

First Choice Social Care & Housing Ltd

Borough of Lewisham

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Borough of Lewisham is also known as First Choice Social Care & Housing Ltd and is a domiciliary care agency. It provides personal care and support to people living in their own homes. There were 33 people using the service at the time of this inspection.

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.

People's experience of using this service

People had their medicines managed well. Electronic medicine administration records (eMARs) and medicines audits were completed and the samples we viewed were accurate□.

There were robust monitoring systems in place to ensure people's records were updated and accurate so staff had enough information to provide safe care.

People told us there were enough staff to provide care and support to them. However, we found that people did not always receive their care on time because staff rotas were not consistently planned well. We made one recommendation about ensuring people receive their care in a consistent and timely way.

The provider's safeguarding processes guided staff to recognise and report any allegations of abuse. The registered manager referred all allegations of abuse to the local authority team for investigation.

People had assessments completed by staff to identify their care needs and potential risks to their health and well-being. Management plans were put in place to manage and reduce any risks and concerns.

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.

People managed their social activities themselves and staff supported them to be ready to attend them. People's dietary needs were met by staff who understood their meal preferences and nutritional needs.

People said staff were helpful, kind and caring. The provider asked people for their feedback of the service and gave positive responses about the care they received and the management of the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published on 11 March 2019) and there were multiple breaches of regulations. We found concerns related to the quality of records related to recruitment, management of medicines, people receiving their assessed care and staff support.

The provider completed an action plan after the previous inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

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.

Borough of Lewisham

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.

Inspection team

This consisted of 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 a domiciliary care agency.

Service and service type

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

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 provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection. Inspection activity started on 2 March 2020 and ended on 23 March 2020. We visited the office location on 2 March 2020 to see the registered manager and to review care records and policies and procedures.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records including five people's care records, five staff files and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with eight people who used the service and two relatives about their experience of the care provided and 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.

At the last inspection this key question was rated as requires improvement. at this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider failed to ensure medicines administration records (MARs) were accurate and medicines audits were effective. We found unexplained gaps and inconsistencies in MARs. There was a risk that people did not receive their medicines because the provider did not have an effective medicines management system. These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had their medicines managed by staff in a safe way and as prescribed. People said, "I do [take medicines] twice a day" and "I take medication it is in the dosette box." People had a medicines risk assessment and care plan detailing any allergies and the support needed to take their medicines safely.
- The provider had a medicines policy that gave staff clear guidance on the safe administration of medicines. The registered manager understood local arrangements for medicines support and staff had medicines training in house and with the local authority, which helped them keep up to date with current best practices.
- Records used for the management of medicines were completed correctly and reflected when people had their medicines. Medicines not administered were accounted for and an explanation for this was recorded. Electronic medicine administration records (eMARs) were reviewed and audit checks took place to establish whether people had their medicines. Each eMARs we looked at was completed accurately.

Staffing and recruitment

At our last inspection the provider had failed to use robust recruitment processes to employ suitable staff. Some staff completed an induction before they were interviewed for a job and some staff files had documents related to the induction programme and checks from the Disclosure and Barring Service (DBS) that had irregularities. These issues were a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- 'The registered manager followed safer recruitment processes to employ suitable staff. Pre-employment

checks took place before a new member of staff started working. These checks were returned before employment was confirmed. The registered manager obtained appropriate references, proof of the right to work in the UK and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

- Enough staff were available to provide care and people said they had regular care workers to provide them with consistent care.

Learning lessons when things go wrong

- The registered manager identified some concerns with how care visits were being arranged. Following a review of the staff rota, there was a change in the call monitoring system. This allowed staff to clearly plan visits and to ensure staff had enough time to travel between care visits. We looked at the call monitoring systems records for one month and found improvements, however there remained two badly planned care visits. For example, we found that one care worker was scheduled two care visits for two different people at 8am. This would impact on the third call and the care worker could potentially be at least 50 minutes late. We did not receive any feedback from people about not receiving their assessed care. The registered manager confirmed they had ongoing reviews of the rota to reduce this error from recurring.

We recommend that the provider seek advice to effectively plan care visits appropriately to ensure staff have enough travel time so people receive their assessed care within the scheduled timeframe.

- There were established systems that recorded accidents and incidents that occurred. The registered manager monitored all incidents so trends or patterns could be identified and action taken to reduce any risks.
- The registered manager shared with staff any areas for improvement of the service. This helped staff to reduce the potential concerns reoccurring.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe receiving care from the staff that supported them.
- The provider had an established safeguarding system and processes for identifying and managing allegations of abuse. The safeguarding policy gave staff guidance on how to protect people from the risk of harm and abuse.
- Staff completed training in safeguarding which improved their knowledge of abuse and to promptly report any concerns.

