

First Choice Home Care Ltd

# First Choice Home Care (Halesworth)

## Inspection report

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Date of inspection visit:  
06 February 2019  
07 February 2019  
11 February 2019  
13 February 2019

Date of publication:  
11 March 2019

## 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

About the service: First Choice Homecare (Halesworth), is a domiciliary care provider based in the town of Halesworth, near the east coast of Suffolk. At the time of this inspection 58 people received personal care support from the service. The service supported older people, some of who were living with dementia and people with physical disabilities, within their own homes.

People's experience of using this service:

People received a good service and felt safe with the support they received from the staff. People were supported by staff who were well trained and supported to carry out their job role safely. People received the support they needed to take their medicines safely and as their prescriber intended. Risks to people's well-being and safety had been considered, recorded and mitigated against wherever possible.

People felt involved in their care, were asked for their views and felt that their views mattered. Individual's care needs were well known by the staff who were supporting them. People received care in a manner which was in accordance with the principles of the Mental Capacity Act 2005. People were given the information needed to make informed choices, and their choices were respected. Where required, people were supported with their meals to their liking.

People received caring and kind support from care staff. The management team also frequently delivered people's care and therefore also knew people very well. This enabled them to lead by example. Staff referred to people in a caring way. People were complimentary about staff and were positive about the caring relationships they were able to form with them. Staff consistently respected people's privacy and dignity and people were supported to be as independent as possible.

People who used the service and the staff thought highly of the acting manager and the provider organisation. People, their relatives and staff consistently told us they would positively recommend the service to other people. Staff felt they were supported and listened to and were given the opportunity to raise any queries or concerns. Staff were knowledgeable about people's preferences and routines and were supported in their own training and development.

The service was run by a clearly dedicated management team who demonstrated kindness and a commitment to the needs of the people who used the service as well as the staff who worked for them.  
Rating at last inspection: This was the first rating's inspection for the service.

Why we inspected: This was a planned inspection based on the period of time since the service first registered with CQC.

## 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 caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# First Choice Home Care (Halesworth)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two 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:

The provider is a domiciliary care agency. People receive a personal care service within their own home and it the personal care that is regulated by CQC.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection the registered manager had been away from the service since July 2018 and in her absence the service was being run by an 'acting' manager. This person has been referred to as the acting manager throughout this report.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to make sure someone would be available at the office to meet with us. Inspection site visit activity started on 6 February 2019 and ended on 13 February 2019. We visited the office location on 6 February 2019 to see the manager and office staff; and to review care records and policies and procedures. Following which, and with their agreement, we contacted people, their relatives and staff for feedback.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is information that we request that asks the provider to give some key information about the service, what the service does well and any further developments they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We made attempts to contact 30 people but were able to speak with ten people and five relatives to gather their views about the care and support received. During the office site visit we looked at records, which included five people's care, daily care records and medicines records. We checked staff recruitment files, training and supervision records. We also looked at a range of records about how the service was managed. We also spoke with the acting manager, the company trainer, a care co-ordinator, two quality assurance officers and four care workers. We sought feedback from a social care professional to obtain their views about the service.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe with the staff who supported them. One person said, "I am confident the staff know how to keep me safe." Another person told us, "I absolutely feel safe."
- People were supported by staff who knew how to raise a safeguarding concern should they have had one. Staff understood their responsibilities for reporting any such incidents if they suspected that someone was at risk of harm or abuse.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. Records showed which risks were assessed and actions needed to try and mitigate against the risk. Risk assessments included environmental risks and medication management risks for example.
- Risk assessments were reviewed at frequent intervals and if a person's identified needs changed.

Staffing and recruitment

- There were enough staff to meet people's needs consistently and minimal missed care calls had occurred. The majority of missed care calls that had occurred had been outside of the providers control. People had developed a good relationship with care staff who knew them well. This supported people to feel safe. One person said, "We mainly get the same staff, we are quite happy with them all."
- Staff were usually punctual in their arrival to people unless unforeseen circumstances occurred. A person we spoke with told us, "They are normally on time and either the carer or a staff member from the office would let me know if there was a problem. It isn't often though." Another person commented, "They are normally on time, but it depends on the previous calls and whether they have had a problem. If they are going to be very late someone will let me know."
- The provider had a recruitment policy in place. We reviewed three staff files and the recruitment process undertaken included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Using medicines safely

- People received support with their medicines as required. One person told us, "They give me my medicines. They wear gloves and aprons and give me a drink to take my tablets. They make sure they sign in the book too." Another person said, "I am in the middle of switching over my medication, so they are helping me as I seem to have a lot. The staff are making sense of it for me."
- People's relatives were positive that their family member received the support they required with their medicines. One relative said, "I watch them do [relative's name] medication, they are very professional

wearing gloves and aprons and signing for them."

- Medication audits were completed on a monthly basis. This process had highlighted that staff did not always sign the medication administration charts (MAR) to confirm that people had been assisted with their medication. However, daily notes recorded that the medications had been given. Following the monthly medication audit, staff were given specific feedback on any concerns identified with them failing to sign the MAR. Following these actions improvement in the signing of MAR charts had been noted.
- Staff files examined indicated that staff had received medication training and also had their competency to undertake this task assessed.

