

First Choice Social Care & Housing Ltd

Borough of Lewisham

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 inspection took place on 14 April 2016 and was announced. Borough of Lewisham is also known as First Choice Social Care & Housing Ltd. This service is registered to provide personal care and support for people living in their own homes. At the time of the inspection there were 36 people using the service.

The service has a registered manager. 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.

The last time we inspected this service in September 2014, we found a number of breaches in the 2010 regulations. This included care and welfare of people who use services and in records. People did not have their care needs reviewed regularly to ensure care received was in line with their current needs. Some people did not have risks to their health and well-being identified or a plan in place to manage them. People's care records were either incomplete or had missing information regarding their care needs. We asked the provider to send us a plan about how they will improve the service to meet the regulations. The provider sent us the improvement plan as requested.

During this inspection, we saw evidence of improvements. We found people's care records were reviewed regularly and risk assessments identified risks to people and plans were in place to manage them. Records we viewed were updated and accurate.

Staff knew how to protect people they cared for from harm and abuse. The registered provider had safeguarding policy and procedures in place to guide staff to raise and manage an allegation of abuse. Risks to people's health and well-being were regularly assessed and managed by staff. Staff managed people's medicines safely and as prescribed.

People received support from sufficient numbers of staff to ensure they received their care safely. The registered provider had a robust recruitment practice in place.

Staff obtained skills through training to enable them to care for people effectively. Staff had regular supervision and appraisals that provided them with the opportunity to discuss their training and professional practice needs.

Staff received training and had an awareness of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA supports people who lack the ability to make specific decisions for themselves. Staff were aware of how to care and support people that protected their rights within the principals of MCA. People consented to care and were supported to make choices and decisions about the way they wanted to receive care.

Staff treated people with kindness and compassion while their dignity and privacy was respected. People's care and support needs were managed by staff who knew them and their preferences well. People's health care needs were managed by staff effectively. Staff sought advice and support from appropriate healthcare services when needed. People had access to meals which met their individual preferences and nutritional needs. Staff prepared meals which people requested and enjoyed.

People had assessments of their needs and they contributed to and were able to develop care plans to meet those needs. People were able to make choices in the care they received. The registered provider had a process in place for people to make a complaint.

There were systems in place for the registered provider to monitor, review, and make improvements to the quality of care provided. People and their relatives gave feedback to the registered manager and records showed people rated their care as good or excellent. The registered manager was aware of their responsibilities as registered manager with the Care Quality Commission.

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 were protected from abuse because staff had an awareness of how to identify and report signs of abuse. Risks to people were identified and plans in place to manage them.

There were sufficient numbers of staff available to safely care and support people. The registered provider followed safe recruitment practices.

Medicines were managed safely and people received them as prescribed.

Is the service effective?

Good ●

The service was effective. Staff were supported with an induction, training, appraisal and supervision, which supported them in their role.

People had access to healthcare support when required. Staff prepared meals for people meet their preferences and needs.

People who required needed help to make decisions were supported and encouraged to do so. Staff had an awareness of the principles of the Mental Capacity Act 2005 (MCA), and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring. People were cared for by staff in a way that met their needs. People were treated with kindness and compassion and their dignity and privacy respected. People were supported to be as independent as able.

Is the service responsive?

Good ●

The service was responsive. People were involved in their assessments to identify their care needs with care plans developed to meet them. The registered provider had a complaints process in place for people and the registered manager dealt with complaints raised appropriately.

Is the service well-led?

Good 

The service was well-led. The registered manager monitored the quality of care and made improvements to the service. The manager sent appropriate notifications to the Care Quality Commission that they were required to by law.

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.

The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is often out during the day so we needed to be sure that someone would be available.

This inspection took place on 14 April 2016 and was announced. One inspector carried out the inspection. 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 three people using the service, one relative and three care workers. We spoke with the registered manager, quality consultant and care coordinator. We reviewed 10 care records, seven staff records. We looked at other records relating to the management, leadership and monitoring of the service. After the inspection, we contacted the commissioning officers from the local authority.

Is the service safe?

