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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We conducted an inspection of First Option Healthcare on 2 May 2018. The inspection was announced. We gave 48 hours' notice of our inspection as we wanted to be sure someone was available to speak with us. This was our first inspection of the service since it was registered in March 2017.

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats in the community. It provides a service to people of all ages. At the time of the inspection they were supporting eight people all of whom were under the age of 16. Not everyone using First Option Healthcare receives a regulated activity; CQC only inspects the service being received by people provided with '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 take into account any wider social care provided. First Option Healthcare also provided 'Treatment of Disease, Disorder or Injury'. This meant they provided nursing assistance to people within their own homes in respect of long-term healthcare conditions.

There was no registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the provider had employed a manager who had submitted their application for registration to the CQC. The manager was being supported by a senior manager within the organisation who also assisted us during our inspection.

People's care records contained detailed and comprehensive information related to their long-term medical conditions as well as clear instructions for nurses and care workers as to how they were expected to manage these conditions. Care records contained detailed instructions about people's complex nutritional needs and records were kept of people's nutritional intake.

The provider's quality assurance systems supported the delivery of good care. The senior manager sought people's feedback in relation to the care they were receiving during regular, unannounced spot checks of service delivery.

Care and nursing staff understood the principles of the Mental Capacity Act 2005 (MCA). Care records were signed by people's relatives to indicate their consent to the care provided.

There was an up to date and comprehensive safeguarding policy and procedure in place. Nursing and care staff had a good understanding about their responsibilities to safeguard adults and children.

People's relatives gave good feedback about staff. Staff ensured people's privacy and dignity was respected.

Care records contained detailed risk assessments for both nursing and care staff. Risk assessments

contained explanations of the known risks to people's health and safety as well as clear guidelines for staff to follow in the event of an emergency.

Care plans contained details of people's personal preferences in relation to their care and staff demonstrated a good understanding of these.

People's families were involved in the creation and ongoing management of their care plan. Care records included information about how people's families were involved in their care as well as information about the need to provide daily updates to family members about the care and support given.

The provider's staff recruitment procedures ensured staff were suitable to work with people using the service. Staff records included evidence of comprehensive background checks to help ensure only suitably qualified and experienced staff were employed to care for people. The provider ensured there were a sufficient number of staff to meet people's needs.

There was an effective complaints procedure in place. Complaints records were clear and demonstrated that appropriate actions were taken to resolve these.

The provider ensured staff received regular training and supervisions of their performance.

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.

Care records contained detailed risk management guidelines for staff who were aware of these.

There was a clear safeguarding policy and procedure in place. Staff were aware of the correct procedure to follow and understood their duties to keep people safe.

The provider's staff recruitment procedures helped to ensure suitable staff were employed to work with people.

The provider ensured people were given their medicines safely.

Is the service effective?

Good

The service was effective.

Care records contained a good level of information about people's complex healthcare and nutritional needs.

Staff had a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and gave us good examples of how they ensured they provided care that was in accordance with people's valid consent. The people using the service were all young children. Therefore, staff obtained parental consent as appropriate.

The provider ensured that staff had the appropriate support through providing regular training and supervisions. Spot checks were conducted on a regular basis and care staff were given clear feedback.

Care was delivered in line with current legislation and guidance.

Is the service caring?

Good

The service was caring.

People's relatives provided good feedback about nurses and care workers. Staff had a good understanding about the needs of

people using the service as well as their personal preferences about how they wanted their care to be delivered.

Is the service responsive?

Good

The service was responsive.

The provider had an effective complaints policy and procedure in place. People's relatives told us they knew who to complain to if required and felt comfortable doing so.

People and their families were involved in the care provided and received regular and up to date communications from staff.

Is the service well-led?

Good

The service was well led.

The provider sought and acted on the views of people's families.

The provider conducted regular spot checks of service delivery and took action to rectify issues and improve care when needed.