#### Preventing and controlling infection

- Staff followed good practice in infection control. A relative said, "They do my [family member's] medication and always wear gloves. When helping with personal care they wear aprons and plastic overshoes in the shower."
- There was an infection control policy in place at the service and staff told us they used personal protective equipment (PPE) whilst delivering personal care to protect people from the risk of infection.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and clearly documented, however, there was no overall log of accidents and incidents for the service. We spoke with the acting manager about introducing a system whereby a trend analysis of any accidents or incidents could take place and any lessons learned recorded and shared with people, relatives and staff. They told us they would put this in place.

# 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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to receive support from the service. The information gathered included people's preferences, backgrounds and personal histories. This enabled staff to know people well and how they wanted to be cared for.

Staff support: induction, training, skills and experience

- People felt staff were competent to give them the care they needed. One person told us, "I believe they know what they are doing. They normally come in and read the care plan and they will ask if there is anything they are not sure of." Another person's relative commented, "They are all so good. I think they are very well trained for the job they do."
- Staff spoken with were very positive about the training and support they received confirming that the training enabled them to deliver high quality care. Staff gave examples of how training enabled them to support people with specific conditions such as diabetes, dementia and Chronic Obstructive Pulmonary Disease. They also said that they felt well supported; they confirmed that they received supervision which they told us was regular and helpful. One member of staff stated, "I feel supported and encouraged."
- An 'inhouse' company trainer delivered training to staff from a dedicated training room at the office. This included a range of equipment to support staff to learn how to care for people safely and effectively. The company trainer was clearly passionate about ensuring that staff were trained effectively.

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

- When people required support with their meals, care staff provided this safely and considered people's choices and personal preferences with the meals they were given. One person said, "I have a simple breakfast and sometimes I am not bothered about lunch, but they always ask what I would like. I have a larger meal in the evening, and they will usually pop it in the microwave. They will lay it out on a tray and present it nicely to me." Staff confirmed that they were clear on the support people required with their meals and that they made sure they always left people with a drink or whatever they needed before they left.

Staff working with other agencies to provide consistent, effective, timely care

- Care records detailed involvement from other health care professionals when appropriate, for example occupational therapists and community nurses to ensure that people received effective care that met their needs. Outcomes from visits were recorded and any changes to people's support needs reflected guidance from these visits.

Supporting people to live healthier lives, access healthcare services and support

- People received timely support to access healthcare services and professionals when they needed help.



One person commented, "If I feel run down or weak, they will notice and will ring the doctor for me. Before Christmas they had to get the GP and then an ambulance."

- A person's relative told us, "They are very mindful of the need to keep my [family member's] skin in good condition and will always highlight the slightest mark."

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 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. We checked whether the service was working within the principles of the MCA.
- Consent was sought from people and they were asked by care staff before care was provided. One person told us, "They will check I am ready to do things rather than making assumptions. Sometimes they will ask if I would like to stay in bed and get up later. There doesn't seem to be a set pattern I can do as I please, it's about me not the task."
- Where it had been identified that a person may have lacked capacity to make certain decisions, mental capacity assessments and best interest decisions had been completed for their care and treatment. Records of best interest decisions showed involvement from people's relatives and other healthcare professionals where appropriate.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were caring and treated them with kindness and compassion. One person commented, "The carers are very nice, I get on well with them all. They are very pleasant and take an interest in me and my family. They are always asking what I want them to do and if there is anything else before they leave. They will sit and natter if they have time left over. I look forward to them coming."
- People's relatives also told us about the caring nature of the staff commenting, "All the staff are great. We are quite 'at home' with them. We have set up a nice rapport with them all. My [family member] is very happy with the staff who see them." Another relative said, "The staff are caring and the ones I see with [family member] are great, so patient and kind."
- People received their care from a team of care staff who told us they really enjoyed their job roles and spending time with people. Staff had time to care for people in a personal way. One person's relative told us, "Staff are all kind and caring and have got to know [family member] well, so [family member] responds well to them. They will talk about things [family member] likes and often they will [dance] to the bathroom together!"

Supporting people to express their views and be involved in making decisions about their care

- People were supported and encouraged to express their views about their care through regular reviews and frequent contact with the acting manager and those office staff planning care. One person said, "My care plan is up to date, someone comes regularly and goes through it and makes sure I am happy. I feel fully involved in my care." Another person told us, "[Care co-ordinator] has been from the office to check my care plan but the [senior care staff] will also go through it to keep it up to date. They are always asking me if there is anything they can do better for me, but I tell them they do fine. I think they are always keeping me in the picture."

