

Healthcare 1st Choice Ltd

# Healthcare 1st Choice Ltd

## Inspection report

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Date of inspection visit:  
28 June 2017

Date of publication:  
04 August 2017

## 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

This was the provider's first inspection since they registered with us in 2015. This inspection was announced and took place on 28 June 2017.

Healthcare 1st Choice Limited provides personal care for people in their own home. At the time of this inspection they were providing care and support for eight people.

The provider has not had a registered manager in post since February 2017. The provider had recently appointed a manager who was present on the day of the inspection. The manager confirmed they were in the process of completing an application form to register with the Care Quality Commission. 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.

People and staff were aware of the appointment of the new manager and felt supported by them and the provider. The provider did not have any formal systems in place to monitor the quality and effectiveness of the service provided to people. There were no systems in place to give people the opportunity to have a say in how the agency was run.

People felt safe with the service they received and staff were aware of their responsibility of safeguarding them from the risk of potential abuse. People were protected from the risk of harm because systems and staff's practices reduced the risk of accidents. People were cared for and supported by sufficient numbers of staff who had been safely recruited. People did not require support to take their prescribed medicines. However, staff were skilled to support them with their medicines if and when needed.

People were cared for by staff who were skilled and who were supported in their role by the manager. People's human rights were promoted as staff respected their decisions. People did not require any support to eat and drink sufficient amounts and they were independent in accessing healthcare services when needed. However, this support would be provided when required.

People were cared for by staff who were kind and who respected their rights to privacy and dignity. People's involvement in their care planning ensured they received a service that reflected their preference.

People's involvement in their care assessment ensured they received a service the way they liked. People were supported by staff in a way that suited their daily routine. People could be confident their concerns would be listened to and acted on.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of potential abuse because staff knew how to safeguard them. The risk of harm to people was reduced because staff were able to identify potential risks of accidents in their home and to avoid them happening. People were cared for by sufficient numbers of staff. Staff were skilled to assist people with their medicines if and when needed.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were skilled and supported in their role by the management team. People were able to make their own decisions and their consent for care and support was obtained from staff. People did not require support with their meals or to access healthcare services. However, support would be made available if and when needed.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and sympathetic to their needs and who also respected their right to privacy and dignity. People's involvement in their care planning ensured their needs were met the way they liked.

### Is the service responsive?

Good ●

The service was responsive.

People's involvement in their care assessment ensured they received a service specific to their needs. People did not require support to access leisure services or to pursue their interests. However, this support would be made available when needed. People could be confident their concerns would be listened to and acted on.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider did not have any formal systems in place to monitor the quality of service provided or to enable people to have a say in how the agency was run. People and staff were aware of the appointment of the new manager and felt supported by them.

# Healthcare 1st Choice Ltd

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 28 June 2017 and was announced. The inspection team comprised of one inspector. We gave the registered provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own home and we needed to be sure that someone would be available in the office.

As part of our inspection we spoke with the local authority about information they held about the agency. We also looked at information we held about the provider to see if we had received any concerns or compliments about the agency. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the agency.

At the inspection we spoke with three people who used the service, three relatives, two care staff and the manager. We looked at three care plans and risk assessments. We looked at three staff files in relation to the provider's recruitment procedure and reviewed systems in place that managed accidents and complaints.

## Is the service safe?

### Our findings

People told us they felt safe with the care and service they received. One person said, "I feel safe when the staff are with me and they are all very respectful to me." A relative said, "[Person] tells me they feel safe with the staff." Staff were aware of their responsibility of protecting people from the risk of potential abuse. A staff member said if they observed poor care practices or that people were at risk of potential abuse they would report this to the manager or the provider. Staff were aware of external agencies they could share their concerns with to protect people from the risk of further harm. Discussions with the manager confirmed their awareness of when to share concerns about potential abuse with the local authority to safeguard people from the risk of harm. The manager had made one safeguarding referral and we saw that this had been recorded and showed what action had been taken to protect the individual. This demonstrated that the manager and staff were aware of how to safeguard people from the risk of potential abuse.

The manager informed us that all staff had been provided with a copy of the provider's whistleblowing policy and the staff confirmed this. All the staff we spoke with said they had no concerns about the service provided to people. However, they told us they would not hesitate to whistle blow if they had any concerns about the care and support provided to people.

People were cared for by staff who knew how to reduce the risk of harm to them. A relative said, "I am impressed the way staff assist [person] with their mobility. They also keep an eye on [person's] skin condition and will suggest if they need to be seen by the nurse." A staff member told us of the importance of ensuring people's home was safe to reduce the risk of trips and falls. They told us that with people's consent they would remove clutter that would pose a risk to the person. People told us they had a risk assessment in their home which they were involved in developing and staff confirmed having access to these assessments. A staff member said these assessments provided information about how to reduce the risk of harm to people. For example, how to assist people with their mobility and whether they required the use of walking aids. This ensured people were supported in a way that promoted their safety and wellbeing.

