1st Choice Nursing and Care Services Limited

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Inspection report

1st Floor Offices, The Bell Centre
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Tel: 08452417476

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good

Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We carried out the inspection on 20 October 2016. 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 available.

The service is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our inspection 36 people used the service.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider was advertising to recruit a new manager at the time of our inspection.

People told us that they felt safe in their own home. Risks associated with people's needs and providing care in the home environment had been assessed. Staff understood their responsibility to make checks within people's home and of equipment to keep themselves and people safe.
Where accidents and incidents had occurred action had not always been taken to investigate and prevent further occurrences. The provider told us they would make improvements.

The service was not consistently working to the requirements of the Mental Capacity Act 2005.Where people had the capacity to make decisions about their care and the support that they received they were involved and their opinions sought and respected.

There was a recruitment policy in place which the provider followed. We found that all the required pre-employment checks were being carried out before staff were to commence work to make sure they were suitable.

Staff received training to meet the needs of the people who used the service. Staff felt supported and received guidance from the deputy manager.

People received their medicines as required and medicines were managed and administered safely. People were supported to maintain their health and wellbeing. People's health needs were met and when necessary, outside health professionals were contacted for support. People were supported to have sufficient to eat and drink.

Staff knew people well and treated them with kindness and compassion. People received a consistent level of support and received their care at agreed times. People that we spoke with said that they would recommend the provider to others.

The care needs of people using the service had been assessed. Care plans included information about how

people would like to receive their support. Staff had a clear understanding of their role and how to support people who used the service as individuals. People's care requirements were reviewed.

Staff felt supported. They were clear on their role and the expectations of them. Most people who used the service and staff felt they could talk to the office staff and had confidence that they would address issues where required. People told us that they knew how to make a complaint if they needed to.

There were systems in place to monitor the care that people received however these were not always consistently followed. The provider demonstrated that they were keen to improve systems to develop the service.

The provider was not clear about their responsibilities to report significant incidents to CQC. The provider had updated all of their policies and procedures as well as the staff hand book and service user guide to ensure that staff and people using the service had current and relevant information about the service and how it was run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Where accidents and incidents had occurred action had not always been taken to investigate and prevent further occurrences. People felt safe. Staff understood how to keep people safe. The provider had ensured all relevant employment checks had been completed. People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The service was not always working to the requirements of the Mental Capacity Act 2005. Staff had received training and guidance that they needed to carry out their role. People were supported to maintain their health and wellbeing. People were supported to have sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect. People were supported to maintain their independence. People received a consistent level of care. People were given choices about the care they received.

Is the service responsive?

Good

The service was responsive.

People's support was centred on their individual needs. Care plans included information about how people would like to receive their support. People received their care at agreed times. People told us that they knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service did not have a registered manager. The provider did not have effective systems for gathering information about the service to drive improvement. The provider was not clear of their responsibilities to report to CQC. Staff had access to policies and procedures and understood how to follow them.

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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.

We carried out the inspection visit on 20 October 2016. 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 available.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. We also reviewed information that we held about the service to inform and plan our inspection. This included information that we had received about the service as well as statutory notifications that the provider had sent to us. A statutory notification contains important information about certain events that they must notify us of. We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service. We contacted the local health commissioners who had funding responsibility for some of

the people who were using the service.

We spoke with 16 people who used the service over the telephone. We spoke with the provider, deputy manager, a senior staff member and three care workers. We looked at the care records of five people who used the service and other documentation about how the service was managed. This included policies and procedures, staff records, training records and records associated with quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe. One person said "I always feel safe all the carers are very good." Another person said, "I have some lovely carers I am very blessed. I feel comfortable and very safe with them." Staff told us they thought people were safe and understood that they had a responsibility to keep people safe.

