

First Choice Home Care Ltd

First Choice Home Care (Wymondham)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

First Choice Home Care 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.

This unannounced inspection was carried out on the 6 June 2018.

At the time of the inspection there was 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.

At the last inspection in June 2017 the service was rated requires improvement. We asked the provider to make improvements to reducing risks to people, safe administration of medicines, staff training, ensuring people receive the support they require and ensuring that there was effective monitoring of the quality of the service being provided.

At this inspection we found required improvements were made and the service is now rated as Good.

Staff were aware of how to keep people safe from harm and what procedures they should follow to report any harm. Action had been taken to minimise the risks to people. Risk assessments identified risks and provided staff with the information they needed to reduce risks where possible.

There was an effective quality assurance process in place which included obtaining the views of people that used the agency, their relatives and the staff. Where needed action had been taken to make improvements to the service being offered.

Medicines were in the main managed safely. Staff received training and their competency to do this was checked before staff could administer people's medicines unsupervised. Medicines were stored securely. The records were not always an accurate reflection of medicines people had received. However, action was being taken to improve this.

Staff were only employed after they had been subject to a thorough recruitment procedure. There were enough staff employed to ensure that people had their needs met however they didn't always arrive at the agreed times. Staff received the training they required to meet people's needs and were supported in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice and worked within the guidance of the Mental Capacity Act 2005.

Staff were motivated to provide care that was kind and compassionate. They knew people well and were aware of their history, preferences, likes and dislikes. People's independence, privacy and dignity were respected and promoted.

People were supported to maintain good health as staff had the knowledge and skills to support them. There was prompt access to external healthcare professionals when needed.

People were provided with a choice of food and drink that they enjoyed. When needed staff supported people to eat and drink.

Care plans gave staff the information they required to meet people's basic care and support needs. Some areas of the care plans would benefit from more detailed information. People received support in the way that they preferred and met their individual needs.

There was a complaints procedure in place. People and their relatives felt confident to raise any concerns either with the staff or manager. Complaints had been dealt with appropriately.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Medicines were mainly managed safely.

Staff were only employed after a thorough recruitment procedure had been completed.

Is the service effective?

Good ●

The service was effective

People received support from staff who had the skills and knowledge to meet their needs.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Staff were acting in accordance with the Mental Capacity Act 2005. People's wishes, choices and decisions were respected.

Is the service caring?

Good ●

The service was caring

People liked the staff and thought they were caring.

People were treated with respect and staff were aware of people's likes and dislikes.

People's rights to privacy and dignity were valued.

Is the service responsive?

Good ●

The service was responsive

Care plans provided guidance for staff on how to meet people's needs.

People were aware of how to make a complaint or raise any concerns. Concerns were responded to in line with the provider's policies.

People were supported to make decisions about their preferences for end of life care.

Is the service well-led?

Good ●

The service was well led

The registered manager had ensured that people received a service that had clear person-centred vision and values.

There was an effective quality assurance process in place to identify any areas that required improvement.

People were encouraged to provide their views through surveys and regular meetings.

First Choice Home Care (Wymondham)

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 06 June 2018 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that they would be available.

Before our inspection we reviewed the information we held about the service. We reviewed notifications the registered provider had sent us. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about.

We used information the provider sent us in the Provider Information Return. This information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with nine people who used the service, the registered manager and eight care assistants. We looked at the care records for three people and records that related to health and safety and quality monitoring. We looked at medication administration records (MARs).

Is the service safe?

Our findings

At our previous inspection on 12 Jun 2017 we found that improvements were needed to ensure that risks to people's safety had been assessed. Staff were aware of what action to take to reduce the risks to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were also needed to ensure that people received the support they required with the administration of medication. Action had been taken to ensure that people received their medication as prescribed.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of, is the service safe to at least good. At our inspection on 6 June 2018 we found that the provider had followed their improvement plan and the necessary improvements had been made. Risks to people's safety had been assessed and staff were aware of what action to take to reduce the risks to people.

The registered manager told us they had improved the risk assessment process. Staff confirmed and records showed risks to people's health and welfare were fully assessed, detailed and regularly reviewed. This ensured they were relevant and current and enabled staff to provide safe and appropriate care and support. Staff were able to tell us how they followed risk assessments. They told us that risks to people were minimised but that they could still carry out the tasks they wished to. For example, risk assessments were in place to enable people to be as independent as possible with personal care but staff were aware when to offer assistance to keep them safe.

People told us that they felt safe. One person told us, "Yes I feel safe and at ease with [care staff] and I would speak up if it was needed." Another person said, "I've had no accident with [care staff]. So it's safe."

