

Firstchoice Consultancy Ltd

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Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on the 19 February 2018 and was announced. At the previous inspection of this service on 1 June 2016 we found two breaches of regulations. This was because care plans were not sufficiently detailed and quality assurance and monitoring systems were not effective.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of responsive and well-led to at least good. We found the service had taken appropriate action to achieve this and breaches of regulations had been addressed.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger disabled adults. One person was using the service at the time of our inspection.

The service had a registered manager in place. 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.

Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Staff had a good understanding about infection control issues and used protective clothing to help prevent the spread of infection. Lessons were learnt when accidents or incidents occurred to help improve the service. Robust staff recruitment practices were in place and there were enough staff to meet people's needs.

People's needs were assessed before they began using the service. Staff received training and supervision to support them in their role. People were able to make choices for themselves where they had the capacity to do so and the service operated in line with the Mental Capacity Act 2005.

Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs and these were subject to review. The service had a complaints procedure and end of life care procedures in place.

Staff spoke positively about the registered manager. The service had systems in place for seeking the views of people on the running of the service and quality assurance systems were operated effectively. Auditing systems were in place to check records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Systems were in place to reduce the risk of the spread of infection.

Good ●

Is the service effective?

The service was effective. People's needs were assessed prior to the provision of care to determine if the service was able to meet the person's needs.

Staff undertook regular training to support them in their role and undertook an induction programme on commencing working at the service.

People were able to make choices about their care and the service operated in line with the Mental Capacity Act 2005.

Good ●

Is the service caring?

The service was caring. Staff had a good understanding of how to promote people's dignity, privacy and independence.

Good ●

Is the service responsive?

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

The service had a complaints procedure and end of life care procedure in place.

Good ●

Is the service well-led?

Good ●

The service was well-led. The service had a registered manager in place. Staff spoke positively about the senior staff at the service.

Quality assurance and monitoring systems were in place which including seeking people's views on the running of the service.

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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 the 19 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications of any significant events the provider had sent us. Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with three staff, including the registered manager, the administrator and a support worker. We were unable to speak with people who used the service or their relatives. We looked at the care records for one person including their care plans and risk assessment. We reviewed the recruitment and training records for one member of staff. We checked various policies and procedures and examined the quality assurance and monitoring systems used by the service.

Is the service safe?

Our findings

The service had systems in place to protect people from the risk of abuse. There was a safeguarding adult's policy which made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission (CQC). The service also had a whistle blowing procedure in place which stated staff had the right to whistle blow to outside agencies if appropriate. Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities in this field. One staff member said, "If I suspect a person is being abused I would report it straight away to my manager. If they don't act I would report it to CQC." The registered manager told us there had not been any allegations of abuse since our previous inspection. They were aware of their responsibilities for reporting safeguarding allegations, saying, "I have to report it to the council and CQC."

The service had a policy in place to help protect people from the risk of financial abuse. Staff were not permitted to accept gifts from people or be involved in drawing up wills. The policy stated that where staff spent money on behalf of people receipts had to be provided for the person and records confirmed this was the case. This meant steps had been taken to help ensure people were not financially abused by staff.

Risk assessments were in place. These included information about the risks people faced and action to take to mitigate those risks. Risks covered included those associated with moving and handling, personal care and the premises and environment. This covered lighting, flooring, trip hazards and appliances at the property where care was provided.

The registered manager told us staff did not use any form of physical restraint when working with people. They said, "We can't restrain [person] at all." Staff confirmed this was the case. One member of staff said, "No, no, not at all, that would be abuse to restrain [person]."

At the time of inspection the service employed one person whose sole responsibility was to support people with their care. The registered manager told us they had not missed any scheduled visits and there were no concerns with staff punctuality. The registered manager said if the staff member had to cancel a visit they were able to step in and provide the support. The staff member signed in and out at the beginning and end of each visit. These records were checked by the relative of the person who was supported and signed by them to confirm the person arrived and left at the recorded time. These records were then checked by the registered manager. The records showed that staff were punctual and stayed for the full amount of time allotted to provide support to people and that there had not been any missed visits.

Robust staff recruitment practices were in place. The service had a staff recruitment policy which stated that checks had to be carried out on staff before they commenced working at the service. Staff told us they had undergone pre-employment checks. One member of staff said, "They carried out a lot of checks, DBS, they asked for my references and passport." DBS stands for Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records confirmed checks had been carried out on staff in line with the policy, including criminal record checks, employment references, proof of identification and a record of past employment

history. This meant the service had taken steps to help ensure only suitable staff were recruited.

At the time of inspection the service did not provide anyone with support with medicines. There was a medicine policy in place which covered the obtaining, administration and recording of medicines. The policy made clear that if staff did provide support with medicines they would be required to undertake training in this area beforehand.