We saw that there was a policy in place that provided staff and people using the service with details of how to report safeguarding concerns. This was accessible to people and staff in each person's home. Staff were aware of this policy and how to report if required. They told us that they felt able to report concerns. We saw that there had been an occasion when a staff member had raised a concern and as a result the person was safeguarded from potential financial abuse. The provider was aware of their duty to report and respond to safeguarding situations. We saw evidence that they had acted appropriately when a concern had been raised with them. However, we saw that on one occasion poor staff practice was reported but it was not clear what action the provider had taken. This meant that systems were not in place to effectively ensure that further risk of harm had been prevented. The provider told us that they had made changes in the ways that the service is managed and records are checked to ensure that any future concerns would be dealt with appropriately.

Staff were aware of their responsibility to keep people safe. One staff member told us, "We make sure people are secure." Where accidents or incidents occurred records were kept. These included details about dates, times and circumstances that led to the accident or incident. We found that actions had not always been taken to prevent reoccurrence or to investigate the circumstances leading to the incident. For example, we saw that after a staff member had reported that a person's pet had bitten them. The provider told the staff member that they would contact the person and arrange for the pet to be moved to another room when staff were present. We asked to see if this action had been taken and the provider informed us that they had failed to arrange for this to be completed. We saw that there was a further occasions where staff had completed accident or incident forms but the appropriate action to prevent further risk had not been taken. The provider told us that they would implement a new system that would allow for them to be able to better track what actions had been taken and that they would monitor it more closely.

There was a recruitment policy in place which the provider followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at three recruitment files. We found that the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

People were protected from hazards associated with their care needs. We looked at people's care plans and found risk assessments had been completed in areas such as moving and handling, nutrition and skin care. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of those risks. Staff were clear about how to access and follow the guidelines in place to keep people safe from harm. One staff member said, "It's all in the care plan." Risks associated with the

environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been put in place to prevent harm.

People could be assured that they would receive their medicines as prescribed by their doctor. The service had a policy in place which covered the administration and recording of medicines. We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. A staff member told us, "We fill in the MAR charts." We reviewed people's medicine records and found that they had been completed by staff. We saw that staff completed training and had been assessed to make sure that they were competent to administer medicines.

Requires Improvement

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider was aware of their responsibility to ensure that the service met the requirements of the Act. They had updated their policies to ensure that they were in line with the MCA. Where people lacked the capacity to make decisions about their finances and health and welfare, the provider told us that lasting power of attorney (LPA) agreements were in place. This is a legal agreement that allows another person to manage a person's finances or decisions about their care. The registered manager told us that they would obtain copies of agreements to be kept on file where decisions were made by people's LPA.

We saw that there had been an occasion when a person had not consented to the care that staff were providing on their relatives instruction. We asked the provider to account for this. They told us that the person may lack the capacity to consent to their care. However, they had not recognised that the person had expressed that they were unhappy with the care. An incident form that had been completed by a staff member stated that the person had been upset due to them being restricted to their home. The provider told us that staff were acting on the person's relatives instructions but they had not established if the relative had the legal right to make decisions on behalf of them. A formal capacity assessment had not been completed. We raised this as a concern with the provider who requested that an assessment of the person's capacity to consent to their care was undertaken by the person's social worker. After our visit the provider ensured that all staff working with this person completed additional training on the MCA. They also referred the person to a social worker for a reassessment around their care needs.

We saw that for those people who had the capacity to consent to their care they had done so. We saw that people had been included in decisions about the support that they wanted to receive Staff explained that they would gain consent to provide care by asking people. One staff member told us, "Talk to the client, get feedback." Staff demonstrated that they understood that people had the right to refuse care and that this was respected.

Staff had the knowledge and skills to meet people's needs. One person said, "I know they do have training." A staff member said, "The quality of the carers is good." Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. Training included manual handling and health and safety training. Staff confirmed that they had shadowed more experienced staff members before they supported people on their own. The provider told us, "We will shadow carers for as long as it takes for them to learn the job and to feel comfortable with their tasks. The length of time we

shadow carers for varies depending on whether they have had any previous experience and how quickly they pick up the tasks." New staff were required to complete induction workbooks to show their learning. The provider was in the process of updating the work books in order to better support new starters in line with the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

Staff told us that they felt they had the skills to meet people's needs and had received training in all areas relevant to their roles. One staff member told us, "Training is pretty regular, we are always updated." The staff training records showed that staff received regular refresher training and ongoing learning. We saw that staff's understanding of the training materials used had been assessed.

