

1st Choice Support Services Ltd

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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 

Overall summary

This inspection was unannounced and took place over several days between 4 December and 16 December 2014.

The last inspection took place on the 11 and 18 July 2013 when the agency was found to be meeting all the regulatory requirements looked at and which applied to this kind of service.

1st Choice Support Services Limited has a manager registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

Summary of findings

The day to day management of the service was carried out by the registered manager and a care coordinator.

1st Choice Support Services Limited is a domiciliary care service providing social care and support services to adults and children across the whole of Halton in order to enable people to remain at home with as much independence as possible or to provide support to families. The service operates from an office in Runcorn Town Centre. At the time of our inspection 17 people were receiving a service from the agency.

Although we did not receive any specific comments regarding their safety all of the people we spoke to told us that they were happy with the service being provided and that they liked the carers that visited them. One person whose son received a service from the agency told us, “I have never felt I can’t leave him with them”.

The people using the service told us that they usually had the same carers, they always stayed for the correct amount of time and they were rarely late. If there was a problem they were contacted to let them know. People were also given a copy of the next week’s rota so that they knew who was coming on each day. One person told us, “They stay the full time, let me know if ever late, rarely happens”.

We asked the people using the service about the agency and the staff members working for it. Everyone who commented said they liked the staff members supporting them. Comments included, “Carers are very good and caring”, “They are really good, so polite and easy to get on with”, “Very good, excellent, friendly and efficient. Not intrusive, above and beyond”, “Really happy with them, would not change them”, “Lovely, really good, I am happy with the service” and “My son calls them his friends. They come because they care for X, it isn’t just a job”.

The care folders we looked at in both the office and in people’s own homes were being reviewed regularly so staff knew what changes, if any, had been made. The files we looked at explained how best to support them. This helped to ensure that people’s needs continued to be met.

We found that the provider agency used a variety of methods in order to assess the quality of the service they were providing to people. These included regular ‘spot checks’ on the staff members and the sending of questionnaires to the people using the service.

Summary of findings

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.

The service had both a child and adult protection procedure in place and the agency registered manager was aware of the relevant process to follow if there were any concerns.

Staff members had completed medication training in case they needed to either prompt or administer any medication in a person's own home.

Risk assessments were carried out and kept under review so the people who were using the agency were safeguarded from unnecessary hazards.

Good



Is the service effective?

The service was effective.

All new staff members completed an induction training programme based on the Skills for Care Common Induction Standards so they had the skills they needed to do their jobs effectively and competently.

We asked staff members about training and they all confirmed that they were receiving regular training and that it was up to date. This included training in both the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

The people who spoke to us were very positive about the service and felt they were treated with dignity and respect.

The staff members we spoke with demonstrated that they had a good understanding of the people they were supporting.

Good



Is the service responsive?

The service was responsive.

The people we spoke with told us that the agency responded to any changes in a timely manner.

The agency had a complaints policy in place. We looked at the most recent complaint and could see that this had been dealt with appropriately.

We saw that each care plan was detailed, personalised and reflected the needs of the individual.

Good



Is the service well-led?

The service was well-led.

People told us they were asked regularly if they were happy with the care and the service provided.

The agency used a variety of methods in order to assess the quality of the service they were providing to people.

Good



1st Choice Support Services Limited

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 checked 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 inspection was unannounced and took place on the 4 December 2014. Following this announced visits took place to people's own homes with their consent on the 11 December 2014. Telephone interviews were then carried out with the consent of other people using the service and in addition a sample of staff members were also interviewed via the telephone. These calls took place on the 12 and 16 December 2014.

The inspection was carried out by an adult social care inspector.

Before our inspection the agency provided us with a provider information return [PIR] which allowed us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We looked at any notifications received and reviewed any other information we hold prior to visiting. We also invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about 1st Choice Support Services Limited.

During our inspection we went to the agency office and spoke to the registered manager and the care coordinator. We reviewed the care records of six people that used the service, reviewed the records for two staff and records relating to the management of the service. This was followed by home visits to two of the people using the service, phone calls to five more people using the service and phone calls to three of the care staff members.

Is the service safe?

Our findings

Although we did not receive any specific comments regarding their safety all of the people we spoke with told us that they were happy with the service being provided and that they liked the carers that visited them. One person whose son received a service from the agency told us, “I have never felt I can’t leave him with them”.

We saw that the service had both child and adult protection procedures in place. These were designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow. They said they would report any concerns to the local authority and to the Care Quality Commission [CQC]. Care agencies such as 1st Choice Support Services Limited are required to notify the CQC and the local authority of any safeguarding incidents that arise. There had been no adult or child protection incidents requiring notification at the agency since the previous inspection took place.

