

Firstchoice Consultancy Ltd

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

The inspection took place on the 1 June 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 that someone would be in.

Firstchoice Consultancy was inspected but not rated as the service was not fully operational. Firstchoice Consultancy had not previously been inspected.

Firstchoice Consultancy is a domiciliary care agency providing personal care to people in their homes. At the time of our inspection they were providing support to one person.

Firstchoice Consultancy had a registered manager in place. 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.

People were protected from abuse as staff knew how to identify abuse and escalate it further. They knew who to approach and had received up to date training. However policies in relation to safeguarding and whistleblowing were not current as they did not provide staff with current information on contacting the regulator Care Quality Commission (CQC) or the Police.

Safe recruitment practices were followed to ensure staff were of good character and able to work with people.

Staff were supported before they went out to work with people and received an induction from the service. Staff received supervision with the registered manager and staff told us they met with the registered manager once a week, these meetings were not recorded.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and gave examples of how people may be able to make some decisions but may have to have their capacity assessed for other decisions. Care plans stated that relatives had power of attorney to make decisions on behalf of people however the type of power of attorney they had was not clear.

Staff were caring and respected people's privacy and dignity.

The service assessed people's needs and risks but records indicated they had not been done when people commenced care with the service. People's care plans recorded most of the support to be given but where people were receiving personal care it was not documented how they received it and the level of support to be provided. Staff were knowledgeable about the care they gave to people and how they did this but records did not state this. Although people's preferences were recorded in their care plans, records showed

care was not delivered according to their preferences.

The service had a registered manager and staff told us they were able to contact them when they needed to. The registered manager sought the feedback of relatives and staff and records confirmed this had been done. The registered manager did not have an effective quality assurance process to check the quality of records and that information was correct and up to date.

We found two breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff were trained in safeguarding adults procedures but policies did not provide information on outside agencies to contact with concerns.

Staff were recruited safely.

Risk assessments had been completed but records indicated they had not been done at the time people commenced care with the service and environmental risk assessments were not robust.

Inspected but not rated

Is the service effective?

The service was not always effective.

Staff received an induction and were supported before working with people on their own. Staff received supervision but other meetings with the registered manager were not recorded.

Staff demonstrated knowledge of the MCA and gave examples of when people could not make decisions for themselves which meant their capacity would need to be assessed.

Where care plans said relatives had power of attorney the type they had was not clear.

Inspected but not rated

Is the service caring?

The service was caring.

Written feedback from relatives was positive and staff told us they spent time getting to know people and engaging with them.

People's privacy and dignity was respected

Inspected but not rated

Is the service responsive?

The service was not responsive.

People had a support plan but the information was not reflective

Inspected but not rated

of current care. People received care that was not documented in the care plan.

Relatives were involved in people's care and helped provide information for the care plan where people lacked capacity.

Is the service well-led?

The service was not well led.

Staff told us they felt supported by the registered manager.

The provider told us they got regular feedback from relatives however this was not recorded.

Records were not current and accurate. Care plans had missing information and where information was not required this was not explained.

There was no effective quality assurance system to check the quality of the records so that errors could be identified and rectified.

Inspected but not rated

Firstchoice Consultancy Ltd

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 1 June 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 that someone would be in.

The inspection team consisted of one inspector. On the day of the inspection we spoke with the registered manager and recently appointed quality assurance staff member. After the inspection we spoke to one care worker. We were unable to obtain the views of people who used the service as they did not wish to speak with us.

We looked at one care file and one staff file, safeguarding and whistleblowing information, and other documents, policies and procedures for the service and written feedback from a relative.

Is the service safe?

Our findings

Staff told us they kept people safe in their homes by ensuring they observed and monitored people in their home environment and when they received personal care. One member of staff said, "I support [person] and make sure he doesn't injure himself."

The service had a safeguarding policy and whistleblowing policy. However there were no details on how to contact the local authority in order to raise concerns. Within the whistleblowing policy there was no information to advise staff who they should contact with their concerns. This meant that new and existing staff did not have the information they required to escalate concerns about people's safety or the management of the service.