The provider told us that staff had access to support at all times via an on call telephone. Staff confirmed this. Staff received regular supervision and spot checks were carried out to ensure that they were competent to fulfil their role. Staff told us that they felt supported via the supervision process. One staff member said, "If you have any worries or concerns it gets brought up." During supervision meetings staff were asked to review their performance and any issues regarding the support of people using the service were discussed. Staff also confirmed that they could ask for support at other times aside from their formal supervision meetings. This meant that people received support from staff members who were confident and competent to carry out their role.

People told us that they were supported to have sufficient to eat and drink. One person said, "I have a lovely carer he comes at lunch time and prepares my meal. He will then leave me a sandwich for tea time. I always have plenty in and he will ask what I fancy". Staff told us that they were required to encourage people to have enough to eat and drink. One staff member said, "I make sure there is a drink and a biscuit until the next carer goes in." They understood the importance of ensuring people maintained a balanced diet, especially where their medical condition might be affected by what they ate, for example, where people had diabetes.

People were supported to maintain their health and have access to health care services. One staff member told us how they had ensured that a person's relative had been made aware of the need for them to see their GP so that an appointment could be made. We saw that emergency medical help had been summoned by staff when required. People's care plans contained information about their health care needs and how to access support if required. Staff were clear on how to ensure people's needs were met.

Good

Is the service caring?

Our findings

People told us that they felt well cared for. One person said, "The staff are all lovely they all know me by now." Another person said, "The staff are very kind and caring." A staff member told us, "The quality of the care is good." Another staff member said, "We try and do our best to make sure they are supported."

People were treated with dignity and respect. One person said, "All the carers are lovely and treat me with the utmost of respect." Another person said, "They really look after my modesty. They use the big bath towel to cover me except for the bit they are washing of course." Staff were aware of the need to protect peoples dignity and respect them. One staff member told us, "You try and respect their dignity." Peoples care plans advised staff on how to support people in a way that was dignified and demonstrated respect.

People's confidential information was respected and kept safe. A staff member told us how important and confidential information about a person's care was kept securely within their home. They said, "Away from prying eyes." They confirmed that people could assess this information for themselves if they wished to as this would be, "Their right." All staff had access to and had received the provider's confidentiality policy so that they knew their responsibilities.

People were supported to remain as independent as possible where this was important to them. Staff understood their role in promoting independence. Staff members explained to us the support that some people required and what things they were able to do for themselves. One staff member said, "We let them do what they can, if they need you they will [let staff know].Some people need help in certain places." People's care plans supported staff by identifying what tasks people were able to complete independently.

People were supported by staff who understood their social as well as physical needs and spent time talking with them. One person said, "They always have time to do everything and have a chat". One staff member said, "I talk to them, if they have a worry." Another staff member said, "[My role] can be to just go in and be chatting, encouraging [a person to eat]." Staff demonstrated that they recognised that some people responded better to the different ways that they communicated. One person told us, "They always call me sir and salute. They are all good we have formed a rapport". We did see that one person did not speak fluent English. We asked how staff managed this as no one employed by the provider spoke their language. We were told that this person was only supported by a very limited number of staff who knew them well and had learnt to read the person's body language and gestures. The provider told us that since our inspection the deputy manager, had been working on introducing picture cards as an additional means of communication for this person.