Staff members confirmed that they had received training in protecting vulnerable children and adults and that this was updated on a regular basis. The staff members we spoke with had a good understanding of the process they would follow if an incident occurred and they were aware of their responsibilities when caring for vulnerable children and adults. They were also familiar with the term ‘whistle blowing’ and each said that they would report any concerns regarding poor practice they had to senior staff. One of the staff members we spoke with said, “I would definitely report it [safeguarding] and would whistle blow – at the end of the day it could be my mum”. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable children and adults and the need to accurately record and report potential incidents of abuse.

There were arrangements to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. Records were kept of all financial transactions that took place.

Risk assessments were carried out and kept under review so the people who were using the agency were safeguarded from unnecessary hazards. Relevant risk

assessments including environmental risks and any risks due to the health and support needs of the person were seen in all of the care files we looked at during the inspection.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The people using the service told us that the staff members supporting them knew them well and they had no concerns regarding their suitability. The actual staff rota was completed on the agency’s computer system and was called the ‘staff plan’. There was a facility within this to alert staff if they needed to know anything. This helped to ensure any changes were passed on to the staff members prior to doing the visit.

We looked at the files for the two most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed with the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the agency required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity.

The service had policies and procedures in place to ensure that people’s medication was being managed appropriately. Staff members had completed medication training in case they needed to either prompt or administer any medication in a person’s own home. These procedures were checked during the spot visits undertaken by the registered manager or care coordinator to observe the standard of care provided and to ensure the care plan was being implemented and that all tasks within it were undertaken properly. One of the people we visited who took their own medication told us, “The carers will check to make sure they [medications] are correct”.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Is the service effective?

Our findings

The people using the service told us that they usually had the same carers, they always stayed for the correct amount of time and they were rarely late. If there was a problem they were contacted to let them know. People were also given a copy of the next week's rota so that they knew who was coming on each day. One person told us, "They stay the full time, let me know if ever late, rarely happens".

The staff members we spoke with were very positive about the agency and the standard of support that was being provided. One staff member told us that they had mainly regular clients. They went on to say; "Absolutely fine and I really enjoy it" another person said "The care is good".

All new staff members completed an induction training programme based on the Skills for Care Common Induction Standards so they had the skills they needed to do their jobs effectively and competently. This induction also included an introduction to the job they would be doing and as part of it they shadowed existing staff members and were not allowed to work unsupervised, [shadowing is where a new staff member worked alongside either a senior or experienced staff member].

We asked staff members about training and they all confirmed that they were receiving regular training and that it was up to date. One person told us, "[Training] All up to date and ongoing. I can do some eLearning at home". We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role and that this was up to date. This included medication and health and safety.

The staff members we spoke with told us that they received support, supervision and appraisal. We checked records and they confirmed that supervision sessions had been recorded for each member of staff and they were being held regularly throughout the year. Supervisions are regular meetings between an employee and their line manager to

discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

The information we looked at in the care plans meant staff members were able to respect people's wishes regarding their chosen lifestyle. We saw recorded evidence of the person's consent to the decisions that had been agreed around their care. The people we spoke with who were using the service confirmed that they had been involved in making decisions about their support plan.

Policies and procedures had been developed by the registered manager to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguards (DoLS). This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act (MCA 2005). This was introduced to help ensure that the rights of people who had difficulty in making their own decisions were protected. Staff members had undertaken training in both the MCA and DoLS; this was confirmed by the three staff members we spoke; the dates they undertook this training was also documented in the staff training records.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives.

The computer system used by the agency also had a section for any communication received; this could include contact from the person using the service, their family or from the staff members. This was used if, for example one of the carers noticed a change in someone during a visit. This could be passed on to a relative or the staff member who would be undertaking the next visit.

The registered manager told us that she or the care coordinator checked the effectiveness of the care being delivered through spot checks on the carers during visits and by direct contact with the people using the service.

Is the service caring?

Our findings

We asked the people using the service about the agency and the staff members working for it. Everyone who commented said they liked the staff members supporting them. Comments included, “Carers are very good and caring”, “They are really good, so polite and easy to get on with”, “Very good, excellent, friendly and efficient. Not intrusive, above and beyond”, “Really happy with them, would not change them”, “Lovely, really good, I am happy with the service” and “My son calls them his friends. They come because they care for X, it isn’t just a job”.

The agency kept any thank you cards received; the most recent had the following comment, “Many thanks for all the help that you have given to X”.

The people who spoke to us were very positive about the service and felt they were treated with dignity and respect. They said they felt able to choose how the care worker spent their time with them and were confident about directing them. They understood that they could ask for more time or for a change in the type of support if they needed. People also said they could tell the carers how they liked things done and that their wishes would be respected. They said carers showed an interest in them, did not rush them and took time to talk with them.

