

First Choice Care Agency Limited

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## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own homes and flats in the community. It provides a service to younger and older adults.

People's experience of using this service:

- We found some of the provider's quality assurance systems needed improvement as they did not identify all the shortfalls in records. When we discussed this with the registered manager they assured us they would improve the quality checking systems.
- People received care and support based on their individual assessed needs and preferences. People had a care plan which detailed the risk involved in people's personal care. People were cared for safely by adequate numbers of staff. Staff were trained to administer medicines; however, some medicine records were not always signed by staff.
- The provider ensured that staff received training based on people's individual needs. Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time. People were supported by staff to maintain a good diet and provided plenty of fluids. Staff worked well to ensure people were supported to access health services and people were involved and encouraged to make decisions about the care offered.
- People were treated with kindness and were positive about the staff's caring attitude. People were encouraged to express their views and make decisions about the care they received. People told us they felt staff treated them with respect and dignity and encouraged them to maintain their independence for as long as possible.
- People were supported by staff who understood their needs and ensured individual care was provided for people. The provider strived to ensure the consistency in staff support meaning people and staff were able to build positive relationships.
- People's relatives spoke positively about the registered manager and staff. The registered manager understood their legal responsibility for notifying the Care Quality Commission of incidents that involved the people who received a care service. People and their relatives had been given the opportunity to comment on the service by a telephone poll.

Rating at last inspection: This is the First Rating inspection of this service.

Why we inspected: This was the first planned 'first rating' inspection since this service has been registered and started operating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated 'Good'.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# First Choice Care Agency Limited

## **Detailed findings**

## Background to this inspection

### The inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.'

### Inspection team

One inspector and an Expert by Experience conducted the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience undertook telephone calls to 4 people who used the agency and spoke with their relatives.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes and flats in the community. It provides a service to younger and older adults. At the time of our inspection the provider had applied to move the location address of the office.

The service had a registered manager who registered with the Care Quality Commission. This means 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

This inspection was announced. We gave the service 48 hours' notice of the inspection site visit to ensure the

registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback. We visited the office location on 6 & 14 December 2018 to see the registered manager and to review care records, policies and procedures. We made calls to the staff on 3 January 2019.

#### What we did

Before the inspection we reviewed the information we held about the service and the service provider. We did not ask the registered provider to complete a Provider Information Return (PIR). We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection, we spoke with one person using the service and five relatives to ask about their experience of care. We spoke with the registered manager and three members of staff. We looked at the care and medicines records for three people, staff employment related records and records relating to the quality and management of the service. Details are in the Key Questions below.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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

### Systems and processes

- One person and peoples' relatives we spoke with told us they felt safe with the visiting staff. One relative said to us, "The house is kept secure and they use the key safe, always putting the key in there." A second relative said, "I believe that [named] care is safe and they [staff] always help [named] to walk with a frame."
- The service had effective safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies although they had not had any need to.

### Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed and plans to manage risk were included in people's care plans. This included risks to the person and their home environment.
- Staff regularly worked with the same people and were familiar with their needs and support.
- The provider had a system to record accidents and incidents. However there had been no accident or incidents since the service started operating.

### Staffing levels

- There were sufficient numbers of staff to meet people's needs. The provider attempted to ensure the same staff visited people to ensure consistency for people.
- We had mixed comments about staff visiting times. Some relatives told us that some staff arrived later than the appointed time, though most people were called and informed in advance.
- The recruitment process was safe but the provider had not consistently completed required checks with people's referees to ensure staff were fit to carry out their role. A revised checklist was sent following the inspection. The registered manager said this would be used for consistency on anyone employed in the future.
- Staff had criminal record checks through an online system, meaning the provider could access this information at any time.

### Using medicines safely

- One person and people's relatives told us people received their medicines on time and as prescribed.