People were supported by staff who they knew and who were familiar to them. We were told that the provider tried to ensure that a team of three or four staff regularly provided care to the same people. Most people said they had regular staff. Comments included, "I normally get the same staff and I get on well with all of them", "They try to give me the same staff more or less. I do like the same staff" and, "I don't mind having different staff as long as they are regular like a sort of team. I do prefer people I know though I really don't like change. They get to know you too and where everything is so it's much easier." Staff confirmed

that they usually only supported the same people. One staff member told us, "Most people feel more comfortable with regular [staff]." The provider also told us that staff do a 'meet and greet' visit with people before supporting them for the first time. This was so that people could be familiar with staff when they attend.

People were given choices about the care they received. One person told us, "They will always check I am ready to get up. I like a cuppa first which gives me time." Another person said, "They are very good. I only have to ask for something and it is done." Staff understood that people should be supported to make choices and that those should be respected. One staff member told us, "We go into people's homes, it's about fitting in what you are supposed to do around what the client wants." People's care plans advised staff about people's preferences and the choices that they should be offered.

Good

Is the service responsive?

Our findings

Staff understood about people's individual needs. One person told us, "Oh they all know what they are doing." People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. We saw that many of these plans were detailed and centred on them as individuals. For example we saw that one person's preferred toiletries were identified in their plan. This meant that staff had the information that they needed to provide support that was specific to people's individual needs and preferences. We saw that some care plans were less detailed. The deputy manager told us that they were in the process of reviewing and updating all care plans to increase the level of detail included.

Staff were clear of where the information they needed was for them to be able to follow and provide the appropriate levels of care as agreed with people. One staff member told us, "Care plans are in the clients house." The people that we spoke with confirmed that staff had access to documents about their care needs and that these were kept in their homes. Staff told us that they read the plans when they arrived to provide care. This was to ensure that they had the most up to date information and could be kept informed of any changes that had occurred. In this way people could be sure that staff would provide the care that was responsive to their needs.

People were encouraged to be involved in their own care planning. The support that people required was assessed before they started receiving care. The deputy manager had met with people to review their care plans and check with them that the care that they received was in line with their preferences. These reviews took place every six months. We saw that changes had been made as a result of people's feedback. For example, a person's call times had changed to better suit their preferences.

People that we spoke with told us that staff arrived at the agreed times to support them. They told us that if staff were going to be late for any reason then they would be informed. One person said, "They would let me know I am sure but if they are getting very late I would ring the office." Staff confirmed that if there was a problem with getting to people on time then people would be informed. The provider formally monitored staff arrival times and checked that staff stayed for the agreed amount of time. If they identified that staff were not arriving at the agreed time then the provider addressed this with the staff member. We checked call time records against the times that people had agreed to receive care and found that they consistently matched. Most people we spoke with were able to tell us that they had a rota which informed them which staff were coming to provide their care each week and that these staff were usually those who came. We saw that for one person staff left a photograph of the next staff who would be arriving for them to see. This helped them to anticipate who would be supporting them later in the day. In these ways people could be assured that they would receive the care that they required at the times that they had agreed by staff members who were familiar to them.

People were supported to access the community and follow their interests. One person told us, "I like to go out and do my shopping and know that I am safe when I have my carer with me." People were supported to follow their faith if they wanted to. One person explained that they liked to go to church but were unable to

go alone. This person said, "I really wanted to go to see my friends at church but was unable to as I need to be accompanied. I spoke to the company and I now have a carer who is lovely and takes me." People's care plans informed staff of people's interests, hobbies and previous experiences so that they were able to engage with them about these.

The provider conducted surveys with people who used the service and their relatives. This was to establish their views on whether they were happy with the support provided by their carers and what things could be improved. We saw that as a result of the 2015 survey 17 people (of the 18 who responded to the question) said that they would recommend 1st Choice Nursing and Care Services. We saw that the provider had reviewed the results of the survey and fed back the findings to people using the service.

People were supported to make a complaint if they needed to. A comment received as part of the providers 2015 survey was "If any of the carers are lacking on any point I find that a call to the office generally produces results." Each person supported by the service and their relatives had access to the provider's complaints procedures when they started using the service. The provider kept a log of complaints that had been received. We saw that the provider had taken action in line with their policy when a complaint had been received. If appropriate they had issued an apology to the complainant.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager. It is a requirement of the provider's registration with Care Quality Commission (CQC) that a registered manager is in post. The provider told us that they had begun to recruit a new manager who would be eligible to register with CQC.

