First Choice Social Care & Housing Ltd

Borough of Lewisham

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service well-led?	**Inadequate**

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 providing personal care and support to people living in their own homes. At the time of our inspection 21 people were using the service, some who were living with dementia, a physical disabilities and some people were living with a mental health needs.

At the time of the inspection care and support was delivered in the London boroughs of Bexley, Kingston, Middlesbrough council and Slough borough council.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

People's experience of using this service and what we found
People and their relatives gave us mixed views about the quality of care they or their relative received. People told us that they liked their regular care worker but found replacement care workers were not always aware of their needs.

There were concerns about the validity and accuracy of the electronic call monitoring (ECM) data. There were higher than expected numbers of manually logged care calls and incidents of care workers logging in at two different locations recorded at the same time. An ECM system is where care workers log in and out of their calls, and the information is recorded. The ECM data showed continued concerns about the timeliness of care calls. We found staff were not deployed in a safe way and they did not always have allocated travelling time in between care calls which led to late and missed calls.

The provider did not have effective systems in place to manage people's medicines. There were continued concerns about the quality and accuracy of people's medicines administration records and medicines care plans because these did not always contain sufficient information about how people took their medicines. This was not in line with the national guidance including the National Institute of Clinical Excellence (NICE) guidance Managing medicines for adults receiving social care in the community.

The provider monitored the service and the quality of care. However, the auditing systems did not pick up the concerns we found. Risks to people were not fully and safely managed and people's care and support was not always delivered in a person-centred way.

The provider had an established safeguarding policy and procedures in place used to protect people from the risk of harm and abuse. However, the registered manager did not understand their responsibility to report safeguarding incidents to the CQC.

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 (published 22 October 2022).

Why we inspected
We carried out an announced focused inspection of this service between the 6 and 30 June 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We also checked whether the Warning Notice we previously served in relation to the concerns we had about staffing levels at the service (Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) had been met and to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the relevant key questions safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Borough of Lewisham on our website at www.cqc.org.uk.

Enforcement
We have identified continued breaches in relation to safe care and treatment, good governance and staffing at this inspection. We found a new breach of Fit and proper persons employed.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not well-led

Details are in our well-led findings below.

Borough of Lewisham

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team
The inspection was carried out by one inspector, one pharmacy inspector and an Expert 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 houses and flats.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.
At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since their last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager. We also spoke with 4 people and 6 relatives. All staff were sent a questionnaire and we received feedback from 6 of them. We reviewed a range of records including electronic call monitoring data (ECM) for 21 people receiving a service between September to November 2022. We looked at 11 people's care records. We reviewed variety of records relating to the management of the service, including medicines administration records, policies and quality of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 30 November 2022 and ended on 18 December 2022.

Inadequate

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The provider did not have clear systems to monitor and implement safe medicines management practices. Medicines records were not accurately completed and we found examples of unexplained gaps in people's medicine administration records (MAR) charts.
- For example, one person's MAR showed staff had not signed to show they had given the medicines during the morning care visits on 26 November and 27 November 2022. They had medicines prescribed to be taken twice a day. We also found another person's MAR showed that staff had not signed to show they had given the medicines during the morning care visits on 3 October, 4 October and 5 October 2022 and the evening visits on 3 October and 4 October 2022. There were no explanations given for the gaps in either MARs chart. This meant we could not be sure that people had received their medicines as prescribed which put them at risk of harm.
- The provider was not following their own medicines policy. Their policy stated each person being supported with their medicines would have a medicines specific risk assessment completed which would record their individual medicines support requirements. We asked for but did not receive copies of people's medicines risk assessments. The registered manager confirmed these assessments did not routinely take place and there were no records of these.
- The staff member responsible for assessing medicines competencies did not have their own competency assessed. We asked the registered manager for the training records of the staff member but were told they were not available for review. This meant we could not be assured staff were assessed by competent senior staff as safe to support people with their medicines.

The lack of accurate and robust medicines management increased the risk of harm to people's health and safety. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection we received information the member of staff responsible for staff medicines competencies was going to attend a train the trainer course which included medicines management. This

training was arranged after the inspection and the request for their training information.

Staffing and recruitment

At our last inspection the provider had failed to robustly assess the risks relating to staffing. The ineffective deployment of staff created a risk to people's health and safety. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