Staff demonstrated a good understanding of how to safeguard people, recognise signs of harm and what to do if they had concerns. One staff member stated, "I would phone the office, make a note in the person's log and make sure everything was recorded [if they suspected any someone had suffered any harm]." Staff told us and the records confirmed that they had completed training in safeguarding people from harm and this was also discussed during supervisions and team meetings.

People stated that staff not arriving on time had been a problem although this was starting to improve. One person told us, "If [staff] could just improve their timing to what they agreed with me, then they would be very good yes, it has got a bit better in the last month." Another person said, "The rota's and the call times are not reliable. [Staff] are not given enough time to get from call to call and they have to rush a bit. There's no time for a chat or chance to get from place to place. They can run late but they do try to be on time." Staff told us that their rotas did not always allow a reasonable amount of time to travel from one person to the next and that this could then build up so that they were significantly late arriving for visits later in the day. The registered manager stated that there was a sufficient number of staff employed to meet people's needs and they would consult staff regarding travel times. The registered manager stated that they always covered any unplanned absence from within the existing team. Where appropriate people were given a copy of the

rota so that they knew who would be working with them. There were enough staff employed to ensure that people had their needs met however they didn't always arrive at the agreed times. The registered manager was aware that staff did not always arrive on time to people. A new system had been put in place so that staff had to log in and out of each visit using a unique code generated by an electronic token in each person's care plan. The new system also allowed analysis of if staff had stayed the correct amount of time with each person. This had been used to identify any concerns about staff consistently being late or not staying the correct amount of time.

Effective and robust recruitment processes were in place to help ensure new staff employed were of good character and suitable to work with people who are vulnerable. Staff told us and records confirmed necessary checks such as proof of identity, references and satisfactory criminal records checks were obtained before they were employed. Previous employment and any gaps in the application form were explored during the interview process.

Medication was administered and managed safely. Staff told us and records confirmed that they had completed medication administration training. Staff undertook a competency assessment to ensure that they had the required skills and knowledge to administer medication in a safe way. There had been a high number of medicines recording errors in the last year and the registered manager had put in place a process to audit all of the medication administration records. The registered manager stated that the audits and action taken as a result of their findings had been successful in reducing the number of errors. People could be assured they would be administered their medicines as prescribed.

There was an infection prevention and control policy and statement in place. Infection control audits were carried out. Staff had completed training in prevention and control of infections. Staff confirmed that personal protective equipment such as gloves and aprons was readily available and used when assisting people with personal care. One person told us, "Yes, [care staff] use gloves and aprons and wash hands. They are smart and tidy."

Contingency plans were in place so that the service could continue in the event of any emergencies. For instance, a flood or fire.

Policies and procedures were in place in case anyone had an accident or incident. Accident forms would be completed by the member of staff working with the person and would be reviewed by the registered manager. The registered manager stated that if any accidents or incidents did take place they would monitor them to identify any themes or patterns. This meant that any action to prevent the accident from reoccurring could be taken.

Is the service effective?

Our findings

At our previous inspection on 12 Jun 2017 we found that improvements were needed to ensure that staff had the right training to understand how to meet people's needs. Improvements had been made and staff were knowledgeable and skilled to carry out their role. Improvements were also needed and had been made to ensure that there were appropriate capacity assessments in place and any restrictions placed on people were only put in place after the correct procedures had been followed.

People's physical, psychological and social needs were assessed in detail before the agency confirmed they could provide a service to them. This helped to ensure staff had the right skills and knowledge to meet people's assessed needs. Extra training was arranged for staff when new skills were required. For example, understanding the needs of people living with dementia. One staff member told us that learning more about how to approach someone that was living with dementia and was anxious had allowed them to approach situations differently. For example, the staff member stated, "When a person was confused and stated it wasn't their home I was able to enter their reality and reassure them that they were in a safe place." Staff also requested information about people's life history so that they could plan people's care in a person-centred way. Staff had received training in equality and diversity. One staff member told us, "We treat people the same regardless of their gender, religion, sexual orientation, disability or age."

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. Staff had a good understanding of the principles of the MCA. Staff were aware that people could make what they thought may be unwise decisions but if they had the capacity to make the decision they this was respected. Staff told us they offered people choices as much as possible. For example, one staff member told us, "I like to advise and give choices. I look what food there is in their cupboard and give them options. ...I ask if people want a bath or shower or if they would like their hair washed. If they refused a wash I would explain what the problems it could cause. If they continued to refuse I would discuss it with the manager."