Our findings

People received a service that kept them safe from harm. The registered provider had systems in place to keep people were kept safe from harm. People told us that staff provided care to them in a safe way. One person said, "My care worker has been with me a long time and I feel very safe with them." A relative told us, "My relative is cared for in a way that makes them feel safe. That is very important for them because they rely a lot on the care staff."

People were cared for by staff that were knowledgeable and trained in safeguarding procedures. The safeguarding training gave staff confidence in identifying the different signs and types of abuse. The registered provider had a safeguarding policy and process in place enabling staff to raise an allegation of abuse to their manager or local authority safeguarding team. The registered manager was made aware of all safeguarding allegations raised with the service and they liaised with the local authority into their investigation. This meant that people were cared for by staff that had appropriate training, skills and knowledge in safeguarding procedures to keep them safe from harm.

Staff had access to the provider's whistle-blowing policy. Guidance in this policy supported staff to follow the process to raise a concern. Staff we spoke with knew how to raise a concern promptly using the whistle-blowing process. One member of staff told us, "If I saw poor practice by one of my colleagues, I would use the whistle-blowing procedure to raise my concern."

People were protected against identified risks. Risks to people were assessed and managed by staff that cared for them. Staff identified risks to people's health and wellbeing. From this staff developed a risk assessment plan to manage risks identified. For example, a risk assessment identified a person was at an increased risk of falls. A staff member told us, "I make sure that when necessary people have their walking stick or walking frame with them at all times. This is so that the risk from a fall is reduced." Staff followed the guidance in risk management plans to minimise these risks. We saw another example of a risk assessment that identified the person was at risk of neglect. The risk assessment identified that the person required encouragement and support to ensure this risk was minimised. This meant that risks associated with people's health and well-being were identified and manage appropriately by staff who followed correct procedures to minimise them.

People were cared for by sufficient numbers of staff to meet their care and support needs. The registered provider had a system in place that allocated staff to people and monitored the levels of staff and their availability. This allowed the care coordinator to track the availability of staff in response to referrals for new packages of care. This ensured people were able to receive care and support which they required. We found that numbers of staff available to care for people were appropriate. For example, people who required two members of staff to support them with using a hoist and with managing their care and support needs was made available to them. The service was flexible to meet people needs. We saw an example where a person was due for discharge from hospital. They required care and support because their needs had deteriorated. The care coordinator could be flexible to meet this need at short notice because they were aware of staff availability that could meet this need.

The provider ensured that only suitability skilled and knowledgeable staff worked with people.. The registered provider had a comprehensive recruitment process in place. Pre-employment checks were carried out that included a criminal records check, previous employer's references, and staff eligibility to work in the UK. Staff records held details of the interview process with copies of their personal identification documents. This meant that the registered provider took steps to ensure people were cared for by staff that had the ability to care for them effectively.

People received their medicines safely and as prescribed. There were processes in place to ensure staff managed and administered people's medicines safely. Staff we spoke with were aware of how to manage people's medicines to maintain or improve their health. One member of staff told us, "I have had training in managing people medicines. One person I care for needs me to support them to take their medicine. Once they take them I make sure this is recorded correctly." The registered provider had a medicines management policy in place, which gave guidance for staff on the safe administration of people's medicines. The registered manager assessed staff competency in the administration of medicines during spot check visits. Medicine audit checks took place to ensure medicines given and recorded as per the prescriber's instructions. MARs were completed correctly and any gaps were recorded correctly. This meant that staff managed people's medicines safely and associated records were complete and accurate.

Is the service effective?

Our findings

The registered manager supported staff to enable them to carry out their role effectively. Newly employed staff completed a programme of induction before they were assessed as competent to care and support people. One member of staff said, "I completed my induction before and worked with other staff before I worked on my own. This helped me get to know people." The induction allowed staff to gain skills, knowledge and become familiar with people they worked with. Experienced care staff supported newly employed staff to develop their caring skills.

Staff had access to regular supervision. Supervision meetings allowed staff to focus on their concerns or issues that affected their caring role. These were recorded and an action plan developed from this to resolve any identified issues of concern. This meant that staff were supported to develop their skills so they cared for people effectively. Staff appraisals were up to date. Each staff record we looked at held an annual appraisal. Staff appraisals due were tracked for renewal.