● People did not always receive their assessed care due to poor timekeeping, lack of travel time and ineffective systems in place to monitor people's care. People told us, "Timing can be random as they are relying entirely on public transport. During the first week one carer was here for only fifteen minutes not half an hour. She kept asking if she could go", "They [care workers] rush off as soon as they can" and "[Family member] has a regular carer, but she can work seven to nine days without a day off. [Family member] has to have a regular pattern and strict timing for calls otherwise there is a knock on effect."
● Staff did not always have sufficient time to travel to carry out their jobs to support people in a timely way. One member of staff told us "Yes, I have sufficient time to meet people's needs and to travel between care visits." Despite this positive comment, 4 out of 8 care workers also told us that they did not have enough time to travel between care calls. From our conversations with people, relatives, staff and the review of ECM data revealed staff did not have enough travel time which often meant they were late for calls and people did not receive the care and support to meet their individual needs.
● We completed a review of the ECM data to establish the frequency and consistency of care visits. We found from 1 September 2022 to 30 November 2022, 45% of care calls had no planned travel time, 37% of care calls were manually logged and 12% of care calls showed staff were logged in at two different locations recorded at the same time. This meant the poor planning of care visits increased the risks that people did not receive their care on time, or did not receive their planned care at all.
● The provider was not following safer recruitment practices. During the inspection we noted that pre-employment checks took place to ensure staff were suitable to be employed. Each member of staff provided information to demonstrate they had right to work in the UK. However, the Home Office told us there were some concerns about the visa sponsorship application for some staff after the inspection. This meant we were not assured staff had always been safely recruited for the role of caring and supporting people in their homes.

The ineffective and poor deployment of staff created a risk to people's health and safety. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's recruitment processes were not robust enough to ensure staff were checked as suitable to be employed to care for people. This created a risk to people's health and safety. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had arrangements in place to obtain checks with the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

● People had an assessment to identify risks to their health and well-being and plans to mitigate these. We continued to receive mixed views about people's safety receiving care and support.

● Although risk assessments provided guidance for staff to follow to keep people safe, staff did not always follow the risk management plans. For example, one person was placed at increased risk because they were not consistently supported by two members of staff during each care visit as planned. A relative told us, "[My relative] is booked for 4 care visits with two care workers, but the office had the care workers split the shift and one goes to one client and the other to another client." The comments from the relative supports the concerns we found with the accuracy and validity of the ECM data.
● People and their relatives gave us mixed views on whether they felt safe receiving care by the service. A relative said, "Having a carer means there is more safety of having someone there" and "The carers leave the key safe box open", leaving this person at risk of their safety. Another relative told us, "When the regular carer is off and the new carers come in half the time is used up telling the carer how to use the electric hoist." This same concern about staff not able to use a hoist was raised with us at the last inspection. The registered manager did not have an effective process in place to assess staff competency before they carried out this task. Risks for people were not consistently managed to reduce those risks identified.

The risks to the health and safety of people were not appropriately assessed, monitored and managed well increasing risk of poor care for people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to infection prevention and control and identify that staff were not always wearing appropriate personal protective equipment. This was 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 part of regulation 12.

● The provider had an infection prevention and control policy to safely manage and reduce the risk of infection. At the last inspection we were told staff did not consistently wear personal protective equipment (PPE).
● The provider had sufficient supplies of PPE and staff confirmed they had access and was freely available for their use.
● People gave us mixed views on staff wearing PPE to keep them safe during their visit. People told us, "The carers cover their shoes and are good with PPE" and "The carers didn't wear masks when they came in. I had to provide gloves for them."

Systems and processes to safeguard people from the risk from abuse
● The provider was aware they needed to protect people from the risk of abuse. Staff were trained and had a good understanding of safeguarding they told us, "Safeguarding means protection of an individual health, enable them to stay free from abuse or neglect" and "Safeguarding is the practice of ensuring that vulnerable people have their health, wellbeing and rights protected in society."
● The provider had a safeguarding policy in place to guide staff to help keep people safe from harm. The registered manager did not fully understand their legal requirement to notify the CQC of safeguarding incidents. Please see the well-led section of this report.

Learning lessons when things go wrong

● There was a process for recording any accidents and incidents that occurred at the service. The registered manager was responsible for the investigation into any events and take action as required.

● There were systems in place for the review and regular monitoring of the service. However, the provider did not share with us when asked for examples of improvements made or details of any lessons learned.

Inadequate

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care

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

At our last inspection the provider had failed to have effective systems in place for the monitoring of risks to people's health and safety. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in continued breach of regulation 17.

● The provider's electronic call monitoring system (ECM) was not always used effectively because care calls were not planned safely. We found ECM was sometimes manipulated because of how the data was arranged. We found 37% of calls were logged manually and not using the log in system as planned. We also found 20% of calls were later than 15mins, 4% of all care calls were short and with no planned in or out times. Despite the registered manager confirming no late or missed calls, this was not confirmed by the data. This meant the registered manager could not be assured people were safe, had their food, medicines and personal care attended to as requested. We could not be assured that the ECM data was accurate, valid or whether there was a misuse of the ECM system.
● There was a lack of oversight of the quality of care carried out in areas outside London especially in Middlesbrough. Health and social care professionals of Middlesbrough council were told by people using the service and their relatives about concerns of poor time keeping and quality of care. This meant that the provider could not be assured that people received a good consistent standard of care. There were reported concerns also about visits not being carried out at the times and dates suggested, increasing risks to people's health and well-being.
● The records used for collecting people's and their relatives contact details were not up to date. For example, the registered manager provided telephone numbers for 21 service users and noted two telephone numbers came up as not recognized. There were 2 people who were receiving care but were not on the contact list. This inability to maintain accurate contact information meant there was a risk people may not have received their planned care or not be contacted when needed.
● Care staff understood their roles to ensure people received a care service that was of good quality and that met people's needs. We asked the registered manager for full recruitment files including supervision and appraisal where applicable for 3 members of staff. We did not receive this information as requested despite clarifying the records we needed to see. We were not assured staff files were available to review, current and

contained all of the required records in relation to recruitment, support and training.
● The registered manager had not shown a commitment to continuous learning and improvement at the service to improve the quality of care.
● The provider had not implemented any learning from the outcome from the last inspection because the provider was in continued breach of regulations. Issues identified at the last inspection had not been addressed or resolved.
● The registered manager did not understand their legal responsibilities to inform the Care Quality Commission of safeguarding incidents and events that occurred at the service in a timely way. We were made aware of 8 safeguarding incidents from the local authority. The provider failed to share these with us.