The manager said they had not had any reported accidents or incidents since the agency was registered in 2015. However, they confirmed systems were in place to record and monitor these if and when they occurred and we saw these systems. This would ensure that any trends relating to accidents would be identified promptly to enable the manager to take action to avoid a reoccurrence.

People could be assured that in an emergency situation staff would know what action to take. One staff member said, "I would assess the situation and call the emergency service and the manager. I would reassure the person whilst waiting for help." The staff member said the manager and the provider were always available by telephone to give advice and support when needed. This meant people could be confident that systems and practices would support them in an emergency.

People were cared for and supported by sufficient numbers of staff. People told us there were always enough staff to support them. One person said, "The staff are occasionally late but they always turn up. I have never had a missed call." A relative told us that [person] required two staff to assist them with their

care needs. They confirmed that this level of staffing was always provided. Staff told us there were always enough staff to attend to their allocated visits and to meet people's care and support needs.

People could be confident that staff were suitable to work with them because the provider's recruitment process included a Disclosure Barring Service [DBS] check. DBS assists the provider to make safe recruitment decisions. All the staff we spoke with confirmed they had a DBS check before they started to work for the agency and we saw evidence of this. Staff informed us that references were also requested. This showed that the provider's recruitment procedure was safe.

People told us they did not require support from staff to take their prescribed medicines and the manager confirmed this. Two staff members told us they had received medication training. The manager said further medication training would be provided to staff. This meant if people required assistance with their medicines in the future staff would have the skills to support them safely.

# Is the service effective?

## Our findings

People were cared for by skilled staff. One relative said, "The staff seem skilled and experienced." The manager told us that staff had access to routine training to enhance their skills and staff confirmed this. One staff member said, "Access to training helped me to understand my job and how to care for people properly." A different staff member told us, "Training gave me the skills and competence to look after people." This demonstrated that the provider recognised the importance of staff training to ensure they have the necessary skills to meet people's needs effectively.

People could be confident that new staff would be supported to provide a safe and effective service. All the staff we spoke with confirmed they had an induction. Induction is a process of supporting new staff and to develop their skills with regards to their roles and responsibilities. A staff member said, "My induction entailed getting to know people and their care needs." They told us, "This benefited me a great deal in understanding how best to support people." Another staff member said, "My induction entailed working with an experienced staff member for a week." They told us this gave them the confidence to carry out their role. This meant people could be assured that new staff would have the skills and knowledge to care for them appropriately.

People received a service from staff who were supported in their role by the manager and the provider. All the staff we spoke with confirmed they received one to one [supervision] sessions. These sessions provided staff with support and guidance about their role and responsibility in meeting people's needs. We saw evidence that these sessions had taken place. A staff member said, "Supervision sessions are a good time to discuss any issues I may have and how to improve people's care."

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 make 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. Discussions with staff identified that some lacked the understanding of MCA. However, the people we spoke with told us they were able to make their own decisions about their care and staff always respected their choice. They told us that staff always asked for their consent before they assisted them. A staff member said, "I always ask for consent before I assist people." They told us, "One person refused assistance with their personal care and I respected their choice." The manager said arrangements were in place to provide staff with further MCA training and we saw evidence of this. This training would provide staff with a better understanding of the importance of enabling people to make their own decisions and where necessary provide the person with the appropriate support to do this.

People told us they did not require support from staff to eat and drink and staff confirmed this. However, staff told us if they had any concerns about the amount a person ate and drank or if they noticed a



significant weight loss this would be closely monitored. Staff told us the individual would be supported to access relevant help from a healthcare professional where necessary to obtain advice about suitable meals to promote their health.

People informed us that they did not require any support from staff to access relevant healthcare services and staff confirmed this. However, the manager confirmed this support would be made available if and when required. Staff informed us that if a person appeared unwell this would be reported to the manager or the provider. The person would be supported to access the relevant healthcare service if necessary.

## Is the service caring?

### Our findings

People were cared for by staff who were kind and supportive. One person said, "The staff are very kind and respectful." A relative told us that staff were always very pleasant when they arrived to care for [person]. A different relative said, "I am so impressed with the care. The staff are second to none." They continued to say, [Person] has a good rapport with the staff and they tell me the staff are very caring." Further discussions with this person confirmed they managed their relative's medicines and prepared their meals. However, staff always asked them if they would like some help with this. They told us it was nice that the provider assisted people with their care needs. They said the provider definitely led by example and the care staff were excellent. We had a brief conversation with their relative who said, "Everything I want doing the staff do it and they are a lovely lot."

We spoke with another relative who said, "The staff and the provider are very good." They told us how impressed they were that the provider took an interest in their wellbeing. For example, they told us that staff were late arriving to care for their relative and this meant they were going to be late for an appointment. The provider apologised for the inconvenience and took them to their appointment in their car. They said, "I was really grateful." When staff arrive to care for my relative, they tell me to take a break. My relative tells me how caring and wonderful the staff are."

