

First Choice Care Agency Limited

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Inspection report

28 Uppingham Road
Leicester
Leicestershire
LE5 0QD

Tel: 01162245201

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

First Choice Care Agency is a domiciliary care agency which provides care and support to people living in their own homes. At the time of the inspection there were 21 people using the service, of which 19 received support with personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This includes 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

People continued to receive a service that was not always safe. Risk assessments did not give clear guidance for staff to mitigate identified risks. People were not always protected from the risk of being supported by unsuitable staff. Staff were deployed before recruitment checks had been carried out. Infection prevention and control (IPC) measures were not consistently followed.

People's preferences, likes and dislikes were not always recorded in detail. Not all staff had received training to meet the health needs of those they supported with specialist needs. Staff confirmed that they received supervision.

Governance systems were in place but were not always effective. The provider's governance systems had failed to identify the concerns and shortfalls we found during our inspection. The concerns about ineffective systems were repeated concerns over the 3 previous inspections.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Mental capacity assessments were not always carried out and care plans lacked information on how to support people in their best interests.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 September 2022), breaches in regulations relating to safety, staffing and governance were identified. At this inspection we found not enough improvements had been made.

Why we inspected

We received concerns in relation to the care people received when they started using the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for First Choice Care Agency on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to consent, safe care and treatment, good governance, staffing and fit and proper persons employed at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

First Choice Care Agency Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 November 2022 and ended on 8 November 2022. We visited the location's office on 1 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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

We spoke with 8 people who use the service and 3 family members. We also spoke with the registered manager, care coordinator and 4 care workers.

We reviewed a range of records. This included 9 care records, 4 staff files in relation to recruitment and supervision and multiple medication records. A variety of records relating to the management of the service, including audits and rota were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people were not always fully assessed or mitigated.
- Risks of supporting people to move using equipment were not always assessed and staff were not guided as to how to support them safely. One person required a hoist to help them move safely. The provider had not assessed the risks to this person or provided guidance to staff about how to use this person's equipment safely.
- Where people required support from staff with complex healthcare needs, the provider had not developed an accompanying care plan to guide staff how to safely support people with this aspect of their care. This meant people were at risk of staff providing unsafe care and not identifying signs of deterioration in their health condition.
- Some areas of risk assessments were generic and not personalised to people's individual needs. Risk management plans were not always clear or accurate. For example, where people were known to have a history of falls the provider had not always completed risk assessments to guide staff how to support them safely to prevent further falls.

The provider failed to ensure care and treatment was always safe. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At last inspection, there was not sufficient staff who had been appropriately trained employed at the service, this put people at risk of harm. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of

regulation 18.

- People did not always receive care and support at the time agreed in their care plan. People and relatives told us staff were often late for their scheduled visits and they were not always informed. One person told us "They are certainly not always on time by any means and they don't let me know if they're going to be late." One relative said, "The times of [person's] calls vary considerably, and the carer tends to go when it suits them." However, one person told us, "I don't get rushed at all and they don't leave until I am comfortable."
- The schedule for people's care calls often overlapped. For example, one person was scheduled a 45 minute care call at 8.30am, the same staff member was expected at another person's home at 8.45am. This left the second person waiting for their care.
- When care call rotas were developed there was not always consideration for the time it would take staff to travel between people's homes. This meant staff often arrived late to support people. This concern was identified at the previous inspection and the provider had failed to implement improvements.

The provider had failed to deploy sufficient numbers of staff to keep people safe. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider did not always ensure staff were suitable to work with people using the service prior to them commencing in post and this placed people at potential risk.
- Three staff had not been subject to Disclosure and Barring Service (DBS) checks prior to providing people's care. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. A risk assessment was not completed or considered to assess and manage the risks relating to them commencing employment prior to receiving the outcome of their DBS status.

There were not sufficient checks in place to ensure staff were fit to be employed. This was a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They confirmed all staff had now received satisfactory DBS certificates and were fit to be employed.

Using medicines safely

- People received their medicines when they needed them. However, medication risk assessments were not always specific in recording the side effects of medicines that people were prescribed.
- Medication care plans were not always detailed. People's preferred method of taking their medicine or confirmation of their level of compliance when taking their medicine was not recorded. One person's care record did not contain a list of prescribed medicines. This put people at risk of not receiving their medicines safely.
- Staff received medication training and had their competency checked to ensure they were safe to administer medicines. Staff confirmed this happened.

Preventing and controlling infection

- The provider did not always ensure personal protective equipment (PPE) was being used effectively and safely by staff.
- People and relatives told us face masks were not always worn by staff. One person told us "[Staff] come in with a mask but take it off."
- Staff had completed training in infection prevention and control. PPE was available for staff.

- The provider did have effective processes to prevent the spread of infection when welcoming visitors to the office.