New staff received training that included the Care Certificate. The Care Certificate identifies a set of care standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competence. Staff confirmed that they also spent some time with an experienced staff before being signed off as being competent to work on their own by a senior member of staff. One person told us, "I have mostly staff I know and new staff shadow first." Staff told us that the induction provided them with the skills they required to provide people with effective care. Some staff stated that they had requested extra training and they were aware that this was being arranged. There was a training plan in place for the next few months and this included training provided from an external trainer. This was until an in-house trainer had commenced their employment with the agency. The planned training included care with compassion, moving and positioning, MCA and living with dementia. The registered manager stated that as well as arranging for new staff training, experienced staff had also completed their refresher training

when needed.

The registered manager stated in the PIR, "We have regular meetings, supervisions and appraisals with our [staff], questions on equality, diversity and safeguarding are asked to ensure they fully understand. Ensuring our staff have individualised training and continuous support enables all [staff] to provide good quality care."

Staff felt supported in their roles and met regularly with a line manager to discuss any training needs or issues. One staff member told us, "Recently, if something needs doing it's done. Or if there's a problem it's resolved. I feel listened to." Line managers also completed regular spot checks on staff to ensure they were working to the required standard. Any issues identified were followed up with another spot check to ensure that the necessary improvements had been made. Where appropriate staff had received appraisals to review their work and set goals for the coming year. This meant that staff were supported to have the skills and knowledge to meet people's needs.

People's assessments included information about the support they needed with food and drink. Staff were aware of people's needs, how they could encourage them to be independent with eating and drinking but also when they would need support. People confirmed that they received the support with preparing food and eating and drinking that they required. One person told us, "[Staff] present the food nicely and I choose what I want and don't want.... it's my choice."

Records showed that when people needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. People also confirmed that they were supported to access any healthcare professionals for any issues. One relative told us, "If [staff] see anything wrong [with the person's health] they let me know and they ring the doctors." One member of care staff said, "The agency is good at getting an occupational therapist out [to complete an assessment] and arranging for any equipment that is needed." The registered manager stated in the PIR that they worked with health professionals such as GP's and speech and language therapists so that people received the support they required.

Is the service caring?

Our findings

People we spoke with told us that staff were caring and kind. One person told us, "[Staff] make our day, we live out here and we don't see many other people. Staff call each morning to help [their relative] and make the bed. And then at night time they help [their relative] into bed. They help [their relative] have their wash and then help me. They like calling here as well and we have a laugh. Now we look forward to them calling and I could not do without them."

The registered manager stated in the PIR, "We use person centred planning tools to work with people and to understand them and their life history." People are invited to give feedback on their individual care staff during spot checks by senior staff. The person carrying out the spot check on the staff ask the person to complete a quick satisfaction survey about the [staff]. These comments are then used to assess the staff member and identify any areas of good practice or areas for improvement.

People's care plans included information about how staff could promote people's dignity, independence, choice and preference. For example, one person's care plan stated that staff should ask the person where they would like assistance with their personal care as they sometimes chose to have the assistance in their bedroom. Staff told us how they enabled people to maintain their independence where possible, for example washing as far as they were able to independently, before staff stepped in to assist them.

Staff told us they enjoyed their jobs and what was important to them. One staff member told us, "I like to make the person feel happy and fulfil all their care needs. I always like to walk in with a smile on my face. It goes a long way. I talk to people and take an interest in them. You might be the only person they see that day." Another staff member said, "I treat people in the way that I would like my parents to be treated, friendly, smiley and chatty." Another staff member told us, "I really enjoy caring and helping people, it's just in my nature." People were provided with care and support by staff who showed compassion.

Staff told us that as well as what was included in the care plan they also checked that people had the other support they needed. For example, one member of staff told us they had noticed that a person didn't have much food in the house so they reported the issue to the office who then arranged for a relative to purchase more food. One person told us, "I'd rate them for care between very good and excellent." One staff member told us, "I like to help people. It's gives me satisfaction to give them the help they need."

Staff told us they treated people with respect and dignity and people confirmed this happened. One person told us, "[Staff] help me to get washed and to get dressed. My wash is safe and dignified... they are good at ensuring my privacy and they are discreet." Another person said that staff assisted them with personal care and "It's done with dignity and they consider our privacy." A third person told us, "I do have my favourite staff and I don't really want a man for the personal care and they now respect this. Ok for a meal but not care."

Is the service responsive?

Our findings

At our previous inspection on 12 Jun 2017 we found that improvements were needed to ensure that people's care and support reflected their preferences and needs. Improvements had been made and staff provided the care in the way people wanted. Improvements were also needed regarding how complaints were dealt with. We found that any issues raised had been recorded and dealt with appropriately.