The provider supported staff so that they were skilled, knowledgeable to meet the care and support needs of people they cared for. The provider had a programme of mandatory training. This included, safeguarding adults, medicine management and moving and handling. When people had a specific need staff were able to undertake training to develop their knowledge in that area. For example, when a person cared for had dementia, staff undertook this training to support them to work effectively with the person. One staff member said, "The training is really good." Another member of staff said "The training gives me a good foundation and helps me do my job properly and safely." Staff records held copies of staff training documents and certificates.

Staff sought consent from people before they received care. One person told us, "The carer helps me to make decisions, but she first describes what support she will give me before helping me so I know what to expect. This makes sure I understand what is happening." People told us staff obtained consent from them before providing care. This meant that people were supported to consent to care because they understood the care being provided for them.

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. Staff were able to demonstrate their knowledge of the principles of MCA and DoLS. People's care records held a copy of their mental capacity assessment if they did not have the ability to make a decision for themselves. People who lacked the ability to make specific decisions had a best interests meeting. From this meeting decisions were made on the person's behalf and these were recorded and used to guide staff to work within their recommendations. The registered manager understood the role of the Court of Protection to protect the needs of people so that they were cared for lawfully without being deprived of their liberty.

People had food to eat and drink which met their needs. When people required support with meals they had this need met by staff. One person told us, "I like my breakfast in a certain way, my carer always makes it as I like and provide a different meal if I change my mind." Staff shopped for people and supported them to prepare meals that met their nutritional needs and preferences.

Staff took prompt action to ensure the health care needs of people were maintained. Staff knew what actions to take if people's needs changed. One member of staff told us, "I would contact the office if my client became suddenly unwell, or there was a change in their health." Staff informed office based staff if people's health and care needs changed and they took appropriate action. For example, a staff member noted that a person required additional support from a healthcare professional with preventing the development of pressure ulcers. The registered manager was informed of this and was able to make a referral to a healthcare professional for specialist equipment to support the person's needs.

Is the service caring?

Our findings

At our previous inspection in September 2014, we found that people did not have their care needs reviewed regularly to ensure care received was in line with their current needs. We issued a compliance action for this breach. These issues were in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection, we followed up on the outstanding breaches of the regulations. We found that the provider had made sufficient improvements to address all the breaches.

People received a service, which was caring and met their needs. One person told us, "My carer is very caring towards me which helps me get the care that I need." Another person said, "I am very happy with my carer, she has been coming to me for a long time. I couldn't do without her."

Staff treated people kindness and compassion. One person told us, "My carer comes to help me when I need it and that is most important to me." A relative said, "The care staff that assist [my relative] show that they really care about [my relative's] health." Staff spoke about people that they provided care for in a way that showed they were compassionate to their needs. All staff spoken with knew the people that they cared for well and were able to describe their individual care needs. Staff described people with complex, challenging needs with kindness, assessments, and care records we looked at reflected this approach. For example, staff sought further information from the person so the care delivered was effective. Staff demonstrated they listened to people's views and allowed them opportunity for their care and support to be personalised to meet all their needs effectively.

People were treated in a way that demonstrated staff respected their dignity. One person told us, "My carer is always very polite and helpful." Care delivered to people maintained their dignity and respect. A staff member told us, "I always respect people and their relatives." Staff we spoke with demonstrated the importance of developing good working relationships with people they cared for and with their relatives. One staff member told us, "It is much better and easier for everyone if we can be respectful towards people. Sometimes we need to deal with their relatives directly and this also helps if we know them as well."

People were encouraged to be independent. Staff supported people to manage some care tasks with supervision from staff to ensure they were safe to do so. One person who told us, "The staff encourage me to do as much as I can do for myself, I prefer that and then I can ask the carer to help me when I need it." Staff supported people when there were unable to complete tasks independently and supported them to have control of their care. One member of staff said "I help them take care of their personal care, but also encourage them to do some of their care if they can."

Is the service responsive?

Our findings

The registered manager provided a service which was responsive to people's needs. People had an assessment of their needs before they received care and support. The outcome determined if people's care needs could be met by the service. People and their relatives were involved in making decisions in the planning of care. Assessments and reviews took place with the cooperation the person and their relative this demonstrated assessments were personalised and incorporated people's views. This meant that people were involved in making decisions about how they wanted this achieved. People were able to discuss and have recorded their preferences in relation to their care visits.

