

First Choice Home Care Ltd

First Choice Homecare

Inspection report

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Date of inspection visit:

16 April 2019

18 April 2019

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21 May 2019

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

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults. At the time of our inspection of 16 and 18 April 2019, there were 37 people using the service.

People's experience of using this service:

People who used the service told us they were happy with the service they received. People told us they shared good relationships with their care workers. People were supported by care workers who were skilled, motivated and caring.

The service had a system to ensure all care visits were completed. There had been some issues with staffing levels, this was being addressed. The systems for recruiting staff were safe.

Care workers supported people to keep safe, and acted when necessary to prevent any harm or abuse. Where required, people received safe support with their medicines.

People were consulted over their care needs and encouraged to make their own decisions. Care plans were person centred. Staff were responsive in identifying and reviewing changes.

There was a complaints procedure in place. People's views were encouraged and used to drive improvement.

The service was well run and there were systems to assess and monitor the service and continuously improve.

Rating at last inspection: This was the first inspection for this service at this location. They had moved address in June 2018. The previous inspection at their former address was published 21 October 2016 and the service was rated good.

Why we inspected: This inspection took place as part of our planned programme of comprehensive inspections.

Follow up: We will continue to monitor this service according to our inspection schedule.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

First Choice Homecare

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults. At the time of our inspection of 16 and 18 April 2019, there were 37 people using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be available to provide the information we needed for our inspection.

What we did: Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

We reviewed the Provider Information Return (PIR). This information we ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed any information about the service that we had received from members of the public and external agencies.

Inspection site visit activity started on 16 April 2019 and ended on 18 April 2019. On 16 April 2019 we visited the office location. We spoke with the registered manager, one quality assurance officer (who also undertakes care visits) and one care worker.

We looked at records relating to six people's care including care plans, risk assessments and medicines

records, three new staff recruitment records, and staff training records. We also looked at audits and systems in place to check on the quality of service provided.

On 18 April 2019 we spoke with six people who used the service and four people's relatives on the telephone. Following our inspection visit, we also received electronic feedback from two care workers.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People using the service knew who to contact if they felt unsafe. People told us that they felt safe with their care workers. One person said, "They come in the back door and shout out before they come in," so they knew who was entering their home. One person's relative commented, "[Family member] is definitely safe with them."
- Care workers had received training in safeguarding and understood how to recognise and protect people from abuse.
- The service had raised safeguarding concerns appropriately when they were worried about people's safety. In addition, the registered manager had written to people using the service to advise of a risk of a bogus official in the community, which had come to their notice.

Assessing risk, safety monitoring and management

- Staff understood the actions they should take to make sure people were safe.
- Personalised risks assessments demonstrated that the risks to people relating to their care and support were assessed and mitigated. This included risks associated with moving and handling and in people's home environment.

Staffing and recruitment

- There had been some recent issues with the staffing levels in the service. The registered manager had been proactive and wrote to all people using the service advising that there were issues and that they were doing all they could to address them. They advised that sometimes visits may be late and different care workers attending, but they would let people know if this happened.
- The registered manager and office team, who were also trained to provide care, had undertaken care visits in this time. Care workers from the provider's other nearby services assisted where necessary. The registered manager told us that no care visits had been missed during this time.
- Five new care workers had been employed. Once their recruitment checks were completed, the deficits in staffing levels would be addressed.
- People told us that their care workers always arrived for their care visits and if the care workers were running late they were informed. One person said, "They always come and they always stay when they should and get it [their care needs] all done."
- Care workers had been recruited safely to ensure they were suitable to work with people.

Using medicines safely

- When people required support with their medicines, they received them as required. One person's relative said, "They help [family member] with that, takes the worry from me. They do it fine."

- People's records identified the support they required with their medicines and guided care workers how this was to be provided safely.
- Care workers received training in supporting people with their medicines in a safe manner. A quality assurance officer checked the competency and observed care workers to ensure they were supporting people with their medicines safely.
- There were systems to monitor and assess the support people received with their medicines. This supported the management team to act swiftly to reduce risks.

Preventing and controlling infection

- Care workers had received training in infection control and knew how to prevent the risk of healthcare related infections spreading.
- Personal protective equipment (PPE), such as disposable gloves and aprons was provided for care workers to use to reduce the risks of cross infection. We saw care workers collecting PPE from the office. The registered manager told us for those care workers who did not have transport, PPE was delivered to them by colleagues.
- Care workers were observed in their usual work practice by a quality assurance officer to check they were undertaking good infection control procedures when supporting people.

Learning lessons when things go wrong

- The service had systems to learn from incidents to reduce the risks to people using the service.
- The registered manager gave us an example of how they had implemented an improved system for providing care workers with increased travel time when there were road works to reduce the risks of late visits.
- Analysis undertaken by the registered manager, including late and missed visits and time spent at visits were used to drive improvement. This included speaking with care workers and monitoring visit times.

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

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

- Assessments of people's individual and diverse needs were in place, prior to the person using the service. These were completed with the involvement of people and their representatives, where appropriate.