The provider was not aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. We saw that we had not been informed of an allegation of abuse that had taken place. We discussed this with the provider who informed us that they had contacted CQC when this had happened but they had not completed the relevant notification form as required.
Staff told us that they felt supported by the deputy manager. One staff member told us, "You can talk to [deputy manager] and she will deal with things." Staff told us that the providers were approachable if required but that they were not always accessible. Staff expressed concern that the deputy manager required more support to fulfil their role. The provider told us that they intended to recruit a manager to fulfil this role but in the interim they met regularly with the deputy manager to review progress and offer support.

People told us that they knew how to make contact with someone at the service if they needed to. They told us that when they had rung the office the staff who answered their calls were always helpful and polite. The deputy manager told us, "Clients can give me a call and have a chat." People that we spoke with said that they would recommend the company to others. One person said "I would definitely recommend. In fact I have on several occasions."

Staff told us that communication between themselves, the office staff and the deputy manager was good. They explained that all staff had been provided with a mobile phone that enabled them to log in when they arrived at a person's house to provide care. This was so that the provider could be sure that staff were arriving at their call times when they should. It also meant that staff could contact support and be contacted if needed. One staff member told us that they felt that they could "drop in" to the office and speak with staff or the deputy manager whenever they needed to. Another staff member said, "Someone is in the office if we have a problem."

Staff had access to policies and procedures and understood how to follow them. The provider had ensured all staff had received the updated employee hand book. This was to make sure that staff were clear on their role and the expectations of them. One staff member told us, "There are no short cuts. Do it properly or don't do it at all." We saw that there had been an occasion when an incident had occurred. The provider had written to each staff member to make clear their responsibilities and what actions they should take if such incidents were to re-occur. They also reminded staff of their responsibility to follow the providers confidentially and safeguarding policies.

The provider ensured staff meetings took place. However, staff told us that these happened less frequently than they previously had. Records confirmed this. They told us that when they had them meetings had been

useful and the provider had informed the staff team of any changes, new systems of working or updated them on policies and procedures. A staff member told us, "If we met regularly minor issues could be addressed." The provider told us that they had monthly staff meetings planned.
Staff received feedback about their performance from the provider. We saw that there was a system in place whereby people using the service and other staff could complete a 'complement slip' for staff. A log was kept of staff complements and these were shared with the staff member and kept in the personal file. The deputy manager told us, "Staff want to do the job and enjoy what they are doing and that shows from the complements from clients and families. We also saw that the provider monitored staff attendance times when they were supporting people. On the day of our inspection a staff member had received praise from the provider for achieving 100% timely attendance at their care calls. These measures helped staff to feel valued and that their contributions had been recognised.

There were systems in place to monitor the care that people received. We found that these were not always consistently followed. The records that staff completed in people's homes, such as their MARs, were collected monthly. We were told that these should have been checked by the person's named staff member to ensure they were completed correctly. We saw that these had not always been checked. The provider told us that they were implementing a system to ensure that these checks took place in the future. The provider told us that other checks had taken place, for example staff call times to ensure that people were receiving their calls at the agreed times and to address any identified concerns.

The provider had updated all of their policies and procedures as well as the staff hand book and service user guide to ensure that staff and people using the service had current and relevant information about the service and how it was run. The provider had consulted with a human rescores firm to ensure that the information contained was in line with current best practice guidelines and legal requirements.

The provider demonstrated that they were keen to improve systems to develop the service. The provider's information pack that they sent out to new people using the service was under review at the time of our inspection and improvements were being made. We saw that changes had been made to the way that medication records were produced in order to make them clearer for staff to follow and easier to audit. The deputy manager told us that they were in the process of improving people's care plans in order to make them more centred on people as individuals.