- Staff were trained and administered medicines safely. The records of some creams that were applied to people by staff were not always signed for. The registered manager told us they would ensure all staff were informed and senior staff would observe staff more regularly to ensure they complied.
- The registered manager told us they and other senior staff observed staff practice to ensure they were competent. Staff we spoke with confirmed this.

#### Preventing and controlling infection

- Staff had received training in infection control and had access to personal protective equipment such as gloves, aprons, shoe covers and hand gel.
- Most people told us staff practiced good infection control measures. However, one relative said that some staff provided care but did not have a uniform. Another relative told us that sometimes staff did not wear a protective apron. We spoke to the registered manager about this and they said they would follow up with all staff the importance of preventing and controlling acquired infections.

#### Learning lessons when things go wrong

- The registered manager said any information and updates were shared with the staff through individual or group meetings.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: 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 needs were assessed before the service began to provide support.
- Where needed and identified at assessment the provider sourced specialist training to ensure staff could meet a person's needs.
- Care was planned and delivered in line with people's individual assessments. These were reviewed regularly or when people's needs changed.

Staff skills, knowledge and experience

- People were supported by staff that had received training relevant to their roles. A relative said to us, "One thing which stands out is that the approach to care and interventions is consistent from one staff member to the next. You can see from that, that they have all been trained properly." Another relative said to us, "They are meticulous in their work and respect our home." However, another relative said to us they felt that some staff are not as experienced enough to manage some behaviour that may challenge. We spoke to the registered manager who said they would review the staff training around this subject, as some may not be as experienced in that area.
- Staff said they were well supported in their roles. They said they were able to discuss peoples' changing needs with the management team. One staff member said, "We did on line training in manual handling, medication, fire, cleaning and disinfection, I feel as though I have had enough training to do the job."
- The management team regularly observed staff practice.

Supporting people to eat and drink enough with choice in a balanced diet

- People's dietary needs and preferences were included in their care plans. A relative said to us, "I have seen them offer him a choice of two different meals when I have been there."
- People were supported by staff to maintain good nutrition and hydration. A relative showed us the automatic device which prompted their relation to drink. They told us that staff always left them plenty to drink between visits.

Staff providing consistent, effective, timely care within and across organisations

- People's care was planned in advance with staff allocated to visit the same people regularly which ensured

consistency in care. This also allowed for people to build a trusting relationship.

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

- Staff worked well to ensure people were supported to access health services and had their health care needs met. A relative said to us, "If there are any concerns they [staff] will ring me to let me know and then I can get a doctor's appointment for [named]."

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 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 told us they were in control of their support. A relative, when asked if staff sought permission before providing care said, "Everything is always explained fully to [named] before they proceed with [named] care."
- Staff described how they approached people when they provided support. This demonstrated that people were involved and encouraged to make decisions about the care offered.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- One person and people's relatives told us people were treated with kindness and were positive about the staff's caring attitude. A relative said to us, "I would never wish to change company as the staff are wonderful. [Named staff] will often stay there just to keep [named] company. They go way beyond the call of duty ..... and there is mutual warmth between [named] and the care staff."

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences.
- One person and people's relatives told us they were involved in reviewing their care plans which allowed staff to provide the correct level of care, whilst recognising people's independence.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was respected and people's care records were kept securely.
- The registered manager and staff understood their responsibilities for keeping people's personal information confidential. People's personal information was stored securely and held in line with the provider's confidentiality policy.
- The registered manager and staff were aware they worked in people's homes and explained they ensured people's privacy and dignity. For example, making sure doors and curtains were closed.
- Care plans recognised people's cultural, religious and diversity needs.
- Staff supported people to make decisions about their care and understood people's different communication needs. For example, one staff member told us how they ensured good communication with a person that had limited verbal communication. They explained how they showed the person items to help them make a decision.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

### Personalised care

- People received care based on their individual assessed needs, including people's cultural and gender of carer preferences. A relative said, "We have male carers which we were consulted about and find acceptable."
- Care plans are reviewed periodically and when any change takes place in a person's abilities. A relative said, "I was involved in agreeing [named] care and [named staff] sees us daily so reviews are continuous and ongoing."
- Staff mostly record what caring interventions they had with people. One relative told us some of these records had been made in advance. Another relative said, "The documentation [written by carers] has sometimes been totally illegible. That's an issue as I need to know what has been happening when I visit." We spoke with the registered manager who said they would follow these issues up with staff.
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew the best way to communicate with each person.