People were involved in planning their care. A relative said, "I and [person] were involved in making decisions about their care and support needs." They told us they were happy with the support provided by staff. All the people we spoke with confirmed they had a care plan. Discussions with staff confirmed they were made aware of people's needs by talking with them and looking at their care plan. A staff member informed us that if a person's care plan did not reflect their needs they would share this information with the manager. They said the manager would review the care plan with the person to ensure staff had access to up to date information about how to care for them appropriately. Therefore, people could be confident that staff would know how to meet their needs.

People's right to privacy and dignity was respected by staff. One person said, "The staff are very nice and they always respect my privacy and dignity, I feel comfortable with them." A relative said, "The staff are very good at respecting [person's] dignity whilst they assist them with their personal care needs." They said that staff always encouraged their relative to do as much as possible for themselves to promote their dignity and independence. One person told us they needed support with their personal care needs but were independent in other areas. They said staff respected their right to be independent but always offered to help if they saw them struggling. They said, "Staff always ask if I need anything doing before they leave."

A staff member said, "I always tell people what I intend to do and try to get them involved to enable them to maintain their independence." They continued to say, "I always make sure the door and curtains are closed to maintain their privacy." This showed staff were aware of the importance of promoting people's right to privacy, dignity and independence.

## Is the service responsive?

### Our findings

People were involved in their care assessment. One person told us about their involvement in their relative's care assessment before they started to use the agency and expressed how happy they were with the service. The manager and staff confirmed that people were involved in their care assessment and reviews. This ensured people received a service that reflected their care and support preferences.

We found that staff had a good understanding about how people liked to receive care and support. For example, a person told us about their preferred morning routine. We spoke with a staff member who supported this person who was aware of the person's preferred routine when receiving care and support. Staff were also aware of people's past history and things important to them. A staff member said they took the time to talk with people about their past career, family, friends and their likes and dislikes. The staff member said, "Chatting with people puts them at ease and shows that we do care about them." The staff member told us they aimed to provide a good service to everyone regardless of their background, religious preferences and sexuality.

People who used the service confirmed they did not require support to access leisure services or to pursue their interests. The manager said if this support was required in the future arrangements would be put in place to assist the individual.

People could be confident their concerns would be listened to and acted on. One person said, "I have never had cause to complain but if I did I would tell the boss." The manager informed us they had only received one complaint since the agency was registered. The provider had systems in place to manage complaints. For example, one complaint had been made which had been recorded and showed what action had been taken to resolve it. Therefore, people could be assured their concerns would be taken seriously.

## Is the service well-led?

### Our findings

The provider had been without a registered manager since February 2017. As part of the provider's registration condition they are required to have a registered manager in post. The provider had recently appointed a manager who had been in post four weeks prior to our inspection visit. The manager informed us of their intention to submit an application to be registered with us. However, they were awaiting essential documents to support their application.

People and staff were aware of the appointment of the new manager. One relative said, "It was nice that the new manager took the time to phone me and introduce themselves. They asked if we were happy with the service. I am really looking forward to meeting them." The manager said, "I have arranged to take the relative out for coffee to give them a break from caring. This will give me an opportunity to discuss the current service provided and where improvements may be needed."

The manager said they were supported in their role by the provider who they saw on a daily basis. They told us arrangements were in place for further training to maintain and enhance their skills on how to manage the service. They told us about their aspiration in providing a safe and effective service and to achieve an outstanding rating in the future. They said it was their aim to have a staff team who were skilled in dementia care and to enable people to have more of say in how the service was run.

Discussions with staff and the manager confirmed that meetings were not carried out with the staff team. However, staff informed us that they felt supported by the management team. They said they had the opportunity to discuss any issues they had during their one to one [supervision] sessions. They also confirmed that the manager and provider were always accessible by telephone to provide them with guidance when needed.

Discussions with people who used the service identified they did not have a say in how the agency was run. The manager confirmed there were no systems in place to encourage people to be involved in the running of the service. They assured us this would be considered in the future. For example, people to be involved in staff recruitment. This would ensure people had a say who worked with them.

The manager acknowledged there were no formal systems in place to assess or monitor the quality of the service provided to people. One person said, "No one has ever asked me whether I am happy with the service but I am." Another person said, "I have never been given a questionnaire to complete to find out if I am happy with the service but I have no concerns." A relative said, "The provider does pop in quite often but I am unsure whether this is a spot check." The manager informed us that since their appointment they had made contact with people to find out their views about the care and support provided to them and people confirmed this. This gave the manager the opportunity to improve the service where needed.

The manager had recognised the absence of a formal quality monitor system prior to our inspection. They had developed an action plan that identified this. The manager said they had reviewed staff's induction to ensure that new staff were appropriately supported in their role to provide a safe and effective service. The

manager said they were in the process of reviewing all care plans to ensure staff had access to accurate information relating to people's care needs. Quality assurance monitoring would also be carried out in relation to staff supervision. This would ensure staff were appropriately supported in their role. The manager showed us some of these systems they intended to implement to promote the quality of service provided to people.