First Choice Social Care & Housing Ltd

Borough of Lewisham

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection took place on 28 December 2018 and 11 January 2019 and was announced. The Borough of Lewisham is also known as First Choice Social Care & Housing Ltd.

The service is registered to provide personal care for people living in their own homes. It provides a service to older adults and younger disabled adults. At the time of the inspection there were 43 people using the service.

At the previous inspection on 14 April 2016, we rated the service 'good'. At this inspection we found the service did not meet the standards we inspected. We found that medicines were not always managed safely, records were not always kept up to date, recruitment of staff was not always safe, staff did not always have opportunities to meet with colleagues and people did not always receive their assessed care.

The service has a registered manager. The registered manager was away on holiday at the time of this inspection. The registered manager did provide us with information and sent us documents to support this inspection, remotely. An operations manager was providing interim leadership and management of the service in the registered manager's absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a recruitment process in place, but some pre-employment checks were not returned before staff worked with people.

There were systems in place for the management of medicines that staff were familiar with and followed. However, medicine administration records were not always completed as required and therefore we could not be assured that people always received their medicines as prescribed.

People's care records and staff recruitment files were not always accurate or up to date.

Staff told us that although they felt supported by the registered manager they did not have many opportunities to meet with colleagues.

Staff did not always provide care and support for people in line with their assessed care requirements.

Staff followed the provider's safeguarding processes to protect people from harm and abuse. Appropriate actions were taken by staff to report and manage allegations of abuse.

Potential risks to people were identified, and a plan was put in place to manage and mitigate them.

There were established systems in place for staff training, supervision and appraisal. There was enough staff deployed to support people and meet their assessed needs.

People had enough food and drinks available. Staff prepared meals they enjoyed which met their nutritional needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People gave staff their consent to care and support and to make decisions about how they wanted their care carried out.

People received appropriate care and treatment from health care professionals when their needs changed.

Staff were described by people as kind, caring and compassionate. People said that staff protected their privacy while supporting them. People attended activities and social events as they chose.

Each person had an assessment of their needs and had a care plan that detailed the individual support they needed.

People could make a complaint about the care and support they received through the service's complaints process.

At the time of the inspection, no one required end of life care. Staff had training in end of life care to give them the knowledge and skills to care for people when this support was required.

There were systems in place for monitoring and reviewing the quality of care. People were supported to provide their feedback about the service. Staff understood their role and were happy working at the service.

We have found three breaches of regulations for the management of medicines, recruitment of staff and records. We have made one recommendation about communication with staff.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service has deteriorated to requires improvement.

We found the management of medicines was not always safe. Medicine management records were not completed accurately. The medicines audit did not identify the issues the issues we found. Pre-employment checks were completed, but some staff started working with people before references and a criminal records check was returned.

Staff followed the provider's safeguarding processes to protect people from abuse.

Risks to people were identified managed and action taken to mitigate them.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Requires Improvement

The service has deteriorated to requires improvement.

We found some the checks in place did not identify the issues we found with the records.

Staff understood their roles and responsibilities but did not always have the opportunity to share their knowledge with colleagues.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission.

Borough of Lewisham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 December 2018 and 11 January 2019 and was announced. One inspector carried out the inspection and one 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. Their area of expertise was in services for older people.

The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager and other office-based staff are often out during the day, so we needed to be sure that someone would be available.

Before the inspection, we looked at information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law.

During the inspection, we spoke with two people using the service. We spoke with the operations manager, a care consultant and care coordinator. We were in email contact with the registered manager throughout this inspection.

We reviewed 10 care records and 10 staff records. We looked at other records relating to the management, leadership and monitoring of the service.

After the inspection, we spoke with two care workers. We did receive comments and information from two health and social care professionals which contained information of concern which we have followed up and reported on.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe when receiving care and support. People commented, "Since just after Christmas 2017, we have had the same person. We trust [her/him] and are happy with what [she/he] does. If we have a problem [she/he] tries to help us" and "Most definitely feels safe with the carer workers." We found that people's experiences did not match the evidence we found.

The registered manager followed recruitment processes to employ suitably experienced staff. Staff provided supporting information for their employment including, proof of address, right to work in the UK, their work history and a criminal record check with the Disclosure and Barring Service (DBS). The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions. However, staff files contained some inconsistencies. For example, we found that newly employed staff completed an induction before they were interviewed for a job and assessed as suitable to work with people. The induction was managed by an external provider. We also saw six staff had returned job references after they began working with people. This meant that people were at a potential risk of being cared for by unsuitable staff. There was no risk assessment on file in any case. The registered manager said these members of staff worked with a DBS from their most recent employment however when asked we did not receive any copies of the DBS documents.

These issues were a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had their medicines with support from staff. People confirmed they were supported with the administration of their medicines or had been supported and assessed as safe to take their medicines independently.

We reviewed people's medicine administration records (MARs). We found these were not always completed as required. For example, staff ticked every MAR to confirm they had supported people to take their medicines, but they did not sign any entries. We also found two unexplained gaps on one person's MAR.