The registered manager told us staff were expected to wear protective clothing such as gloves and aprons when providing support to people to help reduce the risk of the spread of infection. We saw there was a good supply of aprons and gloves stored at the office. Risk assessments for people included information about good infection control practice which meant staff could support people safely. The service had a 'Staff handbook' and the registered manager told us all staff were given their own copy of this. This included good practice guidance about infection control including effective hand washing techniques. A member of staff said, "I wear gloves and aprons and wash my hands before and after [providing support with personal care]. I make sure when [person] goes to the toilet they wash their hands."

The registered manager told us there had not been any significant accidents or incidents since our last inspection and we found no evidence to contradict this. There was a form in place for recording accidents and incidents. This had sections to record what took place and how the incident was dealt with. However, it did not have a section for reviewing the incident in order to learn lessons and reduce the likelihood of further such occurrences. We discussed this with the registered manager and they took steps to amend the form during the course of our inspection so it included a section for reviewing incidents.

Is the service effective?

Our findings

The registered manager told us after receiving an initial referral they carried out an assessment of the person's needs. This was to determine if the service was able to meet the person's needs. The registered manager said, "When we get a call to provide a service I go down and have an assessment done. I discuss about the client's needs, about their medical need, personal and social need. I discuss about the next of kin involvement." The registered manager told us on one occasion they had declined to support a person because the service was unable to meet their needs. Records confirmed that assessments were carried out which including speaking with people or family members. The registered manager told us the assessment process would also include relevant professionals where appropriate.

Staff received support through training and supervision to develop skills and knowledge helpful for their role. On commencing work at the service staff undertook an induction programme which included a mixture of classroom based training and shadowing experienced staff members. The registered manager said, "We do shadow with staff where they work with the experienced ones." Staff confirmed they did shadowing as part of their induction. All of the care staff working at the service at the time of inspection had considerable previous experience of working in the care sector which meant there was no expectation on them to complete the Care Certificate but the registered manager told us if they recruited any inexperienced care staff they would complete the Care Certificate. This is a training programme designed specifically for staff who are new to working in the care sector.

Records showed staff had access to on-going training including infection control, moving and handling, privacy and dignity, equality and diversity and understanding the role of the care worker. Staff confirmed they received regular training, one member of staff said, "I've done training, the mandatory ones, moving and handling, health and safety, fire safety, safeguarding."

Staff had regular one to one supervision with the registered manager which gave them the opportunity to discuss matters of importance to them. A member of staff said, "We have one to one meetings, if I have any concerns. I talk about all sorts of things, maybe about what I did at work." The registered manager told us they had one to one meetings with staff but did not keep records of these meetings. We recommend records are maintained of supervision meetings so both parties have a clear record of what was discussed and of any agreed action.

Records showed staff had an annual performance and development review. This reviewed their work over the past twelve months and looked at possible areas for development.

At the time of inspection the service did not provide any support with meal preparation or supporting people to eat and drink. Records showed staff had undertaken training about food hygiene which meant if the need arose to provide support with meal preparation this would hopefully be done in a way that was safe.

At the time of our inspection the service did not support people with making or attending medical

appointments. People lived with relatives who were their main carers. The registered manager told us relatives arranged medical appointments for people.

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.

The registered manager told us the agency did not carry out mental capacity assessments itself, but would rely on the local authority to do so if required. They said for the person receiving care at the time of our inspection their relative was very involved in their care and able to provide staff with information about their likes and preferences. A member of staff said, "I work hand in hand with their [relative] to support [person]." They told us they supported people to make choices where they could, for example with clothes. They said, "I take out some clothes and [person] picks out the ones they want."

Care plans included an 'Agreement Form' which stated, "I have been involved in drawing up this care plan. I give my consent for the care to be provided as described in the care plan." This form had been signed by the person's relative which showed they were involved in making decisions about the person's care.

Is the service caring?

Our findings

The same staff routinely worked with the same people. This meant staff were able to build up good relations with people and to gain their trust. We found no evidence to suggest that people or relatives were in anyway dissatisfied with the staff who supported them.

Care plans set out which elements of personal care people could manage for themselves to help promote their independence. For example, the care plan for one person made clear they did not require any support with mobility or continence issues. They also set out what they required support with. For example, one care plan stated about washing themselves, "[Person] can only wash their face and hands." Staff understood the importance of promoting people's independence. The registered manager said, "I try to empower the person. I ask how much can the person do for themselves and help them with the things they can't do. I respect their choices in the sense they may want a shower or a bath. If they have any particular clothes they want to wear I respect that." Another member of staff told us, "I take out the toothpaste and put it on the toothbrush they [person] will brush their teeth." This meant people's independence was promoted.

Staff had a good understanding of how to provide care and support in dignified manner. The registered manager said of providing support with personal care, "First of all I introduce myself, communication is vital. I explain what I will be doing. With privacy, if I go in the bathroom I shut the door and get them well presented (covered) before I get them out of the bathroom." Another staff member said, "When I run the bath I check the temperature. When [person] is in the bath I close the door and leave them."

