

First Choice Care Agency Limited

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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 well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

First Choice Care Agency is a domiciliary care agency which provides care and support to people living in their own homes. At the time of the inspection there were 13 people using the service, of which 12 received support with personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This includes 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 and what we found

Improvements had been made and the service was no longer in breach of regulation. However, further time was required for new and improved systems and processes to become fully embedded and sustained.

Improvements had been made to safety. People's care plans and risk assessments had been reviewed, updated, and developed further. Staff had detailed guidance of the action required to provide safe and effective care, which also reflected people's routines and preferences.

People were supported by regular care staff who knew and understood their needs and routines. People were positive about the care and support provided. There had been no missed calls and late calls were minimal and within the agreed tolerance. Staff travel time had been added to the staff rota.

Staff had been safely recruited. Staff received ongoing opportunities to discuss their work, training, and development needs and their competency was checked.

Where people required support with their medicines and eating and drinking, staff had detailed guidance, and this was provided safely and effectively.

Infection prevention and control practice was followed to reduce the risk of cross contamination and the risk of infection.

People were protected as far as possible from the risk of abuse and harm. Staff had received safeguarding training and were aware of their roles and responsibilities to protect people.

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. New Mental capacity assessments had been implemented and completed when required.

People's health care needs were assessed and monitored, and staff worked with external health and social care professionals to support positive outcomes.

New and improved audits and checks, systems, and processes in assessing, monitoring, quality and safety

were in place. The registered manager had plans to further develop monitoring systems to enhance and develop the service.

The provider had developed their quality assurance process to enable people to share their experience of the service they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 21 January 2023), breaches in regulations relating to safety, staffing, consent, staff recruitment and governance were identified, and enforcement action was taken. At this inspection we found enough improvements had been made and the service was no longer in breach of regulation.

This service has been in Special Measures since the last inspection. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

Please see the safe, effective, and well-led sections of this full report. You can read the report from our last inspection, by selecting the 'all reports' link for First Choice Care Agency on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

Following the inspection in 2021 we recognised that the provider had failed to meet the conditions of their registration. This was a breach of regulation and we issued we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# First Choice Care Agency Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 2 inspectors 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

This inspection was announced. 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.

We visited the location's office on 3 and 4 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who use the service and 7 family members. We also spoke with the registered manager, office manager, 1 senior carer and 4 care staff. We reviewed a range of records. This included in part 6 care records, 3 staff files in relation to recruitment and supervision and multiple medication records; a variety of records relating to the management of the service, including audits, staff training, meeting records and the staff rota.

# 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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

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

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- People's individual needs were assessed, and care plans and risk assessments were developed. People's care plans and risk assessments had been reviewed and information updated, and additional care plans and risk assessments added. For example, specific risks associated with health conditions such as catheter, stoma, diabetes, and mobility care needs had a care plan and risk assessment in place.
- Information reflected people's current needs, known risks and included important information about people's routines and preferences. Staff were knowledgeable about people's health conditions, known risks and routines and feedback from people confirmed this.
- Systems and processes were in place to ensure guidance for staff was continually updated. We saw on the whole documents were dated when reviewed but was not consistent and this needed improving upon.
- Daily care records confirmed the care and support staff had provided. Overall, this reflected the guidance in the person's care records. We noted 1 person who required their fluid input and output and urine presentation recorded at every call. Their care records showed this was completed most of the time. We discussed this with the management team to follow this up with staff to increase consistency. They agreed to do this.
- People were positive about the care they received and how risks were managed. People told us about their health conditions and how staff provided safe care. One person said, "They're [staff] very good, I'm amazed at how they're so understanding, they look after me fantastically well." A relative said, "We've discussed risks with [relation's] live in carers and are happy that they can get a good balance of risk against helping them to do what they can and wants to do."

### Staffing and recruitment

At last inspection, the provider had failed to deploy sufficient numbers of staff to keep people safe. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- People received their care in the main, at the expected call time. Improvements had been made to the staff rostering system and staff travel time had been added.
- Records and feedback from people and staff, confirmed there had been no missed calls. Late calls were minimal and usually within the hour of the expected call time and the expected duration of the call was met.
- Staff told us if they were running late the person was informed. This was confirmed by people and relatives spoken with. A person said, "They're [staff] sometimes 10 minutes to half an hour late." A relative said, "They [staff] let us know if they're running late, it's only happened twice."
- People received care from regular staff who knew them well. Staff and the rostering system confirmed staff were allocated the same people. They also provided additional calls to cover staff sickness or holiday. People confirmed they received care from regular staff. A person said, "I've now got a team who understand my sense of humour and they're great! I'm really happy to have a regular team."