Staff consistently recorded the time of the administration of medicines as the care visit times recorded in the care plan. But the care log visit times did not always match. For example, a person's MAR showed they had their medicines at 6am but the care log recorded care visits began at 7.45 am, 7.25 am, 5.44 am and 5.41 am on 8, 9 and 10 December 2018. There was a potential risk that people did not get their medicines in a time sensitive way.

Senior staff completed audits of MARs that were returned to the head office and these were signed and stamped once checked. These audits did not identify the issues we found with the medicine administration records and these were not checked in line with the provider's medicine policy. The policy states, 'The care worker will sign the MAR sheet as the service user is given their medication'. Staff had not considered best practice guidance from the National Institute for Health and Care Excellence (NICE), Managing Medicines for Adults Receiving Social Care in the Community. This guidance states that care workers must ensure records

are accurate and up to date with a clear record of who administered the medicines. There was a risk that people did not receive their medicines because the provider did not have effective ways of checking if medicines were administered as prescribed.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did find that each person's care record had a list of their medicines, any allergies, how people required support with taking their medicines and details of the prescribing GP.

Staff continued to protect people from harm and abuse. Established safeguarding processes were followed by staff to manage an allegation of abuse safely. Training in safeguarding adults was completed by staff which gave them knowledge and helped them to identify and report suspected abuse. Records showed that staff and the local authority worked together to investigate all allegations of abuse.

Staff assessed risks to people's health and well-being. Records showed that staff identified potential risks associated with people's needs. Risks in relation to people's mental health, eating and drinking, pressure area care and their ability to walk. Each person had a management plan that guided staff in how to mitigate potential risks.

Enough staff were available to support people. When people needed more than one member of staff to support them this was arranged. We saw from the daily work rotas that staff had enough travelling time to provide care and support to people promptly and as required.

Good

Is the service effective?

Our findings

People were cared for by staff who were effective in their roles. New staff completed an induction programme which helped them become familiar with the service by shadowing experienced colleagues and working with people. New staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff completed training relevant to their jobs. Training in safeguarding, medicines management, moving and handling and basic life support were completed. Staff told us, and records confirmed all staff had completed their training as required.

Each member of staff had opportunities to discuss their practice and to reflect on their job performance within the last year. Supervision meetings were used for staff to review their daily practice and discuss concerns they experienced while caring for people. Staff had an appraisal meeting with their manager. This enabled staff to reflect on their performance on the last year, identify strengths and areas for improvement. All meetings were recorded and signed by staff and their manager.

People provided staff their consent to receive care, support and treatment. People confirmed that staff asked them for their consent before providing care to them. People and relatives commented, "Yes the care worker is always very thorough, nothing is taken for granted and they ask for [my relative's] permission" and "Yes [care worker] asks [my family member] what he/she wants doing."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf t to 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 with appropriate legal authority.

The service did not provide support to people who had a DoLS authorisation in place. Staff had completed MCA/DoLS training and were familiar with and understood how to support people who were unable to make decisions for themselves.

Staff supported people to meet their nutritional needs. When required people were supported with shopping and in the preparation of meals and drinks which met their preferences. People said staff supported them with shopping and brought back receipts and change left over and another person said that staff prepared all meals for them which they enjoyed.

People's health care needs were met when they deteriorated or changed. Care workers were trained to assess when people became acutely unwell. Staff said they would report these changes to the office based staff. One member of staff said, "I know the people I look after well so I do notice when they have changed

or not themselves. I would continue to call the office because they need medical attention quickly." Records showed that staff contacted healthcare professionals for a reassessment or advice to ensure people were safe and their changing needs met.

Good

Is the service caring?

Our findings

People were supported by caring and compassionate staff. People and relatives said staff cared for them, in a way that they wanted. People and relatives commented, "For two and a half years now we have had the same care worker. I am to say without any persuasion. I have only had one care worker in that time and her/his service is exemplary", "I like to consider him/her as a friend as much as a personal carer" and "[Care worker] is brilliant."

Staff spoke about people in a kind and caring way. We were not present when staff and people engaged with each other but the feedback received from people and their relatives showed people felt care workers were helpful to them and provided them with the care and support they needed. People said they received consistent care from regular care workers who they had developed relationships with.

People were treated in a way that demonstrated staff respected their dignity. People said staff ensured that their care was carried out in the privacy of their bedroom or bathroom. People said that they were happy that care workers ensured they were covered up when they were receiving personal care. Comments included, "It is personal care the [care worker] does and ensures privacy", "Absolutely. Every time is the same, with care and respect" and "The care provided is intimate and [the care worker] respects [my relative]."

People contributed to their care plan. A senior member of staff visited people on a regular basis and reviewed their care. Home visits included a discussion with people about their individual care needs. People decided the gender of the care worker and the time of their care visits. Staff recorded people's views and these were used to organise appropriate care worker visits that met people's preferences.

People were encouraged to be independent. Staff were aware of the abilities people had and encouraged them to be involved in carrying out their personal care with the support of staff. This enabled staff to maintain some control of their lives. For example, people were encouraged to manage their medicines themselves. Staff assessed their ability to understand and manage their own medicines in a safe way. People were supported to attend social events. When required office based staff supported people to change the times of their care visit to fit in with their individual plans. This meant that the service was flexible to meet people's individual needs.

