

First Choice Medical Solutions Ltd

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Inspection report

First Floor, Hatton House
Church Lane, Cheshunt
Waltham Cross
EN8 0DW

Tel: 01992879665
Website: www.firstchoicemedicalsolutions.co.uk

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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

About the service

First Choice Medical Solutions Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger adults and children who may live with sensory or physical disabilities, dementia or learning disabilities and autism. At the time of this inspection 18 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Staff received training and knew how to report their concerns to their managers or externally to local safeguarding authorities.

Risk assessments were in place to give staff guidance in how to keep people safe from harm. Everyone who gave us feedback told us there were no missed visits to people and if staff were delayed, people were alerted to this.

Staff told us they received training and support to carry out their roles effectively. Where needed, people had support with meal preparation and staff ensured they had good food and fluid intake. Staff liaised with other health and social care professionals for a better coordinated support which enabled people to remain in their own homes.

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

The service had systems and processes in place to enable staff to provide people with personalised care and support. Consistent staff teams were supporting people, and this helped them develop a good knowledge about people's likes and dislikes. Care plans were developed and reviewed with people and their views were recorded.

The registered manager undertook a range of audits and checks to assess the quality and safety of the service. Where needed improvements were made in a timely way. Health and social care professionals told us the service was successful in supporting people effectively and safely even where previous support failed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People's choices were respected, and staff promoted their privacy and dignity. Staff understood the importance of supporting people to live the life they wanted.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection. The last rating for the service at the previous premises was good, published on 25 January 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

First Choice Medical Solutions Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service also provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

This inspection was unannounced.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 there was a registered manager in post.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

The inspection activity started on 09 March 2022 and ended on 23 March 2022. Between the 16 and 23 March 2022 we sent e-mails and contacted people, relatives and staff over telephone calls.

We spoke with two people who used the service and three relatives about their experience of the care provided. We received feedback from four members of staff, and the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed three people's care records and other documents relevant to the management of the service including recruitment. We received feedback from three health and social care professionals involved in people's care.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe with staff. Safeguarding procedures were in place for each person identified vulnerable to any form of abuse.
- Staff received training and knew how to report their concerns internally to their managers and externally to safeguarding authorities. One staff member told us, "I received my safeguarding training for adults and children along with all of my other mandatory training during my induction. I am aware that to raise a safeguarding I am able to inform my line manager, communicate with social services and call the police if a service user is in imminent danger."
- The registered manager reported their concerns to local safeguarding authorities and Care Quality Commission (CQC) as needed.
- Lessons were learnt and shared with the staff team from incidents, accidents and complaints. The registered manager carried out an investigation into any complaints or concerns raised by people, relatives and staff. They looked at what happened, what went well and what could be improved to prevent any reoccurrences.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments were in place to check if people were at risk of harm. Staff had guidance in how to safely support people to live the life they wanted. For example, positive behaviour support plans were in place for people who communicated their anxiety by physically endangering themselves or others. Triggers to such behaviours were identified and staff were skilled in using techniques to prevent these from happening.
- There was a positive approach to manage risk and enable people to live fulfilling lives. For example, a person had been referred to the service as a matter of urgency due to previous support breaking down. A health professional told us the person achieved positive outcomes due to staff managing risk and overcoming barriers effectively.
- There was an on-call system available for people, relatives and staff 24 hours seven days a week in case of an emergency.
- Staff administered people's medicines following best practice guidelines. They were trained and had their competency observed before they could administer people's medicines on their own.
- Regular medicine audits were carried out by senior staff and the registered manager to ensure if errors occurred these were rectified in a timely manner.

Staffing and recruitment

- People told us, and records confirmed that staff had not missed any visits. People told us they were

notified by office staff if care? staff were late. This was confirmed by staff we spoke with who told us they had a responsibility to alert the office in case they were late so that people were assured they were coming.

- Staff had been recruited safely with pre-employment checks completed including references as well as criminal record checks to help ensure they were suitable to work with people.