First Option Healthcare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

We visited the office location on 2 May 2018 to see the manager and senior manager, office staff and to review care records and policies. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be in. After the site visit was complete we then made calls to people's relatives, their care workers and nurses who were not present at the site visit.

Prior to the inspection we reviewed the information we held about the service which included notifications that the provider is required to send to the Care Quality Commission (CQC).

At the time of our inspection there were eight people using the service under the age of 16, all of whom were receiving personal care. We spoke with two of their relatives on the telephone. We spoke with two care workers and two nurses over the telephone after our inspection. We also spoke with the senior manager, a newly appointed manager for the service and the provider's compliance manager. We also looked at a sample of three people's care records, three staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

Relatives told us they thought the service was safe. One relative told us, "I trust them 100 percent."

People were protected from harm as there was an effective safeguarding policy and procedure in place for both adults and children. These policies gave definitions of abuse and contained information about the signs and behaviours that staff were to be aware that may indicate abuse as well as the procedure to follow if they suspected someone was being abused. Staff were aware of the policies and knew what they were supposed to do if they thought someone was being abused. One care worker told us "I was told about the procedure and would report any concerns I had." Staff confirmed they had received safeguarding training and records confirmed this.

Staff also confirmed there was a whistle blowing policy in place and that they would use this if they felt they needed to. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. One care worker told us, "There is a whistle blowing policy and I would whistle blow if I thought someone was doing something wrong. My first duty is to children we're caring for."

People were protected from avoidable harm as the provider appropriately assessed and managed risks to people's safety. People's care records included detailed and comprehensive risk assessments in relation to their care. We saw that three people using the service had complex healthcare needs which included the need for a tracheostomy and ventilator. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe to help people breathe. Risk assessments covered the risks associated with suctioning the tracheostomy tube, how to conduct a tube change in the event of an emergency, how to properly clean the tube and how to operate the ventilator. We saw care records included a detailed description of the risks associated with each activity as well as step by step guidelines that nurses were required to follow to manage the risk. For example, we saw a clear emergency plan in the event of respiratory deterioration for one person. This included details of the required ventilator settings, details of known signs of distress as well as how they were required to transport the person to hospital. Another person also had a risk assessment in place for the use of cot sides and this included details of what staff were supposed to do to manage this risk and instructed staff to report any issues as soon as possible.

Staff knew about the identified risks for each person they cared for. For example, one nurse gave a very clear explanation about how to use a (percutaneous endoscopic gastrostomy) PEG feed. A PEG feed is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG feeding allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth and oesophagus. They told us "We have to be careful to make sure it is working properly and that [the person] is receiving the right amount of nutrition."

We saw there was a clear policy and procedure in place for managing accidents and incidents. This described the steps that staff were required to take in the event of accidents or incidents which included keeping an accurate record of what had occurred, conducting an investigation as soon as reasonably

practicable as well as taking action to mitigate any future risk. We saw some of the provider's incident records. These included a detailed description of the incident that had occurred, statements that had been taken from staff involved, as well as consequent follow up actions that had taken place as a result. Care workers had a good understanding of their responsibilities following accidents or incidents. One nurse told us "We have to report anything that happens and make a record of this as soon as possible."

The provider conducted risk assessments within people's homes to manage any environmental risks associated in providing care for people. These included checks of the electricity, gas, lighting and flooring within people's homes to ensure they were no hazards to people's safety. The risk assessments we saw did not identify any issues.

Staff told us they had received appropriate training in managing equipment within people's homes, particularly in relation to the tracheostomy and ventilators. They told us they conducted daily checks of machines prior to providing people with care and at the end of their shifts as part of their usual handover. We saw one person's handover form contained specific reference to all equipment they used and required both the nurse leaving their shift and the person's family member to check that equipment was in order and to sign the form to confirm this.

