

First Choice Home Care Ltd

First Choice Home Care

Inspection report

Unit 1B
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

First Choice Home Care provides personal care to people living in their own homes. Not everyone supported by the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was providing personal care to 60 people.

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

Quality assurance systems and processes at the service were not always effective.

There was not always enough staff to meet people's needs, the service had used their contingency plan to ensure people remained safe.

Medicines audits were not sufficient in fully identifying the circumstances behind identified errors.

Recruitment processes were not robust. The provider had not followed up on peoples work history or gaps in their employment, however the provider is reviewing their recruitment procedure.

People told us they felt safe with staff, and staff had received safeguarding training.

We received positive feedback from people about the provider's infection prevention and control processes. People told us staff always wore protective equipment appropriately.

Care files were shaped around people's preferences and support needs. Goals were set to support people achieve their wishes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was good (published July 2018).

Why we inspected

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

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

First Choice Home Care

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 two 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to make arrangements to contact people using the service.

Inspection activity started on 11 August 2022 and ended on 26 August 2022. We visited the location's office on 12 August 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who use the service and 10 relatives of people who used the service about their experience of the care provided. We spoke with the Area manager and four care workers for the service. We reviewed a range of records. This included five people's care records. We looked at five staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further evidence sent to us by the manager regarding quality assurance, including policies and procedures.

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 Good. At this inspection the rating has changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not always enough staff on duty to meet people's needs. Staff vacancies and absence had led to low staffing levels on some occasions. On these occasions we found no risk to people as care and support was still delivered, either the care call was rearranged or staff were supported by relatives to ensure people received support.
- There was a RAG (red, amber, green) rating system in place to ensure the most vulnerable were supported with care when there were staff shortages. People told us they were informed when their care calls were rearranged due to short staffing. One person said, "They have never completely missed a call and carers apologise and explain why they are late and that's ok with me."
- We received mixed feedback from people and relatives about staffing. One person said, "We have a rota with times, but we never know who is going to turn up. We think it is supposed to be one person, but another will turn up. Most of the staff are good but there is the odd staff who could do with more training." Another person said "They are like an extension of the family-they treat her like she is their Mum... I would recommend the service."
- Staff were not always recruited safely, we found gaps in completed application forms and some applications forms did not match staffs curriculum vitae (CV). The area manager advised they will review their recruitment process to ensure they provided a full rationale to gaps in employment before staff are employed.
- Checks had been carried out with the Disclosure and Barring Service (DBS) and references had been obtained. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Systems were in place to identify medication errors, however these systems were not always robust at picking up trends and themes.
- We spoke with staff who confirmed they had completed medication training and competency checks had been completed.
- People were supported to access GPs and other healthcare professional for medications reviews as required. People were supported with prescriptions and medication deliveries if required.
- The service medicines policy reflected responsibility and had clear protocols for medicines as required (PRN).

Learning lessons when things go wrong

- Accidents and incidents were recorded. However, the management team were working to implement a new reporting system to gather more details and information, so lessons can be learnt and prevent reoccurrence. The area manager showed us a new trend and analyse system they are embedding to support the service with lessons learnt.

- Staff told us that the management team were approachable, and they would feel comfortable and able to raise any concerns in the event of making an error. A staff member told us, "Management are approachable, and we have a on call number if we need advice or need to report anything."

Assessing risk, safety monitoring and management

- People had individualised care files and risk assessments. People were involved in the development and reviews of their care files, including goals and wishes the service could help them to achieve.

- Staff confirmed they knew what to do when supporting people following an incident, however the systems for reporting incidents were not robust or detailed. The area manager showed us a new accident and incident form they are implementing and a trends and analyst system they have implemented to monitor incidents.

- Care files were personalised and detailed, this included personalised risk assessments for people including environmental, accessing the community and moving and positioning. Staff confirmed they read the care files understood peoples needs and support required.

- Care files contained information leaflets for people's known conditions, this supported staff to identify symptoms and take appropriate action where needed.

Systems and processes to safeguard people from the risk of abuse

- Overall people and relatives told us they thought their loved ones were safe. One person said, "Oh Yes, I'm perfectly safe, they are very kind."

- The management team were clear about their responsibilities to safeguard people and reported any safeguarding concerns to the local authority and CQC.

- All staff had received safeguarding training and knew how to recognise signs of abuse. We asked a staff member about the reporting procedures for abuse and they gave a clear response.

Preventing and controlling infection

- Effective infection prevention and control procedures were in place, including those relating to COVID-19 and other communicable diseases.

- Staff understood how to use PPE (personal protective equipment) when they were providing care and support.

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 good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits and monitoring processes were completed, and we saw an audit trail to ensure relevant checks were taking place. However, we found the recruitment process was not robust. There were gaps and missing information in the application and identification documents. These were not picked up during any auditing process. We discussed this with the management team.
- Audits that had been completed were not analysed or monitored to pick up on trends and themes. We found the service had recorded cancelled calls and declined calls but had not recorded reasons for them. Some people had cancelled multiple calls in a month and there was no recording of alternative support offered or follow up to cancelled or declined calls.
- Medicines audits were not sufficient in fully identifying the circumstances behind identified errors. We reviewed medicines audits completed by the service and they were not robust in identifying trends. The audits recorded errors such as using the wrong pen, missing dates, errors such as wrong names used, using abbreviations and missing signatures. However, we noted that some staff had made multiple errors and this was not addressed or followed up to improve the service.
- The quality of service provided to people was monitored. Random checks were carried out on care people received, staff punctuality and performance. The provider also sought people's views, reviewed care and people's wellbeing. However, this was not always consistent depending on who completed the audits or if staff had time to complete audits. The area manager and manager were working with the quality assurance manager to ensure consistency in identifying areas for improvement when auditing.

Some of the systems to assess, monitor and improve the quality of the service were not fully effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The area manager understood their legal responsibilities, they notified the Care Quality Commission (CQC) about events they were required to do so by law.
- The area manager was enthusiastic and wanted the service to succeed. They told us they were supported by the provider and staff team. The area manager was visiting the Branch on a regular basis supporting the new Branch Manager in post.

- The area manager understood the duty of candour. Where things went wrong, the provider was open and honest and took action to address what went wrong. For example, where staff were running late to calls, they were encouraged to contact the person to explain and to advise when they would be arriving.

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

- Most people and relatives told us they were happy with the care and support they received. They told us they felt the service was well managed. One person said "I can't remember the name of the manager, but she has come to see me. I would recommend-they are very good."
- Staff told us they would recommend the service to others without hesitation. One member of staff said, "It is a lovely place to work for and would recommend to a friend or relative".

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

- There were systems to seek the views of staff. We saw records of staff meetings that had been held. Staff were encouraged to share their views.
- People views were sought, and questionnaires completed when quality assurances visits were carried out, however there was no evidence how this information was collated and reviewed. Although if individual issues were identified they were followed up and resolved.

Continuous learning and improving care

- The area manager acknowledged they needed to improve on the service paperwork. They told us they were reviewing and updating some of the working systems and processes to ensure they were more robust and effective.
- Staff had completed training and had access to continued learning so they had the skills to meet people's needs.

Working in partnership with others

- The manager and staff team engaged with relevant health and social care professionals as required to meet the needs of people. This was evidenced within the care plans and daily records we reviewed.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were insufficient quality assurances processes in place, this put people at potential risk of harm.</p> <p>Regulation 17 (2) (b)</p>