Respecting and promoting people's privacy, dignity and independence

- Care staff treated people as individuals and knew them well. Independence was promoted and maintained as much as possible. One person told us, "They are very good at looking after me and helping me keep my independence." Another person said, "The care staff support my washing and dressing, I like to do as much for myself as possible and they let me do that, they are very patient. They are keeping me as independent as possible."
- People's privacy was respected. Confidential information was held securely in the office location. People had received updated guidance around the General Data Protection Regulation and their rights following this legislation being issued in May 2018.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received a person-centred service that was responsive to their individual needs and preferences wherever possible. One person told us, "They are just marvellous. They go above and beyond what is expected of them. For example, they will do little things for me like if I needed new PJ's and I can't get to the shop they will get them for me if I ask. Nothing is too much trouble. They will come in early if we have a hospital appointment and if I get home late, they will still come to support me. They are brilliant."
- Care plans were person centred and detailed the care people needed and how that care was to be provided. One person commented, "I have a care plan, it's like a list, it's a couple of pages long. It has needed some minor adjustments but is up to date now. [Acting manager] comes from time to time and checks it and asks for feedback like I'm doing now, things like how the carers are doing."
- The service ensured people's needs could be met in a way they liked in order to meet their preferences. Staff took guidance from people themselves to ensure they delivered care in a way that met people's needs whilst also taking account of their preferences.
- People told us the service tried to be responsive of their requests to accommodate changes to their scheduled care calls wherever possible. We saw this whilst we were present at the office, the care co-ordinator tried to balance any requests for changes with the availability of staff.
- The acting manager was responsive in the event of people's changing needs and recognised the importance of prompt reviews of planned care. A member of staff described to us how a change of need for one person was identified, shared with staff and the care plan updated during an afternoon to ensure the person's care was effectively delivered.

Improving care quality in response to complaints or concerns

- People felt able to raise concerns if they wished to however, no one that we spoke with had any complaints at present. One person told us, "There is a number in the front of the [care plan], and it tells you what to do. I would ring [acting manager] if I was concerned about anything. I've never had to complain but I am sure [acting manager] would sort whatever it was out." Another person commented, "[Acting manager name] is the manager she is very nice and easy to speak to. I have never needed to raise any concerns but feel she would deal with anything."
- The service user guide updated in 2018 included information about how to make a complaint. However, this was different to information in the providers complaints policy. The role of CQC was incorrectly referenced because it did not indicate that CQC does not investigate individual complaints. The complaints policy was dated 2016 and contained different information to the service user guide.

We recommend that the provider review the complaints policy to ensure it is line with the service user guide and both correctly reference who people can escalate their concerns if necessary.

- A monthly complaints log was maintained however, this did not summarise the actions taken or lessons learnt as a result of the complaint. It was clear however that complaints were dealt with appropriately and according to the provider's timescales.

#### End of life care and support

- No one was receiving end of life support at the time of our inspection. Staff had received training around death and bereavement issues. We were told the service would work closely with other professionals to ensure people had as dignified and pain free death as possible.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

There was a registered manager in place at the time of the inspection however, they had been away from the service since July 2018 on planned leave. The deputy manager had been 'acting up' in the managers role since July 2018, with the support of the provider.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives were happy with the way the service was organised and managed. Everyone we spoke to said they would recommend the service to others and some people already had done so. For example, one person said, "I would definitely recommend them as a company. I can't tell you how much difference they have made for me. They just seem to know how I am feeling and respect me and my moods. I feel they know me well but having said all that they never make assumptions about anything. They always ask me. I feel it is all about me." A person's relative told us, "I would most definitely recommend them, in fact I already have."
- Staff spoken with all positively stated that they would recommend the service as a place to work and as a care provider.
- Regular staff meetings took place and we reviewed minutes from these. Staff had regular communication with the management team and told us the management were very approachable.
- Staff told us there was good morale and team work amongst them.
- The acting manager was aware of their responsibilities under the Duty of Candour and explained their ethos of being open with people and their relatives. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment. We saw as a result of a complaint made the acting manager had made an apology to a person when needed.
- The service was led by a management team who actively supported the care staff in their roles and who clearly knew the people they were supporting extremely well. This gave staff confidence in the management of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems in place to check and act on safeguarding incidents which the office staff had reported to the local authority. While the CQC were informed of some of these incidents the provider had not sent in a statutory notification in relation to two incidents. We spoke with the acting manager who told us this was oversight by a member of the office team and assured us this had been addressed immediately with the relevant person and would not happen again. It is a legal requirement to notify the CQC of serious

incidents that indicate risk or potential risk of harm and abuse to people being provided with care.

- The staff were aware of their roles and worked well as a team, office based staff told us they took on-call responsibility.
- The acting manager felt well supported by the wider provider organisation.

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

- The provider created opportunities for people to provide feedback. People had regular reviews, they were also able to provide feedback during their care reviews and spot checks of care staff. At frequent intervals people were sent a feedback questionnaire regarding their carer who was due to visit them. This enabled people to comment on the punctuality of their carer, their skills to meet the person's needs as well as their caring approach amongst other areas. This feedback was followed up with staff where appropriate.

Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets.
- There was no log of safeguarding referrals or accidents and incidents along with lessons learned as a result. Management oversight was therefore lacking in these areas however, there was no evidence to suggest there had been any impact on people as result of this. The acting manager was keen to learn and put systems in place to give them the greatest level of oversight.

Working in partnership with others

- The provider worked professionally with external agencies such as people's GP's, community nurses, occupational therapist and the local authority team.