The poor service monitoring increased risks to people's health and safety. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The registered manager did not fully act on or understand their responsibility to show clear leadership of the service. The management systems did not provide an overall insight into the quality of care, service delivery and in how staff were supported to carry out their jobs.
● Staff raised concerns about the management of the service and some care workers told us the culture of the service was bullying. Staff also told us, "The culture of the organisation is not fair and open, and is not well led", "Nothing to write about, It's not fair, it's actually devastating" and "If things were done fairly, we don't have to keep fearing of losing something, people really want to work in an atmosphere where there is sincerity, fairness and transparency."
● People receiving care did not always receive a service that was person-centred. We receive mixed comments about the support people received from staff. Comments we received included, "The carers don't really talk much. Communication is a big issue for [person]. Even when they are giving personal care there is not much communication", "If there is a male carer I know [family member] will be shaved. Female [care workers] don't like to shave him, but it is written in the plan that he should be", "My relative has to manage on her own if a carer does not turn up" and "[Care worker] poked [my family member] under the bedding to see if she needed her pad changed without requesting permission." This meant people did not receive a service that was respectful of their individual needs and which meant they did not always receive care that was person-centred.
● The provider was not always supportive to help staff to carry out their roles in a safe way. The registered manager told us they provided training for staff and some was outsourced by an online training provider. However we were made aware staff were required to arrange all face to face training independently, including moving and handling and how to use a sling and hoist. One member of staff told us, "I am still learning more from other platforms such as YouTube." The provider had not supported staff to access appropriate training to help them care for people in a safe way and in line with their registration responsibilities.
● People did not always receive care and support that provided good outcomes for them. A relative told us, 'I made a formal complaint about six or seven months ago. A carer put [relative] in a hot bath without adding any cold water. I just got told [by staff member] we'll look into it", We were not made aware of this complaint or the investigation into this incident. We have asked the registered manager for an update into this incident and actions taken.

The lack of deployment of staff increased risks to people's health and wellbeing. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The registered manager had not taken action to ensure people using the service received safe and consistent good quality care.
●Professionals who worked with the service told us they continued to have concerns about the care and support provided to people in their local areas. The concerns were about the timeliness of care visits, the poor responsiveness of the management to queries, difficulty working with the management team, missing care calls, staff medication training, MAR charts and competency checks on medicine, poor documentation, poor quality monitoring and poor response times from the office.
●The feedback from people, staff and professionals showed the quality of care had not improved and failed to consistently provide good outcomes for people to meet their individual needs.

The lack of monitoring, improving the service and the poor management oversight of the service increased risks to people's health and safety. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider had developed systems for people to give their feedback about the quality of the service. However we received mixed comments about the service requesting feedback from them. Comments included, "No feedback has been asked for and conversation with the carers is non-existent. Contact with the service is very limited. No one has been in touch since the beginning of care to ask if it is going OK", "Someone [from the service] phoned me yesterday to ask if I was happy with the care" and "In the last couple of weeks the service got in touch to tell us about a new process of reporting which is coming in." We share some of people's and their relatives comments with the registered manager.
● Staff meetings took place with care workers to share information with them about any changes that occurred in the service. Meetings were held online so staff could contribute and share their ideas and views with their colleagues.

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 told us they understood their responsibilities in relation to duty of candour.
● The registered manager told us that they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things go wrong. However, the registered manager did not understand their legal responsibilities to inform the Care Quality Commission of safeguarding incidents and events that occurred at the service in a timely way. We were made aware of 8 safeguarding incidents from the local authority. The provider failed to share these with us.

Working in partnership with others
● Staff worked in partnership with colleagues from health and social care services so people could have access to consistent care and advice when required.
● Records showed that staff frequently contacted health and social care professionals for advice and support when people's needs had changed.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure robust checks took place to ensure suitable staff were employed. 19 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure there were effective systems in place to manage people's medicines safely. The provider failed to ensure risks to service users were managed well to reduce them. 12 (1)

The enforcement action we took:

Cancellation of registration for provider and registered manager.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to effectively assess, manage, monitor and improve the quality and safety of the service. Regulation 17 (1)(2)

The enforcement action we took:

Cancellation of registration for provider and registered manager.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff were deployed to meet the assessed needs of service users. 18 (1)

The enforcement action we took:

Cancellation of registration for provider and registered manager.