The staff members we spoke with demonstrated that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives.

Although we did not observe any direct relationships between the people using the service and the staff members during the inspection we were told by the people we visited and spoke to on the telephone that staff members explained what they needed or intended to do and asked if that was alright rather than assume consent. One person told us, “They always explain and never assume consent”.

The adults who were receiving a service from 1st Choice Support Services Limited had capacity to make their own decisions at the time of our inspection. Any decisions for the children using the service were made by their parents. Those funding the service through direct payments had made the choice to use 1st Choice Support Services Limited and had a contract in place outlining the expectations of both parties. People using the service told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out.

The provider had developed a range of information, including a service user guide for the people using the agency. This gave people detailed information on such topics as what they could expect, confidentiality and how to make a complaint.

Personal information that was kept in the agency office was stored securely. This meant that the people using the service could be sure that information about them was kept confidentially.

Is the service responsive?

Our findings

The people we spoke with told us that the agency responded to any changes in a timely manner. Comments included; “Really good at picking things up” and “Girls have had extra training to support my son”.

We looked at the care files of six people during this inspection; four in the office and with the consent of the person whose care file it was a further two during the home visits. They all included a pre-service assessment to ascertain whether their needs could be met. As part of this process the service would also get the person’s family, social worker or other professionals to add to the assessment if it was necessary. We saw that the assessments were thorough and included information about personal preferences and choices such as what the person preferred to be called. People we spoke with confirmed that this had taken place before the service started. One person said; “They listened to what I wanted”.

Following the assessment a support plan was then written using the information gathered. This varied depending on what each person wanted or needed. Some people needed help with personal tasks such as washing and bathing whilst others only needed practical assistance such as help with domestic tasks. In all cases those we looked at showed what support people needed. We saw that each plan was detailed, personalised and reflected the needs of

the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained, were being reviewed regularly and were up to date. The plans were being reviewed so staff knew what changes, if any, had been made. Staff made every effort to ensure that the person understood the arrangements made for their care and support and knew about the choices and opportunities open to them. The agency’s computer system included a client action section where a record of all contacts and changes was maintained in order to ensure that each person’s care file was up to date at all times.

1st Choice Support Services Limited had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaint and could see that this had been dealt with appropriately. We saw that the service’s complaints process was included in information given to people when they started receiving care. People were made aware of the process to follow in the service user guide. The people we spoke with during the inspection told us they did not have any concerns but if they had they knew what to do and who to contact. People and their relatives told us they had regular contact with the registered manager or care coordinator.

Is the service well-led?

Our findings

People told us they were asked regularly if they were happy with the care and the service

provided. Comments included, “I am asked regularly if things are okay”, “I am always asked if things are okay”, “I would tell the office if I had any issues”.

We found that the agency used a variety of methods in order to assess the quality of the service they were providing to people. This included regular spot checks by the registered manager or care coordinator by arriving at times when the staff were there to observe the standard of care provided and to ensure the care plan was being implemented and that all tasks within it were undertaken. We were able to confirm this was happening during the inspection by asking the people using the service and by reviewing the care plans belonging to the people we visited in their own homes. One person told us, “I am asked regularly if things are ok”. People also told us that the registered manager and care coordinator phoned them regularly to check if they were happy with the service being provided.

The agency sent out satisfaction questionnaires to the people using the service and their representatives every six months. The people we visited in their own homes and those we spoke with on the telephone confirmed they had completed these forms regularly. We looked at a sample of the most recent forms which had been completed in November and could see that the vast majority of the questions answered rated the agency as good, very good or

excellent. Comments included, “X [the carer] is a fantastic asset to your business. We are both delighted with the service she gives us. Nothing is ever too much trouble”. “How can anyone improve on 100% care. I look forward to the lovely girls coming”, “There was a couple of things not happy with at weekends but was sorted” and “No, overall very happy, all the staff cannot do enough for me”.

The staff members we spoke with were also positive about the agency and how it was being managed, comments included, “The agency is well run, I needed some time off and they were very kind to me. You can always go to them with a problem. They try and work around you”.

We asked staff members how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They all said they could raise any issues and discuss them openly within the staff team and with the registered manager or care coordinator.

The registered manager and staff members told us that staff meetings were being held and that these enabled them to share information and / or raise concerns. We looked at the minutes of the most recent meeting and could see that a variety of topics had been discussed. These included, communication, individual client issues, training, client questionnaires, rotas as well as practical issues such as uniforms and ID badges.

The records we looked at during the inspection including, care plans, recruitment files and training records were all being maintained appropriately by the service.