

## First Choice Care Agency Limited

# Geraint House

### Inspection report

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Leicester  
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Tel: 01162765971

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10 January 2020  
16 January 2020

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### Ratings

Overall rating for this service	Good ●
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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

### About the service

Geraint House; First Choice Care Agency Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection 10 people were receiving personal care.

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

People valued their close relationships with staff and felt they often went 'the extra mile' which made them feel valued and cared for. Staff treated people with kindness, compassion and respect.

People were fully supported to express their views and be involved in making decisions about their care.

Respect for people's privacy and dignity was at the heart of the service's culture and values. People and staff feel respected and listened to.

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

People received support from staff who had undergone a robust recruitment process. They were supported by regular staff who knew them and their needs well, which promoted continuity of care.

Where the provider took on the responsibility, people's medicines were safely managed. Systems were in place to control and prevent the spread of infection.

People's needs, and choices were fully assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

Where the provider took on the responsibility, people were supported to eat and drink enough to meet their dietary needs. Staff supported people to live healthier lives and supported them to access healthcare services when required.

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.

People and their families were fully involved in the care planning and reviews of their care. The provider had a complaints procedure which was accessible to people using the service. This was used effectively when complaints were received. The service provided appropriate end of life care to people when required.

The service had good governance systems in place to ensure all aspects of the service and peoples care

were continuously assessed and monitored. The service worked in partnership with outside agencies. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Good (published 01 February 2019). Since this rating was awarded, the registered provider of the service has moved premises. We have used the previous rating of Good to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Geraint House

## 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 Care Act 2014.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

Geraint House; First Choice Care Agency Limited, is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

Inspection activity started on 10 January 2020 and ended on 16 January 2020.

We made telephone calls to people, relatives and staff on 10 January 2020 and visited the office location on 16 January 2020.

#### What we did before the inspection

We looked at the information we held about the service, which included the provider's statement or purpose any notifications that the provider is required to send us by law. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We also sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service. Many people using the service were not able to tell us about their experiences of the care they received so we had discussions with five relatives about their family members care and support. We spoke with three members of staff including the registered manager, care co-ordinator, and support worker.

We reviewed a range of records. This included three people's care and risk assessments. We also examined records in relation to the management of people's medicines, staff recruitment files, quality assurance checks and satisfaction surveys.

#### After the Inspection

We continued to seek clarification from the provider to validate evidence we found such as staff training records, the staff handbook and 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who cared for them and trusted them. One person said, "I feel 100% safe with [name of staff]. They make me feel secure." A relative told us, "I have peace of mind and I know [family member] is very safe with them. In very capable hands."
- Staff had received training in how to keep people safe from potential harm and recognised signs that might indicate a person was being abused. Staff were clear on how to report concerns both to the management team and external agencies.
- The registered manager was part of the safeguarding network for Leicester where new legislation was discussed and they looked at past incidents and what went wrong so that lessons learnt could be shared.
- Records showed the provider had worked with the local safeguarding authority when concerns were raised, and action was taken to keep people safe.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. We saw that risk management plans covered a range of known risks such as use of mobility, moving and handling and skin integrity.
- Care and risk support plans informed staff how to provide care that reduced known risks. Care plans were updated swiftly if potential risks to people changed.

Staffing and recruitment

- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- People were supported by regular, reliable staff. One person said, "I always have the same carer. They are very reliable. If they are going to be late I have their phone number, or they will call me." A relative told us, "The staff are very reliable. You could almost set your watch by them. They stay the time they should and will always stay longer if they need to."
- Staff told us the rotas were planned so they visited the same people, and they had enough time to deliver the care and support people needed. Arrangements were in place to provide cover in an emergency. For example, if a staff member went off sick, office staff were available to cover the care package.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines as prescribed. One relative told us, "They help [family member] with their medicines. They are always on time with their tablets. We

don't have to worry about that."

- The provider was following safe protocols for the administration and recording of medicines. Staff had received training in safe handling of medicines and their competencies were tested regularly.
- Medicines administration practices were regularly checked, and audits were in place to ensure compliance. Any discrepancies identified in audits were followed up with staff to improve practice.

#### Preventing and controlling infection

- Staff received infection control training and there was an infection control policy that provided guidance for staff to follow.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.
- People using the service confirmed staff followed infection control systems when providing personal care and when handling food. One relative said, "They always wash their hands and they wear gloves and aprons."

#### Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses.
- Lessons were learnt when things went wrong, and actions taken to reduce the risk.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed before any care was agreed and delivered.
- The initial assessment was clear and key aspects of a person's needs were fully considered. For example, medical and health needs, personal care, nutrition, communication, social needs and their cultural and religious needs. Individual characteristics under the Equality Act 2010 were considered as part of the assessment process.
- The provider also completed a separate mental health assessment and could work collaboratively with other healthcare professionals such as occupational therapists, district nurses, GP's, speech and language therapist if required. This meant that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, and best practice.