People's care records were accurate and securely stored to ensure confidentiality was maintained. Care records were available in hard copy and were stored within a locked cupboard at the provider's office. This was only available to authorised staff. Records were also kept on the provider's computer system which was password protected to ensure that only authorised staff could access it.

People were supported by staff who were suitable. The provider operated safer recruitment practices to help ensure that only suitable staff were employed to provide care for people. We looked at three staff members recruitment records and saw that these consisted of an application form that included details of the applicant's previous employment history and two recent employment references were obtained to verify their previous employment history, and their performance and conduct in previous roles. The provider conducted a check with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. The provider also conducted checks of the registration PIN number for nurses on the Nursing and Midwifery Council register of nurses.

The provider ensured they had sufficient numbers of suitable staff working for them before accepting new packages of care. The senior manager told us she requested details of people's needs before accepting a new package of care and ensured they had the right number of staff with the right qualifications to care for people. For example, we saw one person required care from two nurses at every shift. The provider therefore ensured they had additional nurses available to provide care for that person as extra nurses could be required in the event of an emergency.

People's medicines were managed safely. The provider had an appropriate medicines administration policy and procedure in place. This included best practice guidelines and procedures staff were required to follow when administering medicines to people and included the requirement to keep accurate records. We saw people's care records also included specific instructions for staff about how to administer medicines to people safely. For example, we saw one person's record included details of the medicines they took and a reminder of the steps to take when administering this such as checking the expiry date of the medicine and making an accurate note within the person's medicines administration record (MAR) charts. Nurses and care workers had received medicines administration training and this was repeated annually. Nurses had a good understanding of their responsibilities when administering medicines to people and were required to

complete a test before helping people with their medicines to ensure they were competent to do so.

There was a clear infection control policy and procedure in place. This included guidelines for care staff to follow which included the importance of hand washing and the usage of personal protective equipment (PPE) such as gloves and aprons. Staff had a good understanding of their responsibilities to provide safe and hygienic care. One nurse told us "It's so important to follow best practice when caring for people. I make sure I wash my hands thoroughly before giving any care."

Good

Is the service effective?

Our findings

People's care was delivered in accordance with up to date legislation and guidance. The senior manager told us that policies and procedures were kept up to date and reviewed on an annual basis to ensure that they met current requirements. Staff were encouraged to refer to these in the course of their work. One nurse told us "Policies and procedures are available for us to look at. We need to be aware of what's in them so we do our jobs properly." The senior manager also told us that both nurses and care workers were expected to conduct annual training in various mandatory subjects to ensure that their care was delivered in accordance with up to date standards.

People were supported by staff who had the skills and knowledge to meet their needs. Training records demonstrated that staff received training in mandatory subjects on an annual basis. Nurses and care workers received training in subjects such as safeguarding adults and children, medicines administration and moving and handling. Nurses also received specialist training to meet the specialist needs of the people they cared for. This included training in subjects such as paediatric tracheostomy care. Both nursing and care staff confirmed they received training that was appropriate for their roles. One nurse told us "We get a lot of training and if we feel rusty on a subject we can ask to redo the training." People's relatives also confirmed that they felt staff had a good level of knowledge. One relative told us "They're very well trained. They know what they're doing and are very professional."

New staff received appropriate support through a thorough induction process. New staff were expected to complete mandatory training as part of their initial induction to the organisation. Nurses were also required to have relevant training and experience in areas relevant to the people they were intended to care for. For example, tracheostomy and ventilator care. New staff were also expected to shadow existing staff for at least one shift prior to working alone.

The provider conducted supervisions of staff performance every three months. Supervision sessions involved a discussion around people's needs, whether the staff member was coping well with their workload as well as a discussion around future support required and training needs. For example, we looked at one nurse's supervision record and saw they requested additional support in the form of doubling the number of nurses seeing one person. The matter was discussed and the request was accommodated.