Staff that were aware of people's needs and personal preferences. One person told us, they were involved in developing their care plan with office base staff at the service. They told us "Staff listened to my views and I felt involved in my care and could choose how I wanted care provided to me." People were involved in their assessments and care plans which detailed how they chose to have their care carried out. Staff completed daily call visits logs when they visited people to provide care and support to them. This was to ensure staff followed the person's care plan and they received their care in line with their care plan. A person told us, "My notes are completed every day by my carer." People we spoke with told us that they received a copy of their assessment and care plans. People could be confident that staff provided appropriate care, which met their assessed need reducing the risk from poor care.

People told us that they had a copy of their assessments and reviews for their records. People's changing needs were responded to by staff. Office based staff carried out reviews of people's care needs and updated care records to reflect any changes. Records showed that staff had identified concerns or a risk and they had taken action by seeking advice or guidance from a relevant health or social care professional. For example, staff made a referral to a social worker to discuss an increase in time for the person to receive care and support. The social worker completed a care package review with the person and staff at the service. As a result the person's care and support was increased to better meet their changed needs.

People were supported to access community activities they enjoyed. Staff supported people to get ready for the day so that they could do community activities they enjoyed. People told us that staff would be flexible and come to visit them earlier than their initial care plan stated. This allowed people to maintain relationships with people that mattered to them reducing the risk from social isolation.

People had access to the registered provider's complaint procedure to raise a complaint. The registered provider had a complaint process in place. One person told us, "I have no concerns with the service." People were encouraged to make comments and complaints about the service. People and their relatives were provided with a copy of the complaints form to raise a complaint about aspects of their care. These were included in the service users' guide people received when they began using the service. The registered manager demonstrated their competence in managing complaints effectively and told us. People could be confident that the registered manager took complaints made about the service seriously and followed their policy and guidance to manage them and responded to the complainant in a timely manner.

Is the service well-led?

Our findings

At our previous inspection in September 2014, we found that people's care records were either incomplete or had missing information regarding their care needs. There was no record of cash transactions made by staff on behalf of people. We issued a compliance action for this breach. These issues were in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection, we followed up on the outstanding breaches of the regulations. We found that the provider had made sufficient improvements to address all the breaches.

The registered manager ensured that people received care and support from a service that was well-led. Staff completed observations and spot checks to assess whether staff applied knowledge learnt from completed training. This helped to monitor staff competency in caring for people according to their individual needs. Feedback from observations and spot checks were discussed with staff and areas for improvement were documented. The senior member of staff worked with a member of staff to make improvements to their practice if needed following an observation or spot check. Goals were developed with staff so that could include further training or shadowing experienced staff if required. There was a registered manager in place at the service. The provider ensured that the Care Quality Commission was kept informed of notifiable incidents, which occurred at the service.

The registered manager encouraged staff to become involved and improve the service. For example, staff had regular team meetings and discussed issues relating to the service and their job. This gave the registered manager opportunity to keep staff updated with the service developments. Staff were also encouraged to participate in team meetings and made changes to improve the quality of the service. We saw suggestions made and acted on. For example, staff were involved in ensuring people's care records were of a good standard and accurately reflected people's current needs. This was to ensure that records were completed correctly to demonstrate care was delivered in line with their care plan.

Staff we spoke with told us they liked working at the service and were supported by the registered manager. They commented that office based staff were helpful and could be contacted if they needed any assistance. One staff member said, "Staff at the office are very helpful and I can contact them if needed." There was a 24 hour on call system that people and staff could use if they needed to speak with a senior member of staff on urgent matters relating to people's care. Staff told us the registered manager was approachable and they were confident to raise any concerns with them because these would be dealt with promptly.

People and their relatives were encouraged to feedback to staff and the manager annually. The registered manager analysed the responses people and their relative made. People were satisfied with the quality of care provided, most of the responses we saw rated the care service provided as either excellent or good.

The registered manager carried out monitoring checks of the service. For example, people's care records and monitoring charts were accurate and up to date and reflected people's needs. All assessments and care plans were recorded and a copy of them kept in people's care records.