Preventing and controlling infection

- People were protected from the risk of infection because staff were trained in infection control and followed appropriate guidance.

- Staff told us they received training about COVID-19, infection control and how to put on and take off their personal protective equipment.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 thoroughly assessed before they joined the service. Often staff started supporting people in the services they lived before. This helped people get familiar with staff and made the transition easier.
- A multi-disciplinary team (MDT) approach was in place from the start involving health and social care professionals as well as the registered manager and staff. This approach meant people received seamless care and support from the whole health and social care system.

Staff support: induction, training, skills and experience

- Staff received training to understand their role and people's needs. A social care professional told us, "The staff have all received training in the transition period of [people] coming out of hospital and continue to have training/support in developing their understanding of [people]."
- Staff told us the training they received helped them understand their role. They told us support was readily available for them in one to one meetings with their line managers or just approaching the registered manager for support as and when they needed this. One staff member said, "Whenever I need advice or assistance, [managers] are always ready and prepared. The training provided by the company is thorough and informative and ensures that staff are prepared to face the challenges in the job."
- Relatives told us staff had a good understanding of people's needs, were well trained and supported people safely their needs.

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

- People told us staff ensured they had enough to eat and drink.
- Staff received training about food and nutrition, and they understood people's dietary needs and requirements.
- People's care plans included their food preferences, likes and dislikes especially for people who were at risk of malnutrition. This enabled staff to offer people their preferred foods and encourage healthy eating. For example, a person needed to gain weight. Staff identified the difficulties the person had when eating and proposed alternative equipment to be used so that they got the nourishment they needed. The person's relative told us it was the first time the person achieved a healthy weight in their adult life.
- People received additional support from speech and language therapy team (SALT) or dietician if needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager developed good working relationships with health and social care professionals

involved in people's care. The regular MDT meetings involving the whole health and social care system meant people received care and support without delays.

- A social care professional told us, "Staff work with all professionals before they support the person into the community. They attend training sessions with [specialist learning disability team] and clinical teams. During this time, they can recognise service users' triggers. First Choice will ensure transition is in place and a good handover when supporting service users."
- Another social care professional told us how well staff were engaging with the MDT members, and this had a positive impact on people. They said, "Staff supports two people who were discharged from hospital having been detained under the Mental Health Act (1983). [People] have complex needs that challenge and they are supported not only by [the service] but a wide-ranging group of health and social care professionals. [Staff] have excellent understanding of the [people] and their needs and are fully engaged in working with all the people in their network."

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and relatives told us staff always asked for consent when supporting them. People had been asked for their consent to be supported in line with their individual care plans and risk assessments.
- Staff received training in the MCA and had a good understanding of how to put this into practice.
- Where needed staff carried out checks to assess if people lacked capacity to understand and take decisions. Best interest decisions were made for people if it was needed. The best interest decision making involved health and social care professions as well as relatives if it was 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind to them. Professionals we spoke with said staff showed kindness and respect to people and their families as well. One person said, "They are kind to me. I am very happy." A social care professional said, "My experience of [the service] has been that they [staff] have a 'can do' attitude to not only supporting [people] but also their families. They are receptive to new and different ideas but are also clear in their comments if they think something is not in [people's] best interests. They have supported at times difficult situations in a professional and compassionate way."
- The registered manager promoted a caring and compassionate work ethic. They set up systems and processes which placed people at the centre of their care and support. The support was enabling and channelled to enhance people's lives. Staff told us how they were encouraged to give the time and support people needed.