The provider also conducted regular spot checks of care worker's performance. These took place every four months and could be conducted more regularly if the staff member required this, for example if they had particular competence issues that required extra monitoring. Spot checks involved an assessment of the care provided, a check of records kept as well as an interview with the person using the service. Staff members told us they found spot checks useful. One nurse told us "Aside from everything else, it keeps you connected to the organisation and reminds you that you're not on your own" and a care worker told us "It's a bit nerve wracking being observed, but it's definitely a good thing. I've got useful feedback and encouragement too."

People were appropriately supported with their healthcare needs. Care records included detailed

information about people's medical histories and the support they required to manage their health conditions. Care records included a document entitled 'health package needs assessment'. This contained details of the history of the person's health care conditions (including previous operations and procedures). There were details of the person's current primary diagnosis and any associated complications as well as the person's prognosis. Further information was included such as the person's resuscitation status and any allergies and vaccinations received. Numerous assessments were included in the person's needs assessment for example, in one person's needs assessment we saw a specific assessment conducted around the person's airway and their breathing. The assessment included specific instructions for the nurses caring for the person including the circumstances in which they required oxygen to be given as well as including the requirement to provide nebulisers as necessary.

Care records included specific instructions for staff if the person required admission to hospital in the form of an emergency care plan. For example we saw one person's care record gave detailed instructions for nurses if the person required emergency admission to hospital, which included details of the local hospital, instructions to travel with the person as well as to take the person's 'hospital folder' which included full details of the person's medical conditions which were to be provided to the healthcare professionals at hospital.

People were given appropriate support with their nutritional needs. People's needs were complex and we saw their care records included full details of how nurses were required to manage these. For example, we saw one person's nutritional care plan incorporated a specific feeding plan as advised by their dietitian. The person was given nutrition through a PEG feeding tube, but was being encouraged to take some food orally. We found the person's nutritional care plan included sufficient details about the times and amount of nutrition they required. Daily records were also kept of the amount of nutrition provided as well as further advice such as ensuring that good oral hygiene was maintained. Nurses we spoke with had a good understanding about the needs of people they cared for. One nurse told us "We have to write down how much nutrition [the person] has had."

People received their care in line with their valid consent, in accordance with legislation. The Mental Capacity Act 2005 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. All of the people using the service were under the age of 16 and therefore documentation was signed by their parents. Staff we spoke with had a good understanding about the principles of the MCA and understood the differing requirements depending on the age of the person. The compliance manager explained that if he had any concerns about an adult's capacity to consent to their care, he would conduct a mental capacity assessment. One nurse told us "If I was worried about someone losing capacity, I would report this to the manager."

Good

Is the service caring?

Our findings

People's relatives gave good feedback about staff. One relative told us "The staff are really good. Very kind and caring" and another relative told us "The nurses are very gentle with [my family member]. They're really sweet."

People's relatives told us care staff listened to them and had developed a good relationship with them. One relative told us "We work really well together" and another relative told us "I feel like we're part of the same team. We talk to each other, we have a good relationship." We saw people's care records included information about their family members and their living arrangements. There were detailed instructions in care records about the responsibilities of relatives in relation to people's care as well as what information needed to be relayed to relatives at the end of each shift. For example, we saw in one person's care record that the nurses were required to give the person's parents a written handover document that was signed by the nurse and the parent. This was supposed to include details of the nutrition the person had taken during the day and their observations, as well as other details.

People's dignity was respected and promoted. All of the people using the service were children under the age of 16, some of whom were also under the age of three. Staff we spoke with gave us examples of how they promoted the dignity of young children they cared for. One care worker told us "For me, treating young children and babies with dignity is about treating them as individuals. Respecting their preferences and [communicating] with them as much as you can."

Care workers understood the needs of the people they were supporting as well as the preferences of their relatives in relation to how they wanted care delivered. For example, staff gave us examples of people's favourite toys, their routines and music they enjoyed listening to. One care worker told us about the favourite toys and game of one person they were caring for. They told us the person "Likes noisy toys." Care records also included details of people's likes and dislikes in relation to various matters. For example, one care record confirmed that the person liked bright lights and mirrors for stimulation and disliked warm environments. Another person's care record stated that they liked musical toys which they had available in their bedroom as well as 'cuddles'.