Staff support: induction, training, skills and experience

- People were supported by skilled and trained care workers. One person said, "They come in and know exactly what to do I am really pleased with them. They just come in all organised and we are away." Another person commented, "They are the most helpful carers I have ever had... the staff they understand how I feel."
- Care workers were provided with the training that they needed to meet people's needs effectively. This included training in people's specific needs, such as dementia, equality and diversity, continence management, pressure area care, and diabetes. One care worker told us, "I do feel the training covers the needs of the service users and we are encouraged to ask if we feel this is not the case."
- New care workers received a robust induction which included training, competency checks and shadowing more experienced colleagues during their probation period. This prepared care workers to carry out their role effectively. One care worker told us that their induction was good and that they had, "Learnt a lot," from the shadow shifts.
- Care workers were supported to undertake qualifications relevant to their role. This included health and social care qualifications and the Care Certificate, which is a set of standards that care workers should be working to.
- Care workers were provided with one to one supervision and annual appraisal meetings. These provided care workers with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.
- Care workers told us that they felt supported and had received the training they needed to meet people's needs effectively.

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

- Where people required support with their dietary needs, this was provided effectively.
- People's care records included the support people required and guidance of how to do this effectively. This included encouraging people to drink to reduce the risks of dehydration. One person said, "They fill a flask for me every night so I have got a drink."
- The registered manager told us about how the service supported people, where required, to complete a shopping list and advised on healthier options. One person's care records we reviewed confirmed what we had been told.
- Care workers had been provided with training in subjects including fluid and nutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People said, if required, care workers supported them to arrange health care appointments. One person told us how they had problems with obtaining support from health professionals, "[Care worker] came and called the office," they said that the health professionals then visited them in their home, "The carer did it for me."
- Records demonstrated that where care workers had concerns about people's wellbeing, they had acted quickly. This included calling health professionals or advising their relatives that the input of health professionals may be required.
- The registered manager told us how they had worked with other professionals including social and health care professionals to ensure people received a consistent and effective service.

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. We checked whether the service was working within the principles of the MCA.
- People told us that their care workers asked for their consent before providing any care. One person's relative said, "They always talk to [family member] and they ask for permission," before providing personal care support.
- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- Care workers received training in the MCA.
- People's capacity to make their decisions was assessed, and where people required assistance, this was provided in their best interests and with the involvement of others involved in people's care. There was also documentation in place to show where people's representatives had Lasting Power of Attorney to make decisions on the person's behalf.

Office location and access.

- The service's office was located in Harleston town centre, and suitable for the running of the service.
- There were free public car parks nearby.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People told us that their care workers treated them with respect. One person said, "All friendly give me a hug, they are good company. All so caring, wonderful what they do. I get a nice half hour when they are here." Another person commented, "These [care workers] do a marvellous job. We have a banter to make the world go round, one [care worker] commented on my sense of humour they can take jokes. Nice to laugh without taking things too far, not with me, they understand me. I trust them and they trust me."
- People's relatives told us that they felt that their family members were treated with care and compassion by care workers. One person's relative said, "I come in sometimes when they are here I can hear the way they are talking the carers are exemplary...the way they relate to [family member] is very kind. [Family member] likes all of them."
- As well as the respect provided to people who used the service, people's relatives told us that they also felt respected by care workers. One person's relative said, "Carers are brilliant, they are considerate and pleasant they come and have a chat with us both, can't fault anybody." Another person's relative commented, "They respect us and our home, leave the place in an immaculate condition, no faults at all."
- All of the staff spoken with talked about people in a compassionate manner.
- People were provided documents in accessible formats, including larger print.

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

- One person said, "They listen to me."
- One person's relative told us how they and their family member were consulted about the care provided and their views were acted upon. They said, "The care has evolved since using them [family member] now has a shower instead of a strip wash which [they] prefer, they are very respectful." Another person's relative commented, "The three month quality review, very impressive they picked up issues. It is very inclusive, me as a family member too."
- People's care records evidenced that people made decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were guided in people's care records to ensure their privacy, dignity and independence was always respected.
- One person's relative told us how their family members privacy was respected when they were being supported with their personal care needs. They said, "The bathroom door is always closed, I can hear peals of laughter from them so it must all be okay."
- People told us that they felt that the care workers respected their independence and dignity. One person said, "I have always looked after myself so it has been different having care, the care and attention is wonderful. Nothing to complain about." Another person commented, "I do my own medication, they respect

my independence."

- One person's relative told us that their family member's care workers had supported their family member with their independence, "[Family member] is now doing things they haven't done in years...feels more independent. [Family member] is a happy bunny."
- Personal records of people using the service and staff were securely stored.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were happy with the care they received, which met their needs and preferences. One person said, "I am more than happy, the care and attention I have had from them [care workers]. They are making such a difference to me what they have done for me." Another person commented, "I am very happy 100%."
- One person's relative told us how the service had responded to the person's individual needs, "They have worked to get a small number of carers...[family member] does not like strangers." They added, "I am more than happy, they go way over and beyond the way they care for [family member]. They are all very tuned in to [family member] as an individual."
- People's care records demonstrated their involvement in the decisions about how they wanted their care to be delivered. The care plans were person centred and guided care workers how people's individual needs were to be met.
- Information sheets were provided relating to people's specific health conditions and the care plans identified how people's conditions affected their daily living.

