First Option Healthcare Limited

First Option Healthcare

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 well-led?	Good

Summary of findings

Overall summary

About the service
First Option Healthcare Ltd is a domiciliary and nursing care agency providing complex care and support across the country. It provides personal care and nursing care to children and adults living in their own houses and flats in the community. At the time of the inspection it was providing a service to 95 people.

Not everyone using First Option Healthcare receives a regulated activity; CQC only inspects the areas where people are in receipt of personal care or treatment of disease, disorder or injury. Where a person is in receipt of personal care CQC, only inspects the service provided to people receiving help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. First Option Healthcare also provided treatment of disease, disorder or injury. This meant they also provided nursing assistance to people within their own homes in respect of long-term healthcare conditions.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:
People and their relatives felt involved in the planning of care and support. Regular meetings and reviews allowed people to make any changes necessary to ensure the service continued to meet their needs. Staff supported people to achieve their best healthcare outcomes by working with other healthcare professionals, families and commissioners. When people were supported to follow their hobbies, staff worked with them to help them achieve their goals and aspirations. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:
People's relatives told us staff were kind and respectful. People were provided with a team of fully trained staff to provide a bespoke care package tailored specifically for their needs. Both nurses and care staff received extensive training from the provider before they started working for the service and received regular refresher training, so their skills and knowledge were updated and relevant. When people used specialist equipment the provider made sure staff received the training they needed to use the equipment safely. Care records were person centred and focused on clinical support but also considered people's hobbies, interests and cultural beliefs. When possible, the service provided people with opportunities to enhance and enrich their lives to achieve positive outcomes.

Right Culture:
The provider worked well with staff and other healthcare professionals to make sure people received good quality care and support. The provider was committed to embedding its values into the culture of the service and constantly strived for excellence. The provider had systems in place to look for areas of risk and improvement and when something went wrong, the provider worked with people to make things better. People, their family and staff were asked for their views about the service and how the service was managed, they felt they were listened to and changes were made to improve the service.

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

Rating at last inspection
The last rating for this service was good (published 25 July 2018).

Why we inspected
The inspection was prompted in part due to concerns received about staff training and management systems leading to poor communication with staff and people using the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led. We found the provider had recognised and acted on the issues raised and had made improvements in these areas.

Please see the safe, effective and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

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

Follow up
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?

Good

The service was safe.

Details are in our safe findings below

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

First Option Healthcare

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 one 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.

Service and service type
This service is a domiciliary and nursing care agency. It provides personal care and nursing care to children and adults living in their own houses and flats in the community.

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
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We looked at all the information we held about the provider, which included information they provided us since their last 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 sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection
We spoke with 19 relatives of people who used the service about their family members experience of the care provided. We spoke with eight members of staff, including the nominated individual, registered manager, office managers, nurses and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• There were sufficient systems and processes in place to keep people safe.
• Relatives of people and children who used the service told us they trusted the staff and felt safe with them coming into their home. One relative told us, "They [staff] are really friendly,the current staff is very good. We have a busy schedule. They take on board what we say." Another relative said, "Yes, [family member] is safe."

• Staff had completed safeguarding awareness training for children and adults and understood the procedures they needed to follow if they suspected abuse. Staff had a comprehensive understanding of abuse and what to do to make sure people were protected.
• Detailed safeguarding policies were in place for both adults and children, these covered the signs, triggers and risk factors staff should look out for and what they needed to do to report concerns. The provider worked with local safeguarding teams to fully investigate any concerns raised.

Assessing risk, safety monitoring and management
• People's relatives told us they felt involved in their family members care including the development and updates of risk assessments. Many care packages were complex and regular visits from the providers clinical leads made sure risk assessments were updated when necessary. Comments from relates included, "The risk assessments are discussed. We go through everything and I update them if there's any changes" and "The clinical lead does a very thorough risk assessment".
• Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks. Information about risks was recorded in people's care plans and were reviewed regularly.
• People's care records included detailed and comprehensive risk assessments in relation to their care. Many people using the service had complex healthcare needs which included the need for specialist equipment. Detailed risk assessments and guidance was in place for nurses and trained healthcare staff to follow and manage clinical risks. In addition, risk assessments were in place to assess and act upon risks such as environmental risk, moving and handling, food and nutrition and to guide staff if people experienced poor mental health.