Care records included details about people's ethnicity and whether they had any cultural or religious needs. When we spoke with staff, they had a good understanding of the cultures and religions of the people they were supporting and how they could support people with these. People's care records also included details about their cultural needs. For example, we saw in one person's care record that they were required to listen to songs in their native language for a period of time on a daily basis to encourage their grasp of the language.

Good

Is the service responsive?

Our findings

People's relatives confirmed they were involved in decisions about the care provided and received the support they needed. One person's relative told us "There was a very in-depth assessment process when [the provider] asked us questions and requested information."

People's care plans were detailed and covered a range of different areas, depending on the person's needs. All people using the service had complex health needs and we found their care records covered these in detail. There was also a section on people's psychological needs, and this included details about their behaviour as well as guidance as to how this could be managed. For example, in one person's care record we saw details of their current stage of development and how they could be stimulated psychologically.

When we spoke with staff, they were clear about what support people needed and gave us examples of some people's specific needs. For example, a care worker told us that one person "loves to play… that really seems to help [their] mood."

Staff told us they were given the opportunity to read people's care plans before providing care to people and told us they thought they were provided with all the necessary information to perform their roles.

We saw evidence that people's care records were reviewed within six months. Risk assessments and care records were updated after a six-month period and were updated sooner if people's needs changed. People's care records included details of their social needs where this was relevant. For example, we saw one person was due to attend early years' activities and once this was arranged, the care staff were required to assist the person to attend these. Another person attended a specialist school which provided appropriate activities. The person's nurse told us they "really enjoy all of the activities and I encourage [the person] to get involved."

The provider identified and met the communication needs of people with a disability. People's care records included a section related to their communication needs. Due to the ages of some of the people using the service, communication was not verbal. However, we saw details of how people communicated and this included gestures and their usual meanings. For example, we saw one person's care record included details of the meaning of one of their gestures and that it should not be confused to mean that they were in pain.

The provider had an effective complaints policy and procedure that detailed how complaints were to be dealt with. The policy stated the timeframes for completion of an investigation into a complaint and included details of outside organisations if the complainant required further assistance. We spoke with people's relatives and they told us they were aware of their right to complain about the service and that they would report their concerns to the manager directly if they needed to. One relative told us "I've never had to make a complaint. If I've ever asked for something, it's been done". Staff also told us they would report any concerns made to them to the senior manager. One nurse told us "I would report any concerns people had to the manager and that way she could investigate it properly."

We saw records were available of complaints that had previously been made. These included a history of communications between the parties as well as details of changes made as a result. Records demonstrated complaints were responded to in a timely manner to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

Staff told us they enjoyed working for the organisation and felt well supported by the management team. Staff comments included "They [the management team] ask us questions about how we are feeling and whether there is anything they can do to help us" and "They really care about my wellbeing." The senior manager was aware of and reviewed staff morale. She explained that she assessed how care workers were feeling in supervision meetings and at other times to ensure they were satisfied with their work.

Staff were aware of their responsibilities within the organisation and towards the people they cared for. The senior manager confirmed staff were given copies of job descriptions. We saw copies of these and found they accurately reflected what nurses and care workers told us they were required to do in their roles. One care worker told us "It's my job to provide safe care to people and to report any issues to the office."

The provider conducted regular spot checks to assess the quality of care being provided. Spot checks covered a range of different areas and included an interview with either the person using the service or their relatives to assess whether they were satisfied with the quality of care. The types of questions they were asked related to different areas such as whether the staff member made them feel safe, whether they wore appropriate personal protective equipment (PPE) and whether they felt in control of their care package. The senior manager also reviewed the care plan and risk assessments