

First Choice Home Care Ltd

First Choice Home Care (Norwich)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

First Choice Home Care (Norwich) is a domiciliary care service providing personal care to people living in their own homes. The service provides a domiciliary care service for adults, including people living with dementia, and for people living with mental health conditions. The mental health service was run separately, with its own deputy manager in post, with the registered manager having overall responsibility for all services provided from the location.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, the service was supporting 118 people in total, 42 of whom were in receipt of personal care.

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

People, and their relatives, told us they were not always supported by a consistent staff team. The registered manager was aware of this and was in the process of implementing various recruitment initiatives. We received mixed feedback regarding staff punctuality, attendance and communication about changes to the rota. Rotas were sent out to people and contact made when there were changes, although sometimes this was short notice. The management team told us this was often due to short notice changes made by the people supported. However, people told us changes were not always their choice. Gaps in the provider's governance system meant that management oversight of the service was not robust and the impact on people was not clearly assessed.

A quality monitoring system was in place, which included various audits and the monitoring of safeguarding concerns, complaints, accidents and incidents. However, there were some gaps in this system, which meant issues found during this inspection had not been identified.

The majority of risks to people's health, safety and well-being had been identified and assessed but risk management plans were variable in detail. However, staff told us they knew people well and were aware of risks in relation to their care and support. This helped mitigate some of the gaps identified in documentation.

People were encouraged to be involved in making decisions about their care and to take part in reviews. Care plans were detailed with regards to people's preferences, although were not always updated promptly. We have made a recommendation about updating care plans.

Staff had a good understanding of the people they supported. They took the time to get to know people's individual likes and dislikes and spoke about people with kindness and compassion.

The registered manager understood their responsibilities to safeguard people from abuse. They had

systems and processes in place to ensure any concerns were recorded and reported. Staff received training in medicines administration and their competency was regularly assessed.

People were protected from the risk of infection because staff had been trained in infection prevention and control (IPC) and followed the current infection prevention and control guidance.

Staff told us they received appropriate training to carry out their role effectively, including training specific to individual people's needs. Staff and the management team worked well with other agencies to ensure that people received appropriate care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 07 April 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

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 Home Care (Norwich)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 11 October 2021 and ended on 10 November 2021. We visited the office location on 22 October 2021.

What we did before inspection

We reviewed information we had received about the service since registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 19 people who used the service and six relatives about their experience of the care provided. We spoke with the registered manager, deputy manager (mental health) and received feedback from four staff members. We also received feedback from three professionals with whom the service works alongside. We checked three people's care plans and risk assessments and spot-checked various documentation for other people, including medicines records. We reviewed a variety of records relating to the management of the service, including policies and procedures. We also looked at training data and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We received mixed feedback regarding staff punctuality and attendance. Some people were positive. One person told us, "I know who is coming and they've never missed a call." Another relative told us, "They are reliable, that's really important, so we don't worry about missed calls and they are flexible if we need to change anything." However, several people told us staff were often late and occasionally this was by several hours. This meant their care and support was not always provided at the time they required it, although, the provider confirmed that time specific calls were prioritised. One person said, "[Staff] are always 10 minutes late. They have never missed a call, but sometimes they are 2-3 hours late. They will let me know then, but it's too late by then."
- People told us they were not informed when changes were made to the rota. A relative told us, "[Staff] don't let you know about any changes. I don't like this really." We saw evidence that rotas were sent out to people and contact made when there were changes. However, due to challenges covering the rota, these changes were sometimes at short notice.
- Staff told us that they did not always feel there were enough staff available and this led to them feeling "tired" and "overworked." One staff member told us, "At the minute I don't feel there are enough staff to cover the rota." They told us this meant they did not always have enough travel time, making them late for visits. We saw that the management team often worked shifts to ensure the rota was covered, although visits were sometimes delayed, as a result.
- People and their relatives told us they were not always supported by a consistent staff team. Whilst some people were positive, several people told us they were not supported by familiar staff, which they found unsettling. One person told us, "I have three calls with two carers, so I could be seeing six different people a day. There is no continuity." This was supported by a professional who told us, "My only more recent criticism is a lack of consistency in terms of the workers." The management team told us they planned for people to meet a variety of staff, to see who they get on well with, and from this, a "preferred team" could be established. However, due to high staff turnover, it was not always possible to meet people's preferences relating to staff.
- The management team told us that staffing had been a challenge. This was due to difficulties in recruiting staff who already had the right skills and experience to support people with mental health needs, who also required personal care. The registered manager was in the process of implementing various recruitment initiatives.

We found no evidence that people had been harmed however, staffing was either not sufficient or consistent enough to ensure people's needs were met in a timely manner. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

- The provider operated a safe recruitment process; appropriate checks were undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they worked with people.