The provision of accessible information:

- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. One person's family member told us how the care workers supported their family member with their communication needs which could vary from day to day, "They adapt to that they have lovely conversations. [Family member] tells me what they talk about, so nice."
- Satisfaction surveys were produced in 'easy read' using face symbols to indicated different temperaments to show agreement / disagreement with the what they were being asked.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which was provided to people who used the service.
- People knew how to raise concerns and complaints and if they had raised concerns they were listened to. One person said, "One carer did not suit me I called up and they did not send them again, they do respect me."
- People's concerns and complaints were addressed and responded to promptly and used to drive improvement.
- We saw several compliments received by the service. Comments in these included, "I have always found you easy to deal with being efficient, courteous, thoughtful and helpful in all of our dealings," "Carers are amazing 100%" and, "We thank you all very much for your care of [family member] in [their] final months."

End of life care and support

- There was no one receiving end of life care when we visited the service, but this had been provided. The registered manager said they provided end of life care when required.
- The service had received letters and cards from people's relatives thanking the service for the end of life care and support provided to their family members. One of these stated, "Pass on our thanks to [care worker] from the family for the care and compassion towards [family member] in [their] final days."
- End of life training was included in the suite of training for care workers.
- People's care records included any decisions people had made, including if they wanted to be resuscitated.

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

Good: 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; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were complimentary about the service. One person said, "They are a good company." Another person told us, "First choice is absolutely wonderful so pleased with them. Can you write to them to tell them I think this firm is wonderful... there if you call 'what can I do for you how can I help you'?"
- The registered manager had a good oversight of what was happening in the service and demonstrated knowledge to provide quality care to people using the service.
- The registered manager was supported by a team of staff. These included two quality assurance officers, one of whom took a lead in the development and support of care workers and the other undertook quality reviews and checks with people who used the service. There were also staff who took a lead in human resource duties, payroll and data protection.
- The registered manager and a staff member told us that the provider's directors were supportive and could be contacted at any time if support was required.
- The registered manager and all staff spoken with were motivated and shared the same values of putting people using the service first.
- There was a programme of quality assurance checks in place, including care records, attendance to care visits, and medicines. These supported the provider and registered manager to address any shortfalls promptly. In addition, the provider's regional manager undertook quality audits.
- The registered manager analysed electronic reports on the length of time care workers stayed for people's care visits. Where shortfalls were identified care workers were spoken with. A system had been introduced for care workers to record in detail any reasons for visits that were shorter than planned. An example of this was if people had asked the care workers to leave early due to an alternative appointment. In addition, further analysis, included reasons for staff leaving, complaints, and staff sickness.
- Care workers were observed in their usual duties, by a quality assurance officer, to ensure they were working to the standards expected. People were also asked for their views of the support received. The registered manager told us about how, as part of the quality assurance process, with their permission, people were visiting following their care visit by a senior staff member to check that the home was left as expected.
- The registered manager understood their responsibility of the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were actively engaged in developing the service; through surveys, which were also completed by

care workers, and ongoing communication to check they were happy with the service provided. One person said, "They call me to ask how it is going. They are all polite." Where comments were received from people, these were addressed to improve the service. This included the ongoing improvements being made to provide people with regular care workers, which would be further improved once the issues with staffing was resolved.

- People told us they knew who to contact in the office if they needed to and they were listened to. One person said, "When there are any issues I call the office they are always very pleasant and listen to me. Not big issues just things I want to know." One person's relative said, "I know if I need to speak to somebody they are instantly accessible, even if I tell a carer something they pass it on so the next knows. Since using First Choice I don't have to worry, I used to check the book I don't really need to now. I know they have done all they should do. I can't praise them enough and the manager."
- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service to identify how they wanted their care delivered.
- The registered manager involved care workers in decisions about the service. They did this through meetings and ongoing discussions. Minutes of meetings demonstrated that care workers were kept updated with any changes required and the expectations of their role.
- Care workers told us they felt listened to and supported. One care worker said, "I know that if I do need support the help is there if needed. I think given the nature of co-ordinating staff and service users they do an amazing job."

Continuous learning and improving care

- The registered manager kept their learning up to date and understood the importance of keeping up to date with changes in the care industry. They had attended a workshop in February 2019, from which they had received information about Regulation and inspection.
- A quality assurance officer attended meetings with the local authority, occupational therapists and incontinence nurses. This ensured the service kept up to date with good practice.
- There was a commitment to learning and development, training was provided to ensure that care workers had the knowledge of how to deliver good quality care and support.

Working in partnership with others

- The registered manager told us how they worked with other professionals well. This included professionals who commissioned care from the service and others involved in people's care.
- The registered manager was working to develop links in the community. They had contacted a local dementia café about getting involved with the service they provided. They had also let people who used the service know about this.