Records showed that the registered manager and staff had completed training in safeguarding adults. Staff were knowledgeable about the different types of abuse people might be vulnerable to. Staff knew how to escalate any concerns so they could be investigated further. One member of staff said, "If I see anything of concern I would report to the manager." The same member of staff said, "I would inform the CQC or the local authority with my concerns."

Staff had been recruited safely and provided references and proof of their identity. Checks to ensure staff were safe to work with people had been completed. Staff records showed that the service had requested a disclosure and barring service check to see whether staff were prevented from working with people due to previous convictions.

The registered manager completed an environmental risk assessment of people's home to check people and care staff could move around safely. This included checking smoke alarms were present, grab rails, cleanliness and washing facilities. Other checks were ticked but it was not clear whether the assessment identified an issue. For example, trip hazards had been ticked but the assessment did not provide information whether this was a safety issue.

Risk assessments had been completed around keeping people safe in their home and provided information on supporting people to prevent them from wandering by closely monitoring and ensuring the front door was closed. Emergency guidance was also provided in the event people did leave the house and staff were aware they should contact the police. Staff told us they knew about the risks people faced. One staff member told us, "We must always watch [person] as he may wander off."

Records showed that staff had completed medicines training but at the time of our inspection no medicines were administered to people.

Staff had received emergency first aid training and would call the emergency services if needed. Also to keep people safe on people's care plan people and their relatives were given an emergency out of hours telephone number to speak to a member of staff at the service. Contact information was also provided for weekend and bank holiday support. However on peoples support planning assessment the out of hours

number was incorrect. This meant that staff and people could dial incorrectly in an emergency.

Staff were provided with personal protective equipment to minimise the risk of infection. We saw the service had a supply of gloves and aprons and staff were required to wear a uniform.

Is the service effective?

Our findings

Staff told us they received an in depth induction and told us it was sufficient to do the job. One member of staff said, "Yes I received an induction. I went round the house with [relative of the person] and the registered manager explained what I was to do, how to help [person] and their health condition".

Staff had level two national vocational qualifications (NVQ) in Health and Social Care and records confirmed that staff received training in a number of areas to support and develop their role. This included safeguarding adults, health and safety, dementia, infection control, food safety, emergency aid, equality and diversity, person centre care and communication. Staff told us they had experience in working with people with learning disabilities and autism which meant they felt confident to support people well.

Staff told us that they felt supported in their job and met with the registered manager to discuss how the role was and to find out the general wellbeing of people who used the service. Staff were not due an appraisal with the registered manager as yet but records confirmed they did receive supervision with the registered manager.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

In the care plan we found evidence the person was under constant supervision and unable to leave their home as they were at risk of wandering. There was no information that an application had been made to the Court of Protection or that the relative had authorisation to do so. We made a safeguarding referral to the local authority so could make an application to the Court of Protection.

Records showed that relatives had signed the care plan to be in the best interest of their relative where they lacked capacity to do so. However where it was stated relatives had power of attorney the type this covered was not recorded and did not demonstrate that consent had been properly sought. We recommend the service follow best practice on documenting consent.

Staff told us they had received training in their previous role as a carer and demonstrated a good understanding of the principles of the MCA and what it meant for people they cared for. Staff gave examples of how people may be able to make some decisions but their capacity may have to be assessed for other decisions they could not make.

People's current health needs were recorded. Where people were currently receiving medical treatment this was recorded so staff understood current health needs. However information relating to people's medical history on the support plan had not been completed. This meant that staff were not aware of people's

previous health conditions when delivering care.

If people were on a special diet this was recorded and the type of food they could eat was provided.

Is the service caring?

Our findings

Staff told us how they were kind towards people they supported. Staff told us they got to know people by spending time with them and by reading what was in their care plan.