Care plans included information about people's religion and cultural heritage although the registered manager told us they did not provide support in these areas.

The service had a policy about confidentiality. This made clear staff were not permitted to divulge information about people without proper authorisation to do so, and if they did this was a possible disciplinary matter. Records held at the office were stored in locked filing cabinets or electronically on password protected devices. This helped to ensure information held about people remained confidential.

Is the service responsive?

Our findings

At the previous inspection of this service in June 2016 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans did not include all relevant information about the support people required. During this inspection we found this issue had been addressed.

Care plans were in place for people which were based on the initial assessment of need. These set out what level of support people required with each element of their personal care. Care plans also covered needs relating to emotional state, behaviours, communication and health issues. Care plans included personalised information about supporting individuals. For example, the care plan for one person stated, "[Person] prefers solitude and one to one conversation." Staff we spoke with had a good understanding of the needs of people and of their care plans.

The registered manager told us care plans were reviewed annually, but added, "If the condition changes we would change the care plan, if for example their medical condition changed." Records confirmed care plans were subject to review which meant they were able to reflect people's needs as they changed over time. We saw that staff completed records of the care provided at each visit which meant it was possible for the registered manager to monitor the support provided and ensure it was in line with the person's assessed needs. Records showed the registered manager carried out routine audits of daily care records and these were also checked and signed off by relatives.

The registered manager told us the service did not currently provide support to anyone with social and leisure activities.

The service had a complaints policy in place. This included timescales for responding to complaints received. However, it did not include details of the Local Government Ombudsman. This is the body with the legal responsibility for investigating complaints made about social care providers in England. We discussed this with the registered manager and the policy was updated to include this information during the course of our inspection. People were provided with their own copy of the complaints policy to help make it more accessible to them.

The registered manager told us the service did not provide end of life care to people at the time of inspection. The service had an end of life care policy in place. This covered the principles of end of life care, developing end of life care plans and staff roles and responsibilities.

Is the service well-led?

Our findings

At the previous inspection of this service in June 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality assurance and monitoring systems were not always effective. During this inspection we found this issue had been addressed.

The registered manager told us they carried out spot checks to monitor staff performance and ensure care was provided appropriately. They said, "I do spot checks, I see how [staff] carries out their procedures, see that they are well presented, how they use the aprons and gloves. See how they interact with the service user." They added that they did not tell staff in advance when they were going to carry out their spot checks. This meant they got a truer picture of the care provided as the staff members were not able to make adjustments to their routine in the knowledge a spot check was to be carried out. Records confirmed that spot checks took place which looked at staff punctuality, that staff had their identification badges, that there was clear communication and good record keeping.

The service sought the views of people and relatives on the care and support provided. The registered manager said, "We survey the family of who is receiving the care." Records showed people were surveyed on a six monthly basis, the most recent survey return was dated 12 December 2017. The survey asked about people's overall satisfaction with the service, communication and information provided the quality of the staff and of their work. The completed survey contained positive feedback, with the comment, "I am completely satisfied with the staff. Good manners, punctual, excellent work, ten out of ten."

Staff meetings were held, the most recent took place on 8 January 2018. Minutes showed the meeting included discussions about record keeping, staff roles and responsibilities and any changes in the needs of people using the service. A member of staff said, "We do meet and discuss in the office. We discuss about record keeping and training and work in general."

The registered manager told us they had attended the 'Providers Forum' which was run by the local authority. It was a forum for care providers across the Borough to meet and share good practice issues and other matters of importance to them. Records showed the service was a member of the 'United Kingdom Home Care Association' which is a trade body representing domiciliary care agencies across the UK. The registered manager told us they received updates from this body which helped them, "Understand what is going on in the care agency domain, the information we get from them is very helpful." The service is also registered with the Care Quality Commission, the organisation with the legal responsibility to reregulate health and social care services in England. The registered manager told us, "We get newsletters and updates of information, so we get acquainted with CQC and having more awareness about them."

The service has signed up to The Social Care Commitment which is run by Skills for Care. Skills for Care describe The Social Care Commitment as "an agreement about improving workforce quality and providing high quality services in adult social care. Its primary purpose is to ensure public confidence that people who need care and support will always be supported by skilled people who treat them with dignity and respect."

The service had a registered manager in place. They were knowledgeable about their legal requirements relating to their registration and were aware of what issues they had to notify the Care Quality Commission about. Staff spoke positively about the registered manager. One member of staff said, "I would say [registered manager] is compassionate, they are fair. I think they are approachable." Another staff member said, "[Registered manager] s a very good manager, very helpful, they will deal with problems right away." The same staff member told us the registered manager gave clear direction and leadership about what was expected from them, saying, "The went through the terms and conditions, what they expected from me, they gave me a copy of my job description."

The service had an out of hour's on-call system. The administrator told us, "We have an on-call, it goes to me or [registered manager]." Staff confirmed that the registered manager was accessible if required. This meant staff were able to receive support as and when needed.