### Improving care quality in response to complaints or concerns

- Though there were no complaints recorded by the registered manager. One relative told us they had complained about the care their relation had received. The registered manager told us that once they had dealt with any issue to the satisfaction of the complainant they didn't think they had to record it as a complaint. They told us they would record all issues from now on including the outcome to demonstrate they were being open and honest.
- One person's relative told us they had made a concern. They said the staff had listened and made improvements to the service offered. Another relative said, "I talk to [named] a lot and she will always listen and respond to what I say when I have any concerns. [Named] always addresses the issues."

### End of life care and support

- The registered manager informed us no one was receiving end of life care at the time of our inspection. They said staff had been trained to provide this service. The team would at times support people with end of life care and the service would work closely with other professionals to ensure people had dignified and pain free death.

# Is the service well-led?

## Our findings

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager had auditing systems in place to monitor the quality and safety of the service, however, this was not used efficiently. Records that staff completed were not returned to the office for auditing on a regular basis, had not been checked and missing information followed up. For example, medicines information, though this had not resulted in any missed medicines for people. Other documents that were not consistently sought were people's references within the recruitment process. Similarly there was no process to check these were received.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- The registered manager was also aware of their responsibility to display the rating from this inspection when the report is published.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People's relatives spoke positively about the registered manager and staff and knew who to speak with if they had any issues. Most felt the service was well managed and the registered manager and staff were friendly and approachable. A relative said, "It is a well managed company and I would happily recommend it to others. It is such a good company and we have peace of mind that [named] is being well cared for." However, another relative said, "I have that degree of uncertainty about the documentation, but in general I think the manager is approachable, [named] is well treated and I have the contact numbers I need."
- People told us they knew the registered manager and other people in the management team and they were regularly visited by them.
- Staff felt supported by the registered manager.
- Procedures were in place which enabled and supported the staff to provide a good level of consistent care and support.

### Leadership and management

- The provider had a statement of purpose and service user guide in place which sets out the terms and conditions of the business.
- A staff handbook has a 'mission statement' about what service staff should expect to provide. This stated '...everyone, no matter what their life experience.... has a right to lead their life to the full. Our aim is to promote independence and support through flexible, person centred support to our clients to remain in

their own homes.

- Staff are also provided with a 'staff expectations statement'. This informed staff to, arrive on time for calls; spend the full amount of time at the call; and complete all records before leaving.

#### Engaging and involving people using the service, the public and staff

- People using the service and their relatives had been given the opportunity to comment on the service provided. Telephone surveys had been used to gather people's thoughts. The registered manager stated they would be issuing questionnaires to all the people and their relatives shortly.
- Staff were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.

#### Continuous learning and improving care

- The registered manager regularly reviewed the service provided for people. Learning from reviews, meetings and feedback from the companies own observations were fed back to the staff and incorporated wherever possible in care plans, policies and procedures.
- The registered manager wanted to develop the well-being of the staff group and was looking at a mental health first aid course.

#### Working in partnership with others

- The registered manager demonstrated how they worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received care that was consistent with their needs.
- The service had recently undertaken the Quality Assessment Framework (QAF) award from the local authority. The QAF is a tool used by the local authority to measure the quality of services being delivered and ensures providers deliver services to an acceptable standard and accordance with their contractual expectations.
- The registered manager had also worked with the local authority's quality improvement team to look for ways to continually improve the service being provided.