Assessing risks, safety monitoring and management

- Risks to people's health and well-being were identified and managed by staff. Each person had a risk assessment that recorded potential risks to their health and home. Risks found related to moving and repositioning, continence needs, mental health needs, care needs and medicines management.
- Staff completed a risk management plan to reduce those identified risks from occurring. Clear guidance was available for staff to provide safe care and to mitigate those risks.

Preventing and controlling infection

- The provider had an infection control policy that staff followed to protect people from the risk of infection.
- Staff completed training in infection control and applied this knowledge to reduce the risk of infection and cross contamination. The registered manager had enough supplies of Personal Protective Equipment (PPE) for staff to use. PPE is protective clothing and equipment designed to protect the wearer's body from injury or infection. Staff confirmed they had gloves and aprons available for their needs.

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.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. 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, choices and preferences were assessed before a service was offered. The assessment also identified whether the service and staff could meet people's individual needs effectively.
- People had a plan of care that met their needs with staff support. Staff used the guidance in the care plan to ensure people received safe and appropriate care.
- The registered manager told us they followed best practice and national guidance to help them improve their knowledge. For example, the service implemented the National Institute for Health and Care Excellence (NICE) guidance for managing medicines for adults receiving social care in the community. This helped staff improve their skills in the administration of medicines. We saw the registered manager had used best practice guidance on how to manage people's medicines in the community which helped them to make the necessary improvements since the last inspection.

Staff support: induction, training, skills and experience

- Staff had access to an induction, training, supervision and appraisal. All new members of staff completed an induction. This helped staff to become familiar with the organisation and the people they would support.
- The registered manager had a staff training programme in place that supported staff to develop their skills and knowledge. Staff completed training in moving and positioning, first aid and dementia care and nutrition. Staff also completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One member of staff said, "The training is really helpful and I am reminded when the training is happening."
- The registered manager had meetings with staff which helped them to review their job performance. Staff supervision and appraisals took place which enabled staff to identify their professional developmental needs and reflect on their individual achievements.

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

- Staff supported people with the preparation of meals to meet their nutritional needs and personal preferences. Relatives commented, "Yeah, [they] give him/her ready meals, breakfast and a cup of tea if he/she wants" and " [Care workers] does his/her breakfast."
- Staff recorded on people's care records when they supported them with their meals, which helped staff to monitor their food intake and nutritional needs.

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

- Health and social care professionals provided specialist support and advice to meet any changing needs. Staff contacted people's GPs or district nurse when a person's physical care needs had changed.
- Staff completed people's care records when they had received health care advice and support. This helped staff to be kept up to date with these visits and any associated medical advice staff would follow to meet and maintain those needs.

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 made decisions about how they wanted to have their care and support delivered and these choices were recorded in their care records. People had signed their records to consent to their care and support.
- The registered manager understood how to support people which took into account any authorisation within the legal framework of the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and where required their relatives were involved in and contributed to their care assessments. This enabled people to discuss their views of their individual care needs and what support they needed from staff.
- Staff reviewed people's care records including risk assessments and care plans. These records were updated by staff when required and once changes occurred.
- The registered manager had arrangements in place for people, relatives and health and social care professionals to review care documents via a secure electronic care records system. The registered manager confirmed consent was sought before any records were shared in line with the requirements of the General Data Protection Regulation (GDPR). The GDPR is a regulation in EU law on data protection and privacy.

Respecting and promoting people's privacy, dignity and independence

- People said staff were respectful and supported them with kindness. People commented, "The regular [care worker's name] is helpful" and "[Care worker] was very good."
- Staff understood individual care needs and spoke about people they provided care with compassion and in a respectful way. People said, "[Staff] treat me properly" and "We can have a laugh ourselves and work together."
- Staff ensured care records were updated with people's individual abilities including things people could do for themselves. For example, whether people could manage their personal care, shopping or finances independently.
- Staff worked in cooperation with people to promote their independence while delivering care. Care and support was delivered in the privacy of people's own homes and staff asked people about what help they needed before carrying out tasks.

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

- Staff knew people well and understood their individual needs. Staff completed training in equality and diversity which enabled them to apply their knowledge to support people in an understanding and inclusive way. People said staff treated them well and enjoyed the consistency of the regular care workers. Some people had received care for several years and were familiar with the staff and the service.
- The registered manager provided care and support that considered the Equality Act 2010. Care assessments recorded individual characteristics that were protected within the act. These included people's religious beliefs, cultural and sexuality needs which were respected by staff which helped them to provide appropriate care.