Assessing risk, safety monitoring and management

- The majority of risks to people's health, safety and well-being had been identified and assessed. Specific risk assessments were completed for people's home environment, fire risk, medicines management, use of wheelchairs and falls. Moving and handling risk assessments were also in place, which identified risks in relation to supporting each person to mobilise.
- Risk management plans were variable in detail. For example, one person required the use of bed rails, but a full assessment of their use had not been completed and there was no plan in place to mitigate any identified risk. In another example, a person required the use of moving and handling equipment, in order to transfer and reposition. Whilst risks were identified, guidance for staff to mitigate these was brief and did not provide them with enough guidance regarding safe use of the equipment provided.
- Staff told us they knew people well and were aware of risks in relation to their care and support. Staff had received training in moving and handling and had their competency assessed as part of their induction. This helped mitigate risks from some of the gaps identified in documentation.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities to safeguard people from abuse. They had systems and processes in place to help identify and report any concerns. The registered manager explained that, as some people had particularly complex needs, which included self-harm and illegal drug use, they had developed close working relationships with people's allocated social workers and mental health professionals.
- Staff received training and were clear about what would need to be reported and the systems in place for them to do this.
- People and their relatives told us that staff provided safe care. One person told us, "I feel safe with them (staff)." Another person said, "I feel safe all the time."

Using medicines safely

- Staff received training in medicines administration and had their competency regularly assessed. One member of staff told us, "I had induction training, which included medication shadowing then observation. I have regular supervision and feedback."
- Where people were prescribed "as required" (PRN) medicines, such as pain relief or topical skin creams, the service had individual guidelines in place for each. This meant staff knew when and how to administer these medicines.
- The registered manager checked medicine administration was documented clearly and accurately on medication administration records (MAR). These were audited on a monthly basis and staff confirmed that where any errors or discrepancies were identified, these were promptly addressed with them.
- People's care plans identified their needs in relation to the ordering, storage and administration of medicines.

Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection prevention and control (IPC) and followed the current national infection prevention and control guidance. One staff member said, "I received infection control training when I first started. . . . we all wear masks, wash our hands

regularly and wear gloves and aprons where appropriate."

- Staff told us they were supplied with personal protective equipment (PPE) to help prevent the spread of infections and were clear on their responsibilities with regards to IPC. The provider held plentiful stocks of all PPE. One person told us, "The staff are still wearing masks and gloves, so we don't get COVID-19."

Learning lessons when things go wrong

- Systems were in place for reporting and responding to accidents and incidents. Due to the complex needs of some of the people supported by the service, some situations were classed as "incidents" and others were recorded as "concerns", with different processes in place for the documenting of each. It was not clear how the classification of an event was determined. However, it was evident that appropriate follow up action was taken in each instance.
- The registered manager gave us examples where lessons learned had been identified and what actions had been taken.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before accessing the service and their care and support needs were thoroughly discussed before support commenced. One person told us, "They (staff) came out to me and interviewed me on my needs and so on...they sorted it all out."
- The service was flexible in ensuring that people were supported in line with their assessed needs and choices. Where people experienced a change in need, this was incorporated into their plan of care.

Staff support: induction, training, skills and experience

- Staff told us they received appropriate training to carry out their role effectively, including training specific to individual people's needs. One relative told us, "The care staff seem well trained and competent." A professional told us, "Staff conduct whilst joint working would display, they are very well trained."
- Staff received supervision and competency observations to help ensure they had the knowledge to perform their job roles. Staff told us they had individual support from the management team and access to regular team meetings.
- Inductions for new staff were thorough and their knowledge was tested by working with experienced staff and the management team. Staff had to show their competence prior to working with people unsupervised.

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

- People and their relatives said that where people needed assistance to eat, staff supported them in a safe and effective manner. People's preferences were documented.
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding of how to support people with these.

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

- Staff and the management team worked well with other agencies to ensure that people received appropriate care. One person told us that staff had supported them to ensure they had any equipment and adaptations they required, "They recommended things like a raised toilet seat that I wouldn't have thought of."
- People were supported to meet their health needs. One person told us, "When I went into hospital they (staff) sorted out the times and were ready again for me when I came out."
- A professional told us, "It is always a pleasure to work with First Choice, when the people who we support receive support from First Choice, I can always feel confident that their needs are going to very well met."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and relatives told us staff always asked for consent when supporting them. People's consent to being supported in line with their care plan and risk assessments was documented.
- Staff received training in the MCA and its code of practice and as a result they had a good understanding of how to put this into practice.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a good understanding of the people they supported. They took the time to get to know people's individual likes and dislikes and spoke about people with kindness and compassion.
- People and their relatives praised the staff team for the care and support they provided. One person told us, "The care staff are really kind and caring to me." Another person said, "They (staff) visit me twice a day now and we do get on, they are chatty and friendly people." A relative said, "The care staff seem very helpful and kind and it seems would do pretty much anything for [family member]. [Name of family member] is not really able to talk much anymore but they get on so well."