Staffing and recruitment
• Relatives told us there had been staff shortages in the past but more recently they had seen improvements. The provider acknowledged there had been issues with staffing over the COVID-19 pandemic and told us how they had worked with commissioners to ensure people had the support they needed to remain safe.
• Relatives were positive about their regular nursing and care staff, they told us staff arrived on time and stayed for the agreed amount of time. Relatives had raised issues about the cover provided for staff holidays

and sickness. In response the provider explained they were working to put dedicated teams of staff on each care package so they were able to provide the bespoke care each person required and provide additional when needed by staff who knew the person's needs.
• The provider created a dedicated recruitment team to meet with people before care started to make sure they recruited the right staff for the person with the right skills and aptitude. Relatives confirmed they met staff before they started, one relative told us, "I always get briefed. I get the carer's profile, and prior to the schedule I get to meet them and see if I like them."
• Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.

Using medicines safely
• Relatives told us they were confident staff administered medicines safely. Most relatives worked with nurses and care staff to ensure the correct medicines were given at the correct times. Medicine administrations records (MAR) were kept at people's homes and these detailed what medicine needed to be administered and when. Systems were in place to make sure people's medicines were recorded correctly and ensure best practice was followed.
• Nurses and care staff had received medicine training and had undertaken an observed competency check, by the clinical leads, to make sure they understood the practical issues of people's medicine administration.

Preventing and controlling infection
• Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. Relatives confirmed staff wore personal protective equipment (PPE) such as gloves and masks, and followed good hygiene practices, such as hand washing.
• The provider had an overview of the checks carried out by clinical leads. These included observations to help make sure staff were following infection prevention and control procedures. We were assured that the provider's infection prevention and control policy was up to date and staff were following government guidance.

Learning lessons when things go wrong
• The provider worked to install a culture of openness and transparency and encouraged staff to raise concerns and report accidents and near misses. Although we had previously received concerns from staff that they had not felt listened to, we found the provider had put additional safeguards in place to make sure any issues were discussed at management level and appropriate reviews and investigations were undertaken.
• The provider gave us examples of where they had learned lessons from past experiences and how this had improved the service overall. For example, improvements made to staff training following recommendations made after one investigation.

Good

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 remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Assessments of people's needs were comprehensive and planned and delivered in line with legislation and best practice guidelines. The provider made sure clinical leads met with people before the service started to assess their needs and the level of support required.
• People and their families felt involved in the initial assessment and confirmed care and support was regularly reviewed and updated if required. The provider worked closely with multidisciplinary teams to make sure people's needs were met and their expected outcomes were identified.
• People's assessments included detailed clinical information and healthcare needs but also covered people's routines, likes and dislikes and religious and cultural beliefs. Relatives told us staff respected them and their family beliefs such as removing shoes before entering their home and giving time to observe or attend religious events.
• The service offered a holistic approach to people's care and support. A dedicated team were able to provide additional support and advice to staff when people experienced poor mental health or needed support with their learning disability or autism.
• Staff supported people to achieve good outcomes often involving innovative and new approaches. For example, when one person refused to use specialist equipment to help their condition. Staff asked the manufacturers to make a video directly for the person. This helped provide more information and reached out to them personally to encourage them to use the equipment. Staff told us this individual approach really helped the person understand why the equipment was necessary for their healthcare needs and gave them an incentive to use it.

Staff support: induction, training, skills and experience
• People using the service had very complex needs and it was important for nursing and care staff to have the right skills, knowledge and competence to carry out their roles. Relatives told us they thought staff were well trained and worked with them to meet their family member's needs. Comments included, "Their [staff] medical knowledge is great. They do a lot of training behind the scenes and update them", "They are well qualified" and "They know what to do." Two relatives explained they had experienced issues with staff lacking skills and knowledge in the past but both confirmed the provider had acted appropriately when they raised their concerns with them.
• Care staff and nurses were expected to attend mandatory training to make sure their skills and knowledge were up to date. Nurses were supported with their continuing professional development and the provider's in house clinical educators were accredited to provide training to both nurses and support staff.
• All staff followed an induction process and were required to complete competency assessments and undertake a period of shadowing with people and their families. Regular refresher training ensured staff

remained up to date with their skills and knowledge.
• Staff told us, and records showed that staff were provided with the training they needed to support people effectively. We saw records of staff training were being maintained and monitored so refresher training could be booked when required. A staff member told us, "They [managers] always ask if we want any more training. I find them very supportive."