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

- People were involved in their care. They told us staff listened to them and their opinion mattered.
- For people who could not express their wishes and needs verbally, staff recorded their behaviour and body language when they received support or were engaged in different activities. This helped them identify what people liked and disliked.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt at ease with staff and their dignity and privacy were promoted. Relatives confirmed this and that wherever possible independence was promoted.
- Staff told us how they closed curtains and doors when they supported people with personal care. They used respectful language when talking about people and ensured they only disclosed personal information about people to authorised professionals or relatives if appropriate.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received support the way they liked it. People's care plans were detailed with likes and dislikes in every area of their support. Guidance was place for staff on how to support people in a personalised way.
- People achieved positive outcomes due to the personalised care and support they received. One social care professional told us, "First choice supported me with a case that was very challenging where the current provider was struggling. First choice took over the care package, they made a very positive outcome for the young person and the family. They worked with the person to achieve [positive] outcomes. They are adaptable and highly trained to work with complex cases."
- We found many examples where people's well-being, behaviour and health improved due to the personalised support they received. For example, a person achieved a healthy weight first time in their adult life, incidents of self-harming reduced, and people were enabled to enjoy life in the community.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff had guidance how to effectively communicate with them. For example, staff used pictorial social stories to aid a person's understanding when talking to them.
- Care plans gave staff clear guidance and examples of what communication people used and what this meant. This helped people feel included in their care as staff knew how to effectively communicate with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager had systems and processes in place to ensure people who were at risk of social isolation could develop relationships. One staff member told us how the registered manager arranged for them to support a person who had no close family and they lived alone. They said, "One of our service users lives alone and does not have much family. Our managers arranged for staff to take the service user to the hair salon for community [engagement] and companionship."

- People who received support from staff in a supported living setting were engaged in different activities. Staff encouraged them to try out activities based on their hobbies and interest. For example, a person liked shopping, games and water. Staff encouraged them to bake a cake after they went shopping for ingredients. They also encouraged the person to go swimming.
- Whilst some of the activities were planned routinely, staff were flexible in their approach and accommodated people's choices if they wanted a different activity daily.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise concerns. One relative told us they had no cause for concerns for the care their family member received.
- The provider had a complaints policy they told us and our conversation with relatives confirmed they responded appropriately when a concern was raised. For example, a relative raised with the registered manager that they wanted to communicate more with staff about the support their family member received. This was discussed with the professionals involved to ensure the person's rights were protected and the information shared was appropriate.

End of life care and support

- People had their end of life care wishes recorded in their care plan. Most people supported by the service were young adults and this was not an area they wanted to discuss.
- People's records detailed if they had a Do Not Attempt Cardiopulmonary Resuscitation order in place or not.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People, relatives and professionals we spoke with were happy how the service was managed. One professional told us, "The staff team have excellent leadership from [registered manager] who I have regular contact with in informal and formal meetings."
- The registered manager promoted an open and inclusive culture and achieved positive outcomes for people. They and the staff team had a good understanding of their responsibilities towards the people they supported and demonstrated a passion for delivering person-centred care. Staff were positive about the management of the service.
- The registered manager was committed to ongoing development for the whole staff team. In addition to the training considered mandatory by the provider, the registered manager ensure staff received bespoke training to understand people's specific needs. One staff member told us, "I have no concerns on how the service is run. Our service is improving by the day due to the excellent communication we have with our [managers] which allows swift response to the changing needs and risks of our service users."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour and continued to notify CQC of incidents they were legally obliged to. They reviewed any concerns and complaints for themes and shared these the staff team for any lessons learnt.
- Staff understood the importance of their roles and responsibilities. They were able to clearly describe what concerns required reporting.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had effective and robust quality assurance systems in place which enabled them to closely monitor the quality of the service they provided. Checks were completed daily, weekly and monthly by staff and managers to identify areas to improve and to maintain the health and wellbeing of staff and people.
- The registered manager completed regular audits and checked medicine administration records, care plans, missed or late visits and observed staff competencies when supporting people. This was done by visiting people when staff were present for a 'spot check'.
- People had continuous opportunities to provide feedback about the service they received. They could do

this when the registered manager visited them, through regular questionnaires sent out or by calling the office when they needed this.

Working in partnership with others

- There were strong working relationships developed with health and social care professionals. The registered manager ensured there were regular MDT meetings to review the support people received and their progress.
- Partnership working was an important element in people's support. The registered manager and staff understood how seamless working relationships with the wider education, health and social care system had a positive impact on people.