At last inspection, the provider had failed to complete all recruitment checks prior to staff commencing employment. This was a breach of Regulation 19 (Fit and proper person's employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Safe staff recruitment checks were completed before staff commenced employment. Since the last inspection, 1 new care staff had been recruited. Their records confirmed a Disclosure and Barring Service (DBS) check had been completed prior to them providing care to people. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager was aware of their responsibility to ensure all recruitment checks and risks were assessed, monitored, and managed prior to staff providing care.

#### Using medicines safely

- People received their medicines safely. A person said, "They [staff] help me to take my tablets. I get them delivered monthly in a doset box so they can't really go wrong."
- Where people required support with their medicines, a care plan, risk assessment and medicine assessment document were in place. Information included details of the prescribed medicine, how the person liked to take their medicines. Any associated risks had been assessed and staff had guidance of how to mitigate any risk to support the person safely.
- Staff had received medication training and they had their competency assessed. Records and feedback from staff confirmed this.
- Systems and processes were in place to ensure medicines were managed safely. Daily call monitoring logs and medicine administration records completed by staff were reviewed monthly by the management team. This was to ensure people had received their prescribed medicines safely. Any concerns identified were acted upon to reduce reoccurrence.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had completed infection prevention and control (IPC) training. Staff also had a regular supply of personal protective equipment (PPE).
- Care plans and risk assessments provided guidance for staff about the importance of wearing PPE when

providing care and how this should be disposed of safely.

- Unannounced staff spot and competency checks were completed by the management team. This included a review of how staff were compliant with IPC practice.

#### Learning lessons when things go wrong

- Systems and processes were in place for staff to report any incidents or accidents. A staff member said, "I would complete a report and call the manager immediately."
- The management team had made improvements to the service following the last inspection. They were open and honest about the mistakes and shortfalls and showed a commitment in further developing and embedding the new and improved systems and processes.
- The management team had regular contact with staff and shared any learning. Staff confirmed the management team had made improvements since the last inspection. A staff member said, "There's improved management contact and oversight. The service has definitely improved."

#### Systems and processes to safeguard people from the risk of abuse

- People were protected as far as possible from the risk of abuse and avoidable harm. Staff had received safeguarding training and were aware of their responsibility to act on any safeguarding concerns by recording and reporting to the management team.
- Records confirmed staff had completed safeguarding training.
- People told us they felt safe with the staff that supported them. A person said, "I'm quite safe with them [staff], I look forward to them coming."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

At the last inspection the provider had failed to ensure they acted in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- People's mental capacity was assessed when required. A new mental capacity assessment had been introduced and was supported by a mental capacity care plan. Records confirmed this had been completed as required.
- Where people had a Power of Attorney (POA) this was recorded with details of the type of POA. An POA is a person who has legal authority to make decisions on a person's behalf if the person loses their mental capacity to do so.
- Staff had received MCA training and showed an understanding of the principles of the MCA. A staff member said, "It's about capacity, sometimes a person may have an advocate or POA who can make a best interest decision. A best interest decision is when it is decided what's best for that person."

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to ensure staff were appropriately trained. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Staff received opportunities to complete training. Staff told us and records confirmed, staff had completed refresher training since the last inspection. A staff member said, "We get good training, we are able to learn, feel safe and confident."
- The staff training records showed staff training was fully compliant apart from 3 staff who were required to complete stoma and catheter care. The management team told us these staff were not required to provide this training. However, we were concerned if there was to be a further COVID- 19 pandemic or similar, all staff should be able to meet people's care needs. The management team agreed, and assured us they would arrange this training.
- People were positive about the skill and competency of staff. A person said, "All I've seen is confident, assured carers." A relative said, "They all know what they're doing now but at the start, they were really unsure, and I had to intervene."
- Staff received an induction and shadowed experienced staff before working independently. People confirmed new staff shadowed experienced staff. A person said, "If one of our regulars is leaving, they bring the replacement with them two or three times before the old one leaves."
- Staff also received opportunities to discuss their work, training, and development needs. Competency checks were completed by the management team, records and staff confirmed this.

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

- People received opportunities to discuss their needs and choices. Reviews of people's care package had been completed with the person and or their relative. Where changes had been requested such as time, frequency of calls or support provided, this had been implemented.
- People's care plans had been reviewed since the last inspection to ensure guidance for staff was up to date and reflected people's current care needs. This included improvements to people's oral health care and support needs.
- Staff used recognised assessment tools were used to assess and monitor the risks such as falls and skin care.

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

- People were supported with their any dietary care and support needs. Care plans had been reviewed and updated since the last inspection to include people's care and support needs associated with eating and drinking. This included any routines and preferences. For example, a person's breakfast support recorded how they enjoyed cornflakes with warm milk, a cup of tea with milk as well as a juice. However, staff were reminded about offering choices.
- Staff showed a good awareness and understanding of people's dietary needs associated with diabetes. Care plans also provided staff with guidance about ensuring people were left with drinks and sometimes snacks within easy reach at the end of the visit.

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

- The staff worked well with external health and social care professionals in meeting people's ongoing care needs. An emergency admission grab sheet was used to share important information with ambulance or hospital staff.
- Care records provided staff with guidance where there were concerns with a person's health and this included contacting the person's named GP, district nurse or other named healthcare professional.
- People's daily care and electronic records recorded examples of action staff had taken such as referrals to

health care professionals for example, the GP, nurse, occupational therapy and physiotherapy services.

- People shared examples of action staff had taken when they were unwell. A relative said, "Recently I collapsed and they [staff] called an ambulance and the paramedics got me back on my feet." Another relative said, "[Relation] is very prone to urine infections. The carers are good and keep an eye open for urine colour or a temperature."

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection records were not always fit for purpose and the provider did not ensure they had an effective audit and governance system. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- The registered manager understood their regulatory responsibilities. Since the last inspection, the registered manager was required to submit monthly reports to CQC and any new care packages or an increase in care packages, had to be agreed in advance by CQC. The registered manager had submitted this information as required, and the quality of information provided has been improved upon over time. The management told us about their learning from this experience and showed a commitment to continue to develop, embed and sustain improvements.
- Systems and processes that monitored quality and safety had improved. New and improved audits and checks were being completed. The registered manager and office manager had greater oversight, monitoring and accountability. This was confirmed by staff and from reviewing records.
- Further audit systems were in the process of being implemented to provide greater monitoring. The management team had a timescale for these new initiatives and were positive they would enhance the service.
- Systems and process with staff recruitment, training and support had been developed. Improvements had been made to staff training and monitoring. Recruitment procedures had been strengthened to ensure all checks were completed before staff commenced their role.
- Staff competencies, spot checks, opportunities to discuss their work, training and development had improved. Whilst there were communication systems in place for staff and this had improved, this was an area for further development. The management team recognised this and showed a commitment to further improve this.
- The provider's audits had not ensured a person's fluid balance and their urine presentation, was consistently recorded as per guidance in their care plan and risk assessment. Neither had the provider's systems that monitored reviews of care plans and other care documents, had been consistently dated when completed. We discussed this with the management team who agreed to take action to make

improvements.

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

- Staff were positive about improvements made at the service. One staff member said, "Training is better, all up to date and checked by management. Unannounced spot checks ensure good care and timeliness. Clients are asked their opinion about their care. It keeps us on our toes, so we are professional."
- Care plans showed an improvement in the guidance provided for staff. Information was personalised and reflected people's routines, preferences and what was important to them.
- People were positive about their experience of using the service and they told us they would recommend the service to others. A person said, "Yes I would recommend [the service] I can't speak highly enough of the staff." A relative said, "They [staff] are much better than we expected so, yes, I think others would find them good too."

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 was aware of their responsibility to be open and transparent with others when things went wrong.
- The registered manager and office manager were open, honest, and transparent during this inspection. They acknowledged previous shortfalls and demonstrated the improvements they had made since the last inspection and areas of learning.
- The registered manager and office manager were aware new and improved systems and processes required further time to fully embed and be sustained. They had plans to further develop the service and showed an enthusiasm and commitment in continuing to drive improvements.

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

- The provider had a quality assurance procedure to seek feedback from people who used the service and their relatives. The registered manager told us following the last inspection, this had increased to twice a year.
- A feedback survey was sent to people and relatives in November 2022 inviting them to share their experience of the service. Records confirmed feedback received had been analysed and where any actions were required, such as an increase or change to a care package this has been acted upon. A further survey was sent out in April 2023, these have not been analysed yet as the provider was hoping for more returns. However, we reviewed the 3 returned surveys which provided positive feedback.
- The registered manager told us they had plans to further develop the quality assurance procedures to include a staff and a professional's survey.
- Staff were positive about the improvements made to communication and support from the management team. However, some staff felt further improvements were required such as an increase in face to face training and in some areas of communication. We discussed this with the management team who agreed to follow up with staff.

Working in partnership with others

- Staff worked with other agencies to support people to achieve positive outcomes. People's care records confirmed this. For example, referrals had been made to the GP, occupational and physiotherapy services when people's need had increased.