessments had been developed for areas such as refusing medicines and bathing. The risk assessments were regularly reviewed and kept up to date.

The provider had a system to help ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed in the event of staff sickness.

There had not been any care calls missed since the service first registered with CQC. Staff rotas included travel time and breaks to help promote staff well-being and to keep the service running smoothly. The provider had an electronic call monitoring system to enable them to remotely monitor that care calls had taken place appropriately and to promote staff safety.

Safe and effective recruitment practices were followed to help make sure staff were of good character and suitable for the roles they performed at the service. Recruitment records showed that relevant checks had been undertaken prior to staff starting to work with people.

Staff had received training to support them to manage and administer people's medicines safely. Competency assessments had been undertaken by staff following their training to confirm they had a good understanding in this area. Medicine administration records (MAR) were checked regularly by a member of the management team to help identify any concerns. Care staff skills and knowledge enabled them to identify potential medicine issues. For example, a person had been discharged from hospital with a change to their medicine regime which had not been implemented by the GP surgery. The staff member advised the registered manager who liaised with the GP on behalf of the person to help promote their safety.

Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

The management team used incidents as a learning tool to help ensure people's safety and wellbeing. For example, care staff noted that a relative had not returned a person's bed to a safe height after they had provided personal care. This had placed the person at risk from falling had they tried to get up from bed independently. As a result, a notice had been placed by the person's bed to remind all parties to return the bed to a safe level after care had been provided.



# Is the service effective?

## Our findings

People's relatives told us that the staff provided care and support that was effective in meeting people's needs. One relative said, "The staff know what they are doing, they are all very professional."

Before care delivery started the provider undertook an assessment of people's care and support needs from which support plans and risk assessments were developed and agreed with people and their relatives as appropriate.

Staff received training to support them to meet people's care and support needs. The registered manager told us of various training elements that had been undertaken by staff including basic core training such as infection control, moving and handling and food hygiene. Training to meet specific needs was provided for the staff team for example, for Parkinson's disease and where people took their nutrition via percutaneous endoscopic gastrostomy tube (PEG). The registered manager told us, "Before we accept anyone with complex care needs I would ensure that staff had the appropriate training to meet their needs."

Support staff completed an induction programme at the start of their employment which included information on the aims and objectives of the company, policies and procedures, health and safety and how to support individuals effectively. New staff shadowed experienced staff until they, and the management team were satisfied they were sufficiently skilled to work alone.

The management team and staff confirmed that there was a programme of staff supervision in place. Staff said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Best interest decisions were made with involvement of social workers, relatives and staff when people did not have capacity to make decisions themselves.

Staff prepared simple meals for people as needed and encouraged people to take fluids to maintain their health and wellbeing.

The staff and management team worked in partnership with other professionals and families to help ensure the individuals needs were identified and met. Examples included GPs, occupational therapists and community nurses.

## Is the service caring?

### Our findings

People's relatives told us they were happy with the staff that provided the support. A relative told us, "They are very nice girls, they are so kind and patient when they care for [relative]. It is also a very reliable service, it has really helped me, I was in bits before they started to care for my relative."

Questionnaires completed by people's relatives as part of the provider's quality assurance process included positive feedback about the caring nature of the staff. For example, one relative had commented, 'All the ladies (staff) have been, and are, amazing. Very kind and caring, my [relative] is always giving them lots of kisses. The whole family would like to thank you for everything you do.'

People had a small team of staff who supported them which helped to ensure continuity and enabled people to form bonds with the staff. A relative told us this was important because staff had become to know and understand the person and how to support them effectively.

People were treated with respect and dignity. The management team told us they monitored this at spot checks and through speaking with people who used the service.

People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

The management team told us they would signpost people to relevant organisations to access advocates if they needed support with making decisions. (An advocate helps a person to express their views and wishes and to stand up for their rights.)