Learning lessons when things go wrong

- Issues identified at the previous inspections remained. For example, issues around risk management, staffing and good governance.
- The provider stated that there had not been any accidents or incidents since the last inspection. There was a process in place for staff to record and report where people had accidents or incidents.

Systems and processes to safeguard people from the risk of abuse

- Staff members we spoke with had a good understanding of how to safeguard people from abuse. They were able to explain how to protect people they supported.
- Records showed staff had received up-to-date safeguarding training appropriate to their role.
- People told us they felt safe. One person said, "I feel safe with the carers and pleased to have them helping me."

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider was not always working in line with the MCA.
- Where people were known to lack capacity to make certain decisions the provider had failed to assess their decision-making ability. Information in people's care plans did not always guide staff how to support people in their best interests. This posed a risk that people's rights might not be upheld.
- The provider guided staff to allow people's relatives to make decisions on their behalf without confirming if they had the legal authority to do so or recording why this was considered to be in their best interests.
- We checked training records and found 4 out of the 9 care staff had not completed training in people's rights under the MCA and when to act in their best interests to ensure people's safety and welfare was maintained. Staff spoken to had some knowledge of mental capacity.

The provider failed to ensure they acted in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were not always fully involved in the assessment of their needs.
- People's needs were not always assessed by the provider prior to them receiving care. Care records contained information that was not always up to date. One person's care plan contained information about a pressure sore that was no longer correct. This meant people were at risk of receiving care that was inappropriate to their needs.

- People's oral hygiene was not fully considered during the assessment process. Information was vague and did not include the level of support people required or whether they had natural teeth or dentures.

Staff support: induction, training, skills and experience

- Staff had not always received sufficient training to ensure they met people's needs. Staff training records showed only 2 staff members had specific training in health conditions that people who were being supported had such as; catheter or stoma care. The lack of staff training in these areas placed people at risk.
- We received mixed views on staff knowledge and skills. One person told us, "A couple of [staff] they have sent are amateurs and just don't know what they're doing." However, another person said, "We feel [staff] training is pretty good really on the whole, they cover all bases to care successfully."
- Newly recruited staff had completed an induction. They also completed shadow shifts and were introduced to people who used the service.
- Staff told us they received supervision. One staff member said, "I like the supervision as I get to sit down with [manager] and talk about how I feel and anything I need."

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

- Care plans did not always contain information about people's dietary needs; including their likes, dislikes and preferred meal choices.
- People were supported with food and fluids where this was required. Daily records showed staff had recorded people's meals.

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

- People's care plans contained information about healthcare professionals involved in their care. Records showed that when needed healthcare professionals had been involved.
- We saw some evidence of interagency working between the service and other agencies such as social services. Concerns for people's welfare had been raised with other agencies so that people received extra support when they needed it.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection records were not always fit for purpose and the provider did not ensure they had an effective audit and governance system. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems for identifying and capturing organisation risks and issues were not always effective.
- This is the third consecutive inspection where the provider has failed to meet the regulations. There have been repeated breaches in relation to safe care and treatment, good governance and staffing across all 3 inspections.
- The provider had failed to make and sustain the necessary improvements to ensure people received good quality care.
- The provider's systems and processes to assess, monitor, improve safety and quality and reduce risks were not always effective or meaningful. Several audits including care plans, medication and infection control had not been completed for 3 months.
- Further audits carried out had not identified the shortfalls found on inspection. For example, a care call audit was completed and identified 87% of care calls were not on time. This audit only reviewed 1 person's care. The provider had failed to review other people's care in response to this finding. Therefore, this was not an effective process.

Continuous learning and improving care

- The majority of the issues identified during the inspection were similar to issues we identified at the previous inspection. Quality assurance processes had failed to ensure that improvements made had been sustained.

The provider had failed implement an effective system to assess, monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People who used the service gave us mixed feedback in relation to the management of the service. Comments included, "it seems to be a very hap-hazard organisation", "the office is not good at communicating with client or staff" and "I think it's a pretty good set up to be honest."
- Staff were positive about the support they received to carry out their role. They told us the registered manager and care coordinator were very approachable. One staff member said "I feel supported, if there's something I don't understand they are free to answer."

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 registered manager understood the duty of candour and their responsibility to be open and honest when things go wrong. There had been no incidents reportable under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had not sought feedback about the quality of care from people or relatives. This meant they had not identified where improvements were required.
- People and their relatives told us they were happy to raise concerns about their care. One person said, "I am sure I would be confident to make a complaint if I needed to but so far so good."
- The service had systems in place for recording communication. This included complaints, concerns and compliments and how they were processed.

Working in partnership with others

- The provider worked in partnership with others. At the time of the inspection, this was primarily with the local GPs, district nurses and health professionals from community teams who supported people requiring specialist reablement care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to have adequate mental capacity assessments for people they supported.
Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure safe recruitment practices.
Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure there was sufficient numbers of adequately trained staff, which placed people at risk of unsafe care.