Staff support: induction, training, skills and experience

- People and relatives felt staff were knowledgeable and well trained. One relative told us, "The staff are well trained. They are professional, knowledgeable and experienced. Nothing phases them at all." Another relative commented, "The staff are fantastic. They certainly know how to care for [family member] in the right way. I can't sing their praises highly enough."
- On-going training was provided to refresh staff knowledge and learn new skills when required. For example, staff had received training in catheter care to meet specific people's needs. One member of staff told us, "The training is very good. We get regular training and it's always discussed in team meetings."
- If new staff already had previous experience in care and any relevant qualifications they would complete a comprehensive local induction. The registered manager said if a new staff member had no previous experience they would complete the Care Certificate and would not be allowed to work alone until assessed as competent in their practice. All new staff shadowed more experienced staff until they felt confident to work alone.
- Staff told us, and records confirmed that staff received regular supervision from senior staff members. Supervision included an opportunity to discuss training and development opportunities and review practice.

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

- Where the provider took on the responsibility, staff supported people to eat and drink enough. One relative said, "[Family member] now needs feeding so the staff will sit with them and support them with their meal. They also eat their own meal at the same time so it's very personable."
- Staff assessed people's risk of malnutrition and monitored their weight. Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight,

staff referred them to the appropriate professionals for additional advice and input.

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

- We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff could support people with health appointments if it was needed and we saw this was the case for one person on a regular basis.
- Records showed people had access to a GP service, dietitian, community nursing services and other professionals as required.
- Staff were aware of people's health conditions and knew what action to take when someone was unwell. One told us, "I know [person] well and I know if they are not feeling well. I would call a doctor if I was worried."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 registered manager confirmed no people using the service were currently subject to any restrictions under the Court of Protection.
- Staff understood the importance of supporting people to make choices and maintain their independence, and people we spoke with told us their consent was always gained from staff before carrying out any care.
- People, or their representatives where appropriate, had signed and consented to the care being provided.
- People were supported in the least restrictive way possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring. People gave positive feedback about the attitude of staff and the way they were treated. For example, one person said, "[Name of staff] is brilliant. Like a breath of fresh air." A relative commented, "The staff are absolutely wonderful. They will pop in in their own time if [family member] is not feeling too well."
- People and relatives told us that staff went over and beyond their roles. For example, one relative said that staff often sat with their family member when they were doing their office work, rather than going into the office, so they could provide their family member with company.
- Another relative commented, "I have family in [a different country] and I go every year for two weeks. When I'm there the girls will SKYPE with [family member] so I can have a chat with them. [Family member] thinks the girls are part of our extended family and loves them all. They really are like family."
- We saw a compliment from a family that read, 'Thank you for all of your care and kindness, [family member] really appreciated it and so did we. You helped us keep [family member] at home a lot longer than we could of ourselves.'
- Staff completed training in relation to equality and diversity and understood the importance of promoting these values. For example, staff could support people to attend local places of worship, if they wanted to, and follow their own religions or beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People were fully supported to express their views, preferences, wishes and choices and staff used personalised tools to communicate with people according to their needs. For example, staff had been supporting one person using a comprehensive communication system to communicate their needs more effectively. This had resulted in the person becoming less anxious, more willing to socialise and going out more to try new experiences.
- Continuity of care was extremely important for people so when their main staff member had time off, they went back to the same person upon their return. The registered manager believed keeping the same team in place helped with the relationships people had with staff, their families and other significant people in their lives
- The service was responsive to any changes to a person's care needs. Staff asked people daily about their wellbeing, health concerns and any requests or changes they needed to their care package. Changes were swiftly made to people's care plans and staff were notified straight away via a secure social media platform about the changes. This ensured staff were kept up to date with work schedules and any sudden changes in people's needs
- Staff encouraged and welcomed the use of advocates. Information was made available to people about

using an independent advocate if this support was needed. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

- People and relatives were involved when care plans were written and reviewed. A relative told us staff always discussed their family member's care plans with them and told them if there were any changes to their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and dignity was always promoted and embedded into staff practice. A relative told us their family member did not feel uncomfortable or embarrassed when personal care was undertaken. They said, "The carers make sure that [family member] is always treated with the upmost respect." A staff member told us, "I always cover people up and make sure their dignity is respected."

- Care plans fully described people's individual needs, daily routines, cultural needs and preferences such as the gender of staff. Where possible staff encouraged people to be as independent as possible maintaining their dignity and pride and encouraging them to maintain relationships outside the family and the home.