## Is the service responsive?

### Our findings

People, and their relatives where appropriate, had been involved in developing support plans. People's support plans provided a comprehensive overview of actions to be taken by staff to meet people's individual needs. We discussed with the registered manager that it would better enable them to ensure people received consistent care if support plans included a greater level of detail. For example, clear detail of how to support a person with their daily wash or the specific detail of how to settle a person in bed for the night. At this time people or their relatives could verbally direct staff regarding people's specific needs however, as the service developed there could be more reliance on detailed records to guide staff.

Staff were matched as far as possible with the people they supported in terms of gender, interests and skills. For example, a person who used the service did not have English as their first language. The service had identified that a staff member was able to communicate with the person in a third language that was not native to either party and had allocated this care staff member to provide this person's care and support.

The service did not provided support with social engagement however, the registered manager advised they encouraged care staff to spend as much time as possible talking with people during the care calls. They said that sometimes the care staff were the only faces people saw all day so it was important to help combat loneliness and isolation.

The service was flexible to people's changing needs. For example, the registered manager described how people's care visits were re-arranged to take account of health appointments. One relative told us, "They are always very helpful and flexible. They adapt to any changes we need to make without issue." Another relative said, "They are very flexible indeed. [Person] called them to assist him in getting back into bed. They came to help straight away even though this was outside the normal care call time."

The provider had a complaints policy and procedure in place to help ensure people would be able to raise anything that concerned them. People's relatives told us that they would be confident to raise any concerns with the registered manager however, they had not had occasion to do so. The registered manager said they had not yet received any formal complaints however, they were able to demonstrate how they had addressed some verbal feedback received during a care review. This showed that the management team listened and acted upon feedback received. One relative said, "We have not had to make any complaints. We were offered an alternative care provider when healthcare funding was agreed but we refused this because we are so happy with First Choice Medical Solutions."

The service was not supporting anyone with end of life care at the time of this inspection. However, the registered manager advised that staff had been booked to undertake training in this area imminently so that they could provide this support when the need arose.

# Is the service well-led?

## Our findings

People's relatives and staff told us they felt well supported by the registered manager and provider. A relative told us, "[Name of registered manager] is very kind and a good organiser."

We asked relatives whether they would recommend the service. All three relatives said they would recommend the service and one told us, "We would absolutely recommend First Choice Medical Solutions to anyone looking for care in their own home, they are very good indeed." Another relative said, "We would definitely recommend this service, you hear so many horror stories and I was dreading having help with [relative] but they are so very good."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. Staff members told us they felt supported and listened to by the management team and they would recommend the service to other care staff looking for a position in care.

The management team met at least monthly to review strategic and operational needs, incidents, accidents, complaints and for general strategic and operational oversight of the service and priorities for the organisation; outcomes arising from these meetings fed into the service improvement plan. The management team said they were passionate about providing a safe and caring service.

The management team provided each other with effective challenge and managed each other collectively. The registered manager and provider attended meetings and workshops with local authorities and a local care provider association.

The registered manager reported that the plan was to have team meetings monthly and we noted that a meeting had been scheduled following this inspection. In advance of the meetings staff were sent the minutes from the previous meeting, an agenda and a request for any other business to be discussed. An example of topics included for discussion were outcomes of audits undertaken, observations from spot checks and discussions about training needs.

The registered manager advised that a 'message of the week' was sent around the team by email as a way of keeping communication open and sharing good practice. For example, previous messages had addressed uniforms, punctuality issues and safeguarding information.

The registered manager undertook regular audits in areas such as record keeping, MAR sheets and spot checks at people's homes. They had audits ready to use for areas such as complaints, accidents and incidents and missed calls however, these had not been completed as there had been no such circumstances to audit. An audit of daily records had identified that there was a risk of pages being lost or kept out of chronological order because they were loose leaf pages. To address this, the management team had introduced a daily record booklet for each person. This showed that audits were meaningful and brought about improvement.

People's relatives were positive about the way the registered manager assessed the quality of the service. They told us that their feedback was actively encouraged. One relative said, "When they started a new staff member [name of registered manager] came to check that they were being trained properly."

Quality assurance surveys were given to people and their relatives to gain their views and opinions on the service provided. People were also asked for their views at reviews and spot checks to confirm their continued satisfaction.