Supporting people to eat and drink enough to maintain a balanced diet
• Where required, staff supported people with eating and drinking. Relatives told us they were satisfied with the way their family member was supported with eating and drinking. They confirmed that any individual requirements, including the use of specialist equipment, in relation to nutrition and hydration were being followed by staff. One relative told us, "[Relative] is PEG fed and it's done in the right way". PEG stands for percutaneous endoscopic gastrostomy and this is where a flexible feeding tube is placed through the abdominal wall and into the stomach.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
• Staff and management worked in partnership with multi-disciplinary teams including local commissioners to understand and meet people's needs. The service had clear systems and processes for working with external healthcare services and this was often built into people's care and support plan. When more than one agency provided a package of care the provider made sure the same information was available to all staff and shared their care and support plans to make sure there was continuity and consistency with the care provided.
• Staff supported and followed information and advice from other professionals. Where additional specialist training was required around certain equipment staff made sure they worked with professionals to fully understand what was required from them.
• Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported.

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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
• Staff had attended MCA training and were aware of the need to always obtain consent when they supported people. People's consent to care and treatment was recorded in their care plans.
• Relatives told us that staff always talked to their family members to explain what they were about to do and sought consent. One relative explained their family member was non-verbal so staff used signs and prompts to help them understand the person, this included gaining their consent to care.

Good

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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;
• People's relatives spoke positively about the quality of care their family member received. Comments included, "They [staff] are lovely and professional, nurturing, caring and supportive", "They [staff] are all very different and good in different ways. Some are good clinically, but some have good skills at play and interaction. They bring different qualities and skills" and "They [staff] are kind and know [family member] well. They are gentle and compassionate."
• Relatives confirmed when they raised issues or concerns with managers, they felt they were listened to and they were satisfied with the outcome.
• The provider had a clear vision about their direction and was passionate about delivering a high quality service and this was reflected in most conversations we had with staff. The registered manager displayed a very good understanding of people's needs during our inspection and was actively involved in the day to day management of the service.

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 provider and registered manager understood and demonstrated the requirements of the duty of candour to be open, honest and transparent when things have gone wrong. This included working with other agencies and professionals to make improvements. We discussed changes that had been implemented as a result of investigations when concerns had been made. For example, improvements in staff recruitment and training and how concerns and complaints were reviewed and investigated by the senior management team.
• Any accidents or incidents were analysed in detail by managers at regular meetings to understand any contributing factors and how to reduce the chance of a reoccurrence in future. Duty of candour and lessons learnt were discussed with staff during team meetings and supervisions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care
• The provider placed a strong emphasis on assessing the quality of the service and this including the views of people using the service, staff and external stakeholders. External audits had been commissioned in addition to the internal audits and quality checks already in place. The provider welcomed the feedback received and acted to drive improvements across the service.
• Staff understood the values of the organisation and how they put these values into practice on a day to day

basis. These values were discussed with staff during meetings and in the form of regular newsletters.
• The registered manager was aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Relatives told us they were contacted by managers to ask them for feedback on the quality of the service and they also received regular visits from their dedicated clinical lead. Relatives we spoke with explained there had been issues with staff rotas and communication about staff holidays and sickness but told us this had improved. Comments included, "Our dedicated person, comes around regularly, about monthly and asked if we have any issues. The service has massively improved", "I go through my clinical lead manager. They answer my calls and emails. They listen to everything I have to say" and "They email me and ask for feedback. They listen to what I share with them."
• The provider explained about the incentives they had introduced to engage and involve staff. Monthly newsletters celebrated the positive feedback received from people and shared good news stories. Events were held to learn about staff culture and background and promote the elimination of racial discrimination.
• The provider recognised staff may need additional emotional support at times and help and advice was available to all staff. Incentives to retain staff had been introduced in additional to carer and nurse of the month awards to celebrate good practice.

Working in partnership with others
• The provider had a team of healthcare professionals who were able to advise on specialist healthcare needs in addition to nursing, this included staff experienced in mental health, learning disabilities and autism. However, they also worked in partnership with other professionals to ensure each package was well supported by promoting a multi-disciplinary approach to meet people's needs. This included working with clinical commissioning groups, local authorities, GP's,occupational health practitioners and local charities and volunteer groups.