One member of staff said, "When I see [person] he gives me a high five." Staff explained this demonstrated how they had developed a good relationship with the person they cared for. The same member of staff explained that they spent time with the person sitting with them. A good relationship was built with the relative as one staff member said, "I talk to [relative] about what I'm doing with [person] and [relative] gives good feedback."

People's privacy and dignity was respected by staff. Staff told us they ensured doors and curtains were closed when delivering personal care.

A member of staff told us they encouraged people's independence when they delivered personal care. One member of staff said, "I help [person] in areas they need it, where [person] can wash himself I let him do it."

Is the service responsive?

Our findings

Records showed that relatives were involved in preparing the support plan on behalf of their relative as they had signed the care plan.

People had a care plan which provided personal information about the person and the goals they wanted to achieve. The service had a document called "what was important to me" which included details of family members, places people liked to visit for example the day centre and activities people participated in. For example, the care plan stated, "I would like to receive support with house work, shopping and cleaning."

However care plans did not identify all the support people required or what they received. In one care plan it stated that the only agreed activity was housekeeping and that 'staff will only carry out the activities that have been agreed in this plan.' However staff told us they supported people with personal care such as giving them a bath and washing their hands. We spoke to the registered manager who confirmed that people were supported with personal care and the care plan would be updated.

Also people's preferred time to receive care was recorded and other preferences stated that someone had requested a female member of staff. The records showed that a female member of staff was introduced to the person but we were informed a male member of staff was working with them instead. People's care plan did not document the reason for the change or whether the person was happy with this instead of their original request.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were knowledgeable about the people they supported and could tell us the activities people enjoyed doing. One member of staff told us, "[Person] likes going to the day centre and park."

The registered manager and staff told us all support provided by care staff was documented in peoples communication book which was kept in their home. We did not see evidence to confirm this was being done.

Records showed that an advocate had provided positive feedback on the service and they were involved with planning care for people.

Is the service well-led?

Our findings

Staff told us that the registered manager was available and they met with them regularly to discuss the people they worked with and to have training. The registered manager supported staff by providing opportunities to meet and discuss work. There were no records for recent staff meetings the registered manager had had with staff. The last recorded meeting was 18 June 2015.

The registered manager told us they regularly contacted the relative by telephone to seek feedback on the quality of the service. The registered manager told us these conversations were not documented.

However records showed the service had sought feedback from the relative after sending a client satisfaction survey. The relative was positive about the care given by the service. Comments included "Staff always well-presented when they come" and "They take quick and prompt action."

Staff completed a care worker questionnaire which provided them with an opportunity to feedback on working in the service staff confirmed to us they received this.

The registered manager had no systems to check that information recorded was correct. We spoke to a recently appointed quality assurance member of staff who had been brought in just before the inspection but we could not see that quality assurance had taken place to date. The lack of management oversight of care plans, risk assessments and records of care meant the service was not able to demonstrate it was checking the quality of the service. There were no systems in place to monitor and check the quality of care.

People's care plans were not accurate. There was information missing and the current details of care was not reflected in the documentation. For example, information relating to people's medical history on the support plan had been left blank. This meant people were at risk of unsafe care.

We looked at a support planning document which was signed as completed two days before our inspection on the 30 May 2016. This included an assessment of skin marks or bruising however, the care arrangement had commenced in January 2016 and we could not see evidence in records of an assessment that had been completed at the time care began. Furthermore the assessment had not been signed by a member of staff.

As information was not current or accurate and the registered manager had not quality checked this information about people it placed people at risk of unsafe care.

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

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 Health and Social Care Act 2008 Regulated Activities Regulations 2014 Person Centred Care</p> <p>People's care plans did not meet their needs or reflect their preferences. Regulation 9 (1) (a) (b) (c)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance</p> <p>The systems in place to regularly assess and monitor the quality of services provided were not effective, and were not undertaken on a regular basis.</p> <p>Records were not always accurate or up to date</p> <p>Regulation 17 (2) (a) (c)</p>