People and their relatives told us that staff had asked them for information so that they could complete the care plans accurately. The care plan format had been updated since the previous inspection so that more information was included about the risks people faced. We saw that some care plans contained the signatures of the person or their legal representative to say that they agreed with the information. The manager stated that people and their family members were being invited to attend reviews of care plans so that their opinions were included.

The care plans contained information about how staff should meet people's needs. Staff knew people well and were able to tell us their preferences and how they liked to be supported. Detailed information was included. For example, one person's care plan included information about where their pillows should be positioned when they were sitting in their chair so that they were comfortable. Staff told us that the care plans were reviewed every three months and staff were alerted to any changes. Staff were then required to read the updated care plan and sign to say they had understood it. People told us that staff respected how they wanted to be cared for. One person told us, "I prefer that ladies do the care and they do my wash and they respect that's my choice."

Care plans included generic information about the effects of living with dementia had on people. However, the care plans would have benefitted from more personal information about how living with dementia affected the individual. This limited information meant that people's care was at risk of not being as person centred as it could have been.

People told us that staff responded to their changing needs and provided the care they required. One person told us, "It takes longer for my wash some days. They alert me if I need the doctor they spotted a pressure sore area and it is healing. It was spotted early."

There was a complaints procedure in place. People and relatives spoken with said that they felt able to raise any concerns with the manager who they thought was accessible or any other member of staff. There had been three complaints received in the last 12 months. The records showed that any concerns or complaints had been investigated and any appropriate action taken. Records showed that extra supervisions had been held with individual staff members to address their performance and ensure improvements were made where needed. The manager told us that learning from complaints was discussed during staff meetings so that improvements could be made.

Staff told us that they had attended basic training about end of life care. The registered manager told us that they would be attending more detailed training about end of life care so that the information and learning

could be shared with the staff. When required people's care plans were updated to reflect the care and support they wanted to have so that staff were aware of their wishes. Staff told us that they or the office staff would liaise with any healthcare professionals to ensure that people had access to medication so that they could have a dignified and pain free death.

Is the service well-led?

Our findings

At our previous inspection on 12 Jun 2017 we found that improvements needed to be made to ensure that there was an effective system in place to monitor the quality of the service being provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of, is the service well-led to at least good. At our inspection between 6 June 2018 we found that the provider had followed their improvement plan and the necessary improvements had been

There had been a change in registered manager since our last inspection. The new manager was registered by the Commission in March 2018. All of the staff spoke positively about the registered manager and the improvements they had made since being in post. One staff member told us, "There has been massive differences since the new manager has been in place. It's much better." Another staff member said, "The [registered] manager involves us and asks our opinions, we work as a team, to achieve the best for the [service]." The registered manager told us that their biggest achievement in their new role had been to enable the staff to work together more effectively as a team. Staff also commented, "We work together as a team and help each other out."

Staff members felt valued. One staff member told us that the service was a good organisation to work for. They said, "All the staff in the office are really nice." Staff members good work was recognised by giving them thank you cards and gifts of appreciation. The registered manager told us, "If a staff member goes the extra mile they get flowers, chocolates and a card from the company to say well done." Staff members' individual skills were recognised and some had been appointed as dignity champions who then attended extra training. They then supported other staff in ensuring they treated people with dignity and respect.

The registered manager told us that they had a "clear vision and strategy to deliver high quality care and support, promoting a positive culture that is person centred." Staff told us that the vision and values of the agency were shared with them during supervisions and team meetings.

Providers of health and social care are required to inform the CQC of certain events that happen in or affect the service. The provider had informed CQC of significant events. This meant we could check that appropriate action had been taken. There were also clear records showing if any safeguarding allegations had been raised, they were reported to the appropriate safeguarding authorities and the Commission, including the outcome of any investigation.

There was an effective quality assurance process in place which included information from people who used the service, the staff and other professionals. Surveys had been given to people, their relatives and healthcare professionals to gain their feedback on the service being offered. One person had commented, "We are very happy with all the carers we have and very grateful for their help." The registered manager had identified areas for improvement and put systems in place to make the required changes. For example, a

new system was implemented to identify any errors in the recording and administering of medication. This ensured errors were identified in a timely manner and appropriate action was taken to address them. There were written guidelines about what action should be taken according to the seriousness of the error or omission in recording. The new system was followed and had successfully reduced the number of medication related issues each month.

The registered manager and other staff had worked well with other stakeholders such as the Norfolk County Council Quality Assurance Team. They had identified any areas for improvement and then worked together to make the necessary changes.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about anything in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way. People could be assured that if ever poor care was ever identified that it would be dealt with appropriately and that appropriate action could then be taken