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

- People were encouraged to be involved in making decisions about their care and to take part in reviews. Staff worked closely with people's relatives and advocates, where appropriate. One relative told us, "All my e-mails are responded to very quickly."
- People confirmed that care staff knew what they liked and how they liked to be supported. One person told us, "They (staff) do try in a number of ways. When I'm having a bad day, they will come in, sit me down, take time out."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said that staff promoted people's privacy and dignity. One relative told us, "My [family member] has got [complex support needs] They (staff) have always treated them with respect and understanding even though they are not recognised by them."
- Staff told us that they respected people's privacy and dignity. A staff member told us, "I respect the person's home and their choices." Another staff member told us, "I am a guest in their home so I should act like one."
- Staff supported people to be as independent as possible. One person told us, "We have a laugh and we work well together."
- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed with regards to people's preferences, likes and dislikes. This meant staff had the information available to help ensure people received care that met their individual needs. People felt their care plans accurately recorded their needs. One person said "I have read it several times. It meets my needs pretty much so." A relative told us, "The situation is complex, and it has been carefully thought out."
- We saw evidence that the management team regularly liaised with the staff team and provided staff with information where changes to people's support were required. However, we found that these changes were not always promptly recorded in care plans and did not always contain pertinent information that had been shared by people and relatives in care review meetings.

We recommend the provider ensures that care plans are promptly updated following care reviews and relevant information, from discussions held, is included.

- Staff worked closely with people to ensure they received support in line with their needs and preferences. A staff member told us, "I give people choice. Show interest in their lives. Ask them how they like things done." However, the lack of consistency in staffing at the time of our inspection meant that some people were receiving care from staff who were not known to them or familiar with their preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented in their support plans. The registered manager explained that information would be made available in a different format, if required.

Improving care quality in response to complaints or concerns

- The service had a clear complaints procedure. People told us they were aware of this process and felt comfortable raising any concerns with the service. One person told us, "I'd love to complain but I don't have any concerns."
- Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure.

End of life care and support

- The registered manager explained that since registering the service, they had provided limited end of life support. However, processes were in place and there was an end of life policy available.
- The registered manager explained how they would seek support from different professionals and work alongside people and their relatives, to ensure people had a dignified death, in line with their preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A quality monitoring system was in place, which included various audits and the evaluation of safeguarding concerns, complaints, accidents and incidents. However, there were gaps in this system. For example, whilst the management team were able to provide us with a breakdown of incident by type, we saw no evidence this information was reviewed on a regular basis, in order to identify patterns and trends. Furthermore, this analysis did not include any events that had been deemed as a "concern" which limited the overall management oversight of all events.
- The registered manager completed an analysis of late and missed visits. Between August and October 2021, one late visit and 22 missed visits were recorded. Most missed visits were where a single member of staff attended a visit instead of the two staff required. This meant that people did not receive the full support they required on these occasions. We discussed this analysis with the management team and were informed that visits were also only recorded as late, if they were over an hour late and were not recorded as late if the person supported was informed of a change or time difference. This meant that occasions where people did not receive their care in a timely manner were discounted from the analysis and, again, limited the overall management oversight and understanding of the impact on people.
- The management team and staff understood their roles and respected the impact their roles had for people. The registered manager worked alongside the staff team routinely and assessed the service provision as part of their daily work.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- People and relatives gave us positive feedback about the management team. One person told us, "[Registered Manager] is lovely and very, very nice." Another person said, "The manager is hardworking." People and their relatives recognised the staffing challenges faced by the service. One relative told us, "I have to say they put people first. The managers are doing calls to make up for shortage of staff. I do appreciate managers are running around filling in for staff."
- Staff gave us variable feedback regarding how approachable they found the management team. One staff member told us, "I can call for advice when needed." Whilst another member of staff told us, "I sometimes feel supported by my manager, but I personally don't feel management is approachable." We saw that staff had access to regular one to one time with the management team and informal support, where required.
- The registered manager had a good understanding of their responsibilities towards the people they

supported. They understood the duty of candour and told us they encouraged everyone to be open and honest in their feedback.

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

- Feedback about the quality of the service provided was gathered from people, and their relatives via reviews and surveys.
- Staff feedback was sought via individual and group meetings with the management team. One staff member told us, "Suggestions for changes are listened to and some are taken on board. I feel listened to and valued."

Working in partnership with others

- The registered manager often worked with other professionals to achieve good outcomes for people. This included social workers, mental health specialists and health professionals in order to provide joined up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing was either not sufficient or consistent enough to ensure people's needs were met in a timely manner.