- There was a core thread throughout the organisation from the owner to the staff team that everyone, without exception, was treated with respect and dignity. Throughout the care plans there was information about how people wanted to be treated and what was important to them regarding their dignity and privacy.

- A confidentiality policy was in place. The registered manager and staff understood their responsibility and ensure all records were stored securely in the office. The registered manager and staff all confirmed any communication using WhatsApp did not include any identifiable information about people who used the service.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed prior to them going receiving a care package. Information from the need's assessment was used to develop a detailed care plan.
- People felt they were treated as individuals and staff understood their needs and preferences in relation to their care. One relative told us, "[Family member] gets extraordinary care. The staff go way over and above their roles. We are very involved in [family members] care. There is excellent communication between us all."
- Staff we spoke with knew people well, and the care they wished to receive. Care plans were person centred and recorded how people's physical, communication, social and emotional needs were to be met. They contained detailed guidance for staff to follow in relation to meeting people's specific needs.
- Staff told us care plans were valuable guides to what care and support people needed and were always kept up to date so they remained reflective of people's current needs. A member of staff said, "The care plans are detailed, and we update their care plans and talk it all through with people when there are any changes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed before they received a care package. Staff knew how to communicate with people in the way most suited to them following guidance in people's care plans.
- The registered manager told us they could make information available in formats people could easily understand. For example, large print and easy read.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, so complaints could be addressed in accordance with the provider's policy. People told us they knew how to make a complaint.
- Everyone told us they were confident any issues raised would be dealt with appropriately. One person said, "I would have no hesitation in reporting something I wasn't happy about. I feel confident that it would be dealt with fully."
- The service had not received any complaints since the last inspection. However, we saw that systems were in place to deal with any complaints in line with the providers complaints procedure.

#### End of life care and support

- The service was able to offer care to people at the end of their lives although there was no-one at the time of inspection with a specific end of life care plan.
- The service had an end of life policy in place which set out the way people could expect to be cared for according to their wishes.
- All staff completed end of life and bereavement training. In addition, the registered manager attended meetings with the Leicester Organisation for the relief of Suffering (LOROS) for training and advice about end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Since the last inspection completed in 28 November 2018 the registered provider of the service has moved premises. We have used the previous rating of Good to inform our decisions about the rating at this inspection.

- The service had an open and inclusive culture. People and relatives were positive about the care they received and the way the service was managed. One relative told us, "I would recommend this company to anyone." Another commented, "We all work together. We are partners in [family members] care. They genuinely care for [family member] and go out of their way to do things for them. They really are marvellous."

- Staff spoke positively about the leadership and management of the service. Staff felt well supported and able to approach the registered manager with any feedback about the care or quality of the service and felt this would be listened to.

- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. For example, the provider used a secure social media platform to keep in communication with the staff. This ensured staff were kept up to date with work schedules and any sudden changes in people's needs. A member of staff said, "It works really well. We can get information about any changes in a few minutes."

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 ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We saw this guidance in the staff office.

- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- The registered manager was clear about their responsibilities and sent us the information we require, such as notifications of changes or incidents that affected people who used the service.

- Staff understood their roles and responsibilities towards the people they supported and felt listened to and well supported by the registered manager. They had regular supervisions and appropriate training

which ensured they provided the care and support at the standards required.

- Staff felt well supported by the registered manager. One staff member told us, "The manager is very supportive and always available if we need advice."
- The registered manager had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. These included, but were not limited to, care planning, daily record notes, health and safety, training and medicines. These enabled the registered manager to identify any areas for improvement and develop action plans to address these.

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

- Staff told us the communication was good between themselves and the registered manager. They told us there were various forums for sharing information such as regular staff meetings, one to one meetings with a senior staff member and a secure social media platform.
- Feedback was sought from people and their relatives both informally, through reviews of peoples care and satisfaction surveys. We saw that all responses to the satisfaction surveys sent out in 2019 were all positive about the service and the care people received.

Continuous learning and improving care

- The registered manager was supportive of the inspection process and keen to take on board any suggestions and feedback offered. They were keen to drive further improvements of the service in order to achieve consistently good outcomes for people.
- To keep up to date with current best practice the registered manager was a member of numerous forums such as M Care; East Midlands Care Forum which is for providers to meet and share information, LOSOS and the Safeguarding network for Leicester.

Working in partnership with others

- The registered manager and staff team worked well with health and social care professionals and responded promptly to people's changing needs. They worked in partnership with other professionals and agencies such as the GP, district nurses, occupational therapist and the local authority to ensure people received joined up care.
- Where changes in care were made we saw staff had good communication systems in place to share information about people's needs.