Good

Is the service responsive?

Our findings

People were supported by staff who responded to their individual care and support needs. Each person had an assessment before they began using the service which helped staff to decide whether they could support people effectively. People gave staff information about themselves. This included their hobbies which interested them, likes and dislikes, how they wanted their care provided and their social support. People were matched with care workers who could meet their individual care needs. A relative told us, "Our main carer worker is very good. We requested a care worker who could speak French. The office staff provided us with a care worker who speaks French and [my relative] likes that."

People had a record of their care and support needs. Care plans were completed using the information from an assessment. This guided staff to support people in a safe way. People confirmed that staff had visited them and completed a plan of care. People said "Yes I do have a care plan. The care worker uses it every time" and a relative said, "Yes I do, we have a care plan."

There was an embedded complaints system in place. People were confident to speak with staff if they needed to discuss any concerns they had about their care or if they were unhappy about aspects of the service. People said, "I would ring the head office of the agency" and "The first person would be the care worker the first instance. But I would speak to the manager if I needed to." The registered manager investigated each complaint or concern in line with the provider's complaints process and provided a response to the complainant. However, after the inspection we were made aware of an incident. A relative told us they had made a complaint with the agency, but had not received a telephone call, letter or an updated care plan. They said that only the care worker changed. We have informed the registered manager of this information for them to investigate and manage this complaint.

The registered manager understood how to support people who required palliative care support. Staff had completed training in end of life care which gave them to knowledge to care for people at that time. At the time of the inspection nobody receiving a service needed end of life care.

Requires Improvement

Is the service well-led?

Our findings

People were complimentary about the service. People said, "Professional, attentive and I get the impression the service has resources to do the job that they have to do" and "I am delighted with the service I receive." However, we found that aspects of the service were not well led.

Staff monitored the quality of the service. Staff reviewed care records and records for the management of the service to ensure they were of a good standard. Care records we looked at reflected people's current care needs. However, we saw some other records that were not accurate. We found one member of staff's Care Certificate award was dated 29 January 2019 which was two weeks after the inspection visits. We spoke with the registered manager about this and they told us this was a recording error. However, we found other inaccuracies in staff records. For example, two members of staff had different dates recorded as to when they began working with people. One member of staff was given a start date of 20 September 2018 and 20 November 2018, another member of staff a start date recorded as 16 September 2018 and 16 August 2018. Records showed a third member of staff had an interview date recorded as 4 April 2018 and their application form completed on 5 April 2018. A fourth member of staff told us that they had worked for the service for five years, however their records stated they were recruited in 2018.

People did not always receive consistent care. We reviewed the care logs which care workers completed after each visit. We found there was some inconsistencies in them. For example, one person had a morning care visit on 4 December 2018 for 23 minutes and another morning care visit on 5 December 2018 for 1 hour and 21 minutes. Their support plan stated all morning calls were for 45 minutes. We also found that another person was assessed as requiring two care visits each day. We noted the care logs recorded only one care visit on 29 and 30 November and 3 December 2018. The care logs did not give clarification about the missed care visits and staff were unable to provide an explanation for any of these.

We received monitoring reports from two local authority health and social care professionals. They raised concerns about the induction process of staff, job application process, staff self-funding the Care Certificate course before being identified as suitable candidates to apply for employment and said that the majority of references were received after the employment start date with no evidence of a staff risk assessment on file.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager welcomed external reviews of the service. Local authority staff monitored the quality of care to ensure the service met their contracting agreements and the service was of a good standard. Telephone calls were also made to people using the service for their feedback that were considered by local authority staff in assessing the service provision. Their feedback about the service was positive and they said the service had maintained a good standard of care.

People had regular checks of the quality of the care they received. People were asked for their feedback on the quality of care. Office-based staff carried out telephone calls with people, so they could comment on the

service. People also completed questionnaires and returned their responses. We looked at people's feedback and we saw the people were happy and satisfied with their care. Spot checks were carried with care workers to review staff practice when working with people. Practice concerns were discussed with staff and a plan put in place to resolve any issues found during the observation.

Staff said they enjoyed going into the head office and meeting staff and colleagues. One member of staff said, "Staff are supportive, and they help you when they can with any issues" another said "We need to meet with each other and learn and share ideas. We can use scenarios from the training at meetings." We found there were no arrangements for staff to have regular staff team meetings.

We recommend that the registered provider sources and implements best practice guidance on how to communicate effectively with staff.

The registered manager welcomed partnership working to improve the quality of care. Staff attended regular meetings with health and social care service professionals to discuss the care provision and commissioning issues. This helped to ensure people received an effective standard of service that met people's needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users. The registered person did not have effective systems for the management of medicines for service users.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager did not always maintain accurate, complete and contemporaneous records in respect of each service user and staff. 17(1)(2)(c)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered manager did not have effective systems to ensure that suitably competent, skilled and experienced persons were safely recruited to meet the service users needs. 18(1)(2)(a)