- The registered manager had a system in place to match care workers in relation to people's needs. This helped people to received help from staff from a similar cultural background if this was their choice.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant 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

- The registered manager identified people's care needs before they began using the service. Staff communicated with health and social care professionals to ensure they had the correct details and important background information about them.
- Assessments were completed with people and explored their life histories, hobbies and any medical conditions. Staff developed appropriate care and support plans using the information which met people's individual needs.
- Care records were reviewed and updated when people's needs changed. Care logs were completed when staff visited people and received care. Samples of daily logs showed people received the care they needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager supported people to maintain relationships with people who mattered and were important to them. Staff had developed relationships with relatives and friends and contacted them when necessary.
- People managed their social activities independently and went out into their local community as they chose. A person said that staff supported them to get ready 'to go and see my relative three times a week.'

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 assessed and any needs were recorded in their care records, including whether people required information presented to them in a different format.
- The registered manager had access to large print and easy read documents for people who needed accessible information.

Improving care quality in response to complaints or concerns

- The provider's complaints process was given to people when they began using the service. People and their relatives were confident to make complaints about the service if they were unhappy about the care they received. One relative said, "We had a say, please don't send the [care worker] anymore." This view was respected and the registered manager organised an alternative care worker to provide care. The person commented, "Things are better and on an even keel."

- The registered manager had explained the complaints systems for recording and managing complaints from people, relatives and health and social care professionals. They also confirmed and records showed all complaints were appropriately answered.

End of life care and support

- The registered manager was aware of how to support people with a life limiting condition. Staff completed end of life care plans so people's views about what support they wanted at that time were recorded.
- Staff completed training in end of life care that gave them an understanding of how to support people at the end of life. The registered manager had a working relationship with the local palliative care teams and hospice to ensure that people had access to suitable care and support.
- Care records detailed people's next of kin and health and social care professionals who would be involved in end of life care planning.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found inaccuracies and incorrect information recorded in staff records and people's care logs. The quality of some of the care records were not effectively monitored and action had not been taken to resolve these concerns. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager was experienced in their role and provided clear leadership of the service. Staff understood their responsibilities while carrying out care and knew who they could seek support from when required.
- The registered manager had established systems in place to monitor the service. There were checks on the quality of care, records and the service performance. The registered manager was aware of any concerns and outcomes from each review which gave them oversight of the service.
- Staff had regular checks to monitor their job performance. Each member of staff had a 'spot check' completed by a senior member of staff. 'Spot checks' allowed the care worker to receive feedback on whether they were delivering the agreed care and support. Senior staff monitored whether staff were performing well in their role and met the standards required by the provider. Any areas of concern of practice were discussed with the member of staff and additional support such as training provided to make improvements.
- The registered manager understood their registration responsibilities to the Care Quality Commission (CQC). All reportable incidents were submitted to CQC as legally required.

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

- The registered manager understood the requirements of the duty of candour and to share information when concerns were raised or when things go wrong. There were systems to investigate safeguarding allegations, complaints and other issues of concern and to report these appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The registered manager had discussions with people and their relatives about the quality of care they should expect to receive from staff. There was a service users' guide that provided people with information about the service.
- Staff carried out home visits to meet with people and their relatives to establish whether care was provided in line with the service standards.
- Staff told us they felt very well supported in their role. Staff said, "The manager is really nice and helpful and she listens to me" and "I am confident to go to the manager and she/he will help me when she can."

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

- People and their relatives were encouraged to provide their views of the service, management of the service and the care and support they received. People gave positive feedback about their care and were happy with the care workers that visited them. One person said, "They are quite friendly and I'm happy with them."
- The provider arranged staff team meetings which were used to share information and used for staff training.

Continuous learning and improving care

- The registered manager implemented the electronic care record system, to streamline people's care records, management systems and to reduce the use of paper wherever possible. The registered manager said working in a 'paperless' way was more effective and provided them with greater oversight and monitoring of the care records.
- The provider had taken actions to improve the service so people received good quality care. For example, the provider had implemented a system where care records were accessible via an app that staff viewed on their mobile phones. The electronic system monitored how care workers managed medicines. The registered manager monitored and checked the Electronic medicine administration records for their accuracy.

Working in partnership with others

- The registered manager had developed working relationships with key organisations, including the local authority, safeguarding teams, clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care.
- The registered manager and senior team members attended meetings, forums and network groups where other providers shared information, knowledge and innovative ideas to help to improve services.