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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection that took place on 13 December 2016.

First Choice Care Agency Limited is registered to provide personal care. The service is situated in Leicester and provides care to people who live in their own homes in Leicester mainly in the LE4 and LE5 postcode areas. The service caters for older people. There were 27 people using this service at the time of our inspection.

The service has a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us the staff who worked for the service were caring and kind. They said they had regular staff which gave them the opportunity to build positive caring relations with them. They gave us examples of staff going out of their way to provide them with flexible and personalised care.

The staff we spoke with were knowledgeable about the people they supported. They understood their care needs and how to keep them safe. They were also aware of their hobbies, interests, likes and dislikes, and preferences. The caring approach of the staff meant that people and relatives felt happy and secure using the service.

Staff told us the service had a family atmosphere and the registered manager was supportive and caring. She valued her staff and understood how important they were to the people using the service. She encouraged the staff to develop their skills and knowledge through training, regular meetings and supervision sessions.

People using the service had their care needs assessed and care plans put in place before the service commenced. This meant staff had the information they needed to provide safe and effective care. If people were at risk in any area of their lives staff took action to minimise this using, for example, skilled moving and handling and infection control techniques.

The care provided was flexible and staff made changes if people wanted these, providing the person remained safe. Staff worked with other health and social care professionals and knew when to refer people for medical assistance if they needed it. People and relatives told us their calls were punctual and staff stayed for the designated amount of time.

People and relatives told us that overall the service provided good quality care and they were satisfied with how it was run. They said they were encouraged to share their views about the service through annual surveys and during care reviews. They also said the registered manager was approachable and they could

contact her at any time if they had a concern or wanted to discuss the service.

The registered manager and care coordinator carried out regular audits of all aspects of the service to ensure it was running effectively. This centred on a monthly audit of each person's package of care and support which checked to see that people were satisfied with the quality of care and support provided. Records showed that the registered manager and staff took action to continually improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks whilst ensuring they maintained their independence.

There were enough staff available to keep people safe and meet their needs.

Staff prompted people to take their medicines when they needed them.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained to enable them to support people safely and effectively and to promote their rights.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people with respect.

Staff communicated well with people and knew their likes, dislikes and preferences.

People were encouraged to make choices and be involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

Staff encouraged people to lead fulfilling lives.

People knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led.

The service had an open and positive culture and the registered manager was approachable and helpful.

The registered manager and staff welcomed feedback on the service provided and made improvements where necessary.

The registered manager used audits to check on the quality of the service.

First Choice Care Agency Limited

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 13 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available at the office. The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete 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. The provider returned the completed PIR.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with three people using the service and three relatives. We also spoke with the registered manager, care co-ordinator, and training and human resources consultant. Following the inspection visit we spoke with three care workers by telephone.

During the inspection visit we looked at the care records of three people who used the service. These records included care plans, risk assessments and medicine records. We also looked at recruitment and training records for two members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns, minutes of meetings, and a range of policies and procedures.

Good

Is the service safe?

Our findings

People and relatives told us the staff provided safe care. One person said, "The staff are trustworthy, kind and careful and I always feel safe with them." A relative commented, "I know I can trust the staff about anything and everything."

The provider's safeguarding policy told staff what to do if they had concerns about the welfare of any of the people using the service. Staff were trained in safeguarding (protecting people who use care services from harm) as part of their induction so they knew how to safeguard people as soon as they began working with them unsupervised. The registered manager told us safeguarding was discussed at every staff meeting to help ensure staff remained aware of their safeguarding responsibilities.

All the staff we spoke with knew the signs of abuse and how to safeguard people. They told us they had been trained in safeguarding when they began working for the service and this was followed by annual refresher training and competency checks. One staff member told us, "Every so often the manager calls us into the office and asks us questions about safeguarding to check we understand."

Another staff member gave us an example of how they had responded when a relative reported a safeguarding concern to them. They said they immediately told the registered manager who contacted social services and the police. This showed that both the staff member and the registered manager followed the provider's safeguarding procedure.

We looked at how staff managed risk so that people were protected from accidents and incidents.. Prior to their service commencing each person's needs were assessed and any areas where they might be at risk identified. Risk assessments were then completed so staff had clear instructions on how to support people safely.

The risk assessments we saw were up to date and had been regularly reviewed. Staff told us they always read people's risk assessments prior to working with them. Staff were trained in high-risk areas, for example moving and handling, infection control, and medicines management. This helped to ensure they could identify and minimise risk.

For example, one person was risk assessed as being at 'high risk of falls'. Their risk assessment stated they needed two staff and specialist equipment to manage this risk. Records showed staff had followed the guidelines to help ensure the person was safe when moving about their home.

One of the staff members who supported this person told us, "He has [a particular medical condition] so is at risk of falls and has had a fall in the past. His risk assessment tells us to make sure his walking frame is near him and check his way is clear when he is moving about. We are also told to encourage him to walk as this helps him to stay independent." This was an example of a staff member being familiar with the areas where a person might be a risk and knowing what action to take to minimise this.

If specialist advice was needed to manage risk staff worked with other health and social care professionals involved in supporting people. For example, records showed one person was a risk due to certain behaviours. To address this staff collaborated with the person themselves and their social worker and occupational therapist to come up with a way of managing this. This meant the resulting risk assessment was personalised and based on expert advice.

One person's risk assessments did not cover all their assessed needs and another area where they might be at risk due to a lifestyle choice. Although there had been no negative impact on the person at the time of the inspection there was potential for this if staff were not aware of the risks. We discussed this with the registered manager who agreed to put two further risk assessments in place to ensure staff had the information they needed to support the person safely.

People and relatives said there were enough suitable staff to keep people safe and meet their needs. One person said, "I've no problems with the staff. They come when they're supposed to and know what they're doing." A relative commented, "There is no problem whatsoever with the staff and my [family member] feels safe with them because they are always there when she needs them."

The registered manager told us the number of staff people needed for each call was agreed when they were being assessed. For example, some people needed two staff to assist them with transferring from one place to another. Records showed that people had the number of staff they needed. The registered manager told us staffing numbers were subject to review and adjusted if people's needs changed.

Staff were safely recruited. The staff recruitment files we sampled showed a thorough procedure being followed to check the applicants' suitability. This included obtaining references, criminal records checks, and health declarations, and conducting an interview.

The registered manager told us the interview questions used were designed to determine the suitability of staff to deliver safe and effective care. For example, she said the applicants were asked to put themselves in the position of the people using the service and describe what might be difficult about receiving personal care. She said the applicants' answers gave an indication of the level of empathy they had and whether or not they would be suitable to work in care.

People and relatives told us they were satisfied with how staff managed people's medicines. One person said, "They [the staff] remind me when to take my tablets and write it down when I've had them." A relative said, "The staff are very good at prompting [my family member] with her medicines and also communicating with me about them."

Records showed staff who prompted people to take their medicines (staff at this service did not actually administer medicines) had undertaken training in this followed by a competency test. Records showed that senior staff carried out regular 'spot checks' on staff when they were supporting people. As part of the 'spot checks' they routinely checked that staff were prompting medicines and completing medicines records correctly. This meant they would be able to identify if there were issues with people's medicines and take action if necessary.

People had personalised medicines care plans which described the support they needed. For example, one person's medicines care plan informed staff as to who collects the medicines from the pharmacist and how and where they were stored. The care plan then stated, '[Person's name] is given her dosset [medicines storage] box which she will open herself and take her medication.' And also, '[Person's name] likes to have her tablets with water.' This helped to ensure the person had their medicines safely and in the way they

wanted them.

Good

Is the service effective?

Our findings

People and relatives told us the staff were knowledgeable and provided people with the support they needed. One person said, "The staff I have are very efficient and very quick. They always know what to do." A relative commented, "The staff are well-trained and have a vocation. It's a good combination."

Staff were knowledgeable about the people they cared for and had a good understanding of how best to meet their needs. They told us they were satisfied with the training they'd had. One staff member told us, "I am satisfied with the training. I was an experienced carer when I came to the agency but it was good to go over the training again to check I was up-to-date with everything."

Training records showed that staff completed a comprehensive induction and shadowed experienced staff members before they started work for the service. This gave them the opportunity to get to know some of the people they would be supporting and learn about their care needs. Further staff training included completing the Care Certificate and other nationally-recognised qualifications in care. Staff had regular supervision sessions and competency checks to help ensure their skills and knowledge were up to date. This combination of training and support enabled them to provide people with effective care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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.

The provider had a MCA policy in place which set out how staff were to meet legal requirements with regards to the MCA. Staff were trained in the MCA and understood their responsibilities to protect people and alert other agencies if they felt a person's rights were being compromised.
The registered manager told us staff worked on the assumption that all the people they supported had capacity unless it was proven otherwise. This was in keeping with the ethos of the MCA.

Records showed that people using the service or their relatives signed 'consent forms' to show they were in agreement with the service providing them with care and support and, where necessary, liaising with other health and social care professionals. However where relatives had signed on behalf of people using the service, staff had not always carried out a mental capacity assessment to show why the person was unable to sign for themselves. We discussed this with the registered manager who agreed to put formal mental capacity assessments in place for those who needed them. This will help to ensure that any best interest decisions were made lawfully.

Relatives said staff supported their family members to eat and drink enough and maintain a healthy diet. One relative told us, "They are very thoughtful and know what my [family member] likes. If they think she wants something different to eat for a change they phone up and ask me to get it." Another relative

commented, "The staff are aware [my family member] is diabetic and restrict their sugar."

Records showed people had nutritional assessments to identify what support they needed with their meals. Staff were trained in food hygiene. Care plans set out the support people needed which helped to ensure their nutritional needs were met.

If people had particular needs relating to nutrition these were recorded. For example, one person was at risk of choking and had been assessed by a speech and language therapist (a healthcare professional who assesses and advises people with swallowing difficulties). The person had then made their own dietary choices and records showed staff supported them with these.

People's care plans for nutrition were personalised and included information about how people chose what to eat and drink, the staff support they required when food was prepared, and where people liked to have their meals and drinks. For example one person's read, '[Person's name] will choose what meal he wants. Staff to cook it in microwave. [Person's name] will sit in the lounge to eat.' Another person's read, 'Carer will need to make [person's name] a cup of coffee and leave it warm in a beaker for her to drink at her leisure'.

People told us staff supported them to maintain good health and access healthcare services when they needed to. One person said, "They [the staff] always check how I am and if they are concerned about me they tell me and we discuss whether I need the GP or not." Another person commented, "The staff know what to do if I am ill and that is reassuring."

Relatives said the staff monitored their family member's health and alerted them if they had any concerns. One relative told us, "The staff noticed when [my family member] got an infection and knew what to do. They told me and called out the doctor." Another relative commented, "I found it reassuring that when [my family member] had a [medical event] they knew exactly what to do."

One relative told us staff 'erred on the side of caution' if they thought a person might be unwell. They said, "They would rather call out the doctor than take a risk with my [family member's] health. That gives me peace of mind as my [family member] is very frail and can't always fight off infections."

Records showed people's health care needs were assessed when they began using the service. Care workers were made aware of these in care plans which meant they could support people to be healthy, and alert health care professionals if they had any concerns. If people had particular health conditions information about these was included in their care plans. This helped to ensure staff were knowledgeable about all the needs of the people they were supporting.

Good

Is the service caring?

Our findings

People told us the staff were caring and they had the opportunity to build positive caring relations with them. One person said, "I mostly have the same two staff so I have got to know them." Another person commented, "I have regular staff most of the time and that is good because I don't like strangers coming into my home."

Relatives also praised the service for providing regular staff. One relative said, "My [family member] has dementia so she finds change difficult. As the staff don't really change much she gets to know them and as they are familiar faces to her she doesn't get anxious." Another relative told us, "We more or less get the same people so we have got to know them."

The registered manager used a 'service user compatibility assessment' to match people and staff. People could choose whether they wanted male or female staff. One male staff member commented, "We are visitors in people's homes so it is only right they have a choice on this. If I am providing care with a female staff member I help with moving and handling and then make myself scarce when personal care is being carried out." This was an example of a staff member's respectful attitude towards people using the service.

People and relative told us the staff were exceptionally kind and caring. One person said, "They are fantastic, nothing is too much trouble for them." A relative commented, "The staff go beyond the call of duty and are very caring by nature. It's not a job to them, it's their vocation." Another relative said, "The carers are very kind. Their heart is in their work."

One relative said the staff had 'a lot of love' for their family member. They told us, "The staff are genuinely kind and [my family member] loves them back. She talks about them all the time and when they come in she holds out her arms for a hug and a kiss." The relative said that when they went on holiday the staff texted them videos of their family member to provide them with reassurance that she was safe and happy.

A staff member told us how they had developed a positive relationship with one of the people they supported. They said the person liked sport and discussions about spiritual matters so they ensured they made time to talk with the person about their interests. The staff member said, "When I go in [person's name] doesn't want me to do any work, they just want me to talk to them. But as I need to do the work I balance that with talking to them at the same time. It's a bit of a challenge but I manage it because that's what the customer wants." This was an example of a staff member doing their upmost to provide caring and flexible support.

Relatives told us the staff were good at working in a caring way with their family members. One relative said, "[My family member] responds to the staff because they know how to talk to her." Another relative commented, "The staff are very good at getting [my family member] to do things. When it's time for her to go and sit at the table for her meal they dance with her to get her there. She loves that." This was an example of staff using their dementia care skills in a caring and effective way.

People and relatives told us the staff involved them in the care provided. One person said, "They ask me all the time what I want." A relative commented, "I speak to the carers and [the care coordinator] all the time. They know my priority is my [family member] well-being so they keep me up to date with how they are." Another relative told us, "I have a rapport with staff - they work as a team and I'm part of the team."

Records showed people and relatives were involved in making decisions about their care from the assessment stage onwards, and they continued to be involved on a day to day basis and when care was reviewed. Staff told us they were trained to offer people choice and care plans instructed staff to offer people choices about their care at every step. Daily records provided examples of staff doing this, for example encouraging people to choose their meals and drinks.

People and relatives told us staff went out of their way to respect and promote people's privacy and dignity. One relative said, "Nobody likes people coming into their own home but the carers are respectful so they make it easier for me and my [family member]."

Records showed staff had been trained to respect people's privacy and dignity. Care plans gave them clear instructions on how to do this. One staff member told us how they provided personal care in a way that was discreet and sensitive. The service's policies and procedures regarding privacy, dignity, compassion, respect, individuality and human rights were made available to people, relatives and staff so it was clear what was expected of the staff when they provided people with care and support.

Good

Is the service responsive?

Our findings

People and relatives told us staff provided care that was personalised, flexible, and responsive to their needs. One person said, "I've got a routine but if I want something done differently I just tell the carers." A relative commented, "The carers do over and above, they do little things without asking, and extra things if my [family member] wants them."

People and relatives said staff assisted people to maintain or increase their independence. One person told us, "When I first started [using the service] I was not steady on my feet but my carers gave me the confidence to walk. Now I can do much more for myself." A relative commented, "The aim is to keep my [family member] out of a home and, with the help of the agency, we're managing that."

People's care plans gave staff clear instructions on how to provide care in the way people wanted it. Records showed that for each call there was a routine for staff to follow so they knew what was expected of them. This had been agreed with the people and their relatives, where applicable. However care plans were flexible so people could change their minds about their care on the day if they wanted to. One person told us, "We [the staff and the person] decide on the day what we do – my care plan is just a guide."

One relative said that the quality of the care provided had helped to ensure their family member stayed healthy. They told us, "The care is so good that my [family member] has never got a [pressure] sore in all the time she has been with the agency."

People told us their care plans were regularly reviewed and updated so staff were aware of any changes to their needs. They also said they could contact the office if they needed any urgent alterations. The registered manager said that either herself of the care coordinator carried out care reviews in person during visits to people's home. Records showed that these reviews took into account people's views and ensured they were satisfied with any changes to their care plans.

We asked people and relatives if they felt they would be able to make a complaint if they had concerns about any aspect of the service. People and relatives said they would and were confident of getting a positive response. One person told us, "If I had a complaint I would tell the carers and if it was about the carers I would go to [the care coordinator]. I would have no problem in doing that if I needed to." A relative commented, "I would approach the manager if there was a problem."

Two relatives told us that as a result of raising concerns improvements were made to the service. One relative said, "I did have problems with the carers being on time but I spoke to the manager and she sorted it out so now if they're going to be late I get a phone call." The other relatives said, "I used to get different people so I raised this with manager and now we get regular carers." This showed that the registered manager took action if concerns were raised about the service.

The provider's complaints procedure was in the service's statement of purpose and service user guide. This was given to people and relatives when they began using the service and provided clear information on how

people could complain about the service if they wanted to. The complaints procedure also included information on how to contact the local authority should a complaint not be resolved to a person's satisfaction.

Records showed that when people and relatives began using the service the registered manager explained to them in person what to do if they were unhappy with any aspect of the care provided. They then signed to say they had understood this. This meant that people and relatives had information about the service's complaints procedure both verbally and in writing before the service commenced.

Good

Is the service well-led?

Our findings

People and relatives told us the service provided good quality care and they were satisfied with how it was run. One person said, "The agency is excellent and seems very well organised." A relative commented, "I could not fault this agency and I wouldn't even think of changing to anywhere else."

People and relatives were encouraged to share their views about the service. One person said, "The staff always ask me if I'm happy with the care when they visit. I also get asked for my opinion at [care] reviews." A relative told us, "We get regular telephone calls when they [the staff] ask if everything's OK."

The provider carried out annual quality assurance surveys when they asked people and relatives for their views. The results of the latest survey, carried out in January 2016, showed a high level of satisfaction with all aspects of the service. For example, 100% of respondents described the service as 'good' or 'excellent', said they felt safe using it, and reported that the staff did what they asked them to do.

Staff told us the service had a family atmosphere and the registered manager was supportive and caring. One staff member said, "The manager is good to all the staff and she is always available to talk to us." Another staff member commented, "I have worked in many places but this is the best. [Manager's name] is the best manager I've ever had. She has very high standards and wants the best for our clients."

The registered manager told us she valued her staff and understood how important they were to the people using the service. She said, "Sometime our carers are the only people a customer sees all day. It's a huge responsibility for our carers so we try and support them as much as possible." The registered manager said she offered staff flexible, child-friendly hours to make it easier for them to achieve a good work/life balance.

Staff told us the registered manager listened to their views and opinions about the service. One staff member said, "The registered manager involves us in the development of the agency. We have meetings in the office and we are asked for our views and suggestions." Another staff member commented, "If I think a care plan could be done better I tell [registered manager's name] and she listens and makes the changes if she thinks I'm right."

Records showed staff had regular meetings, supervisions, and spot checks. One staff member told us, "We have staff meetings every month and we get asked for our views then. If we can't attend we get sent the minutes so we don't miss out on anything that's been said." We looked at the minutes of the most recent staff meeting held in November 2016. These showed that information about the service and reminders about good practice were discussed. For example, staff were reminded to take their coats off when they went into people's homes to reduce risk of cross infection.

The registered manager told us she used supervision and staff meetings to develop and motivate staff and to review their practice and behaviours. Staff had a minimum of five individual and group supervisions a year and could request extra supervision sessions if they felt they needed them. The registered manager also carried out an average of four observed practice 'spot checks' a year. This gave the registered manager the

opportunity to see if staff were working effectively with people and also to get people's feedback on the staff who were supporting them.

Records showed the registered manager and care coordinator carried out regular audits of all aspects of the service to ensure it was running effectively. Central to this was the monthly audit of each person's package of care and support. We looked at two of these audits. We found they were detailed and comprehensive and focused on the quality of care and support, records, and timekeeping. The views of the people using the service and relatives formed the basis of these audits.

Records showed that the registered manager and staff took action to continually improve the service. For example, some people who completed the service's January 2016 survey said they were not always informed if staff were going to be late for their calls. The registered manager stated in her written response (sent to all the people using the service and their relatives, where applicable), 'We have improved in this area by asking carers to telephone the office if they become aware that they are running late for their calls.' This meant office staff could alert people if a staff member was delayed and showed that the registered manager had taken action to improve the service in response to people's concerns

To further improve the timeliness of calls the registered manager had introduced an electronic monitoring system. This allowed staff to log in and out when they went to people's home so the times and duration of calls was recorded. To do this staff needed to use people's home phones (at no cost to the people in question). This system was only used if people agreed and signed the service's electronic call monitoring consent form. This was an example of the provider taken action to improve the service and ensuring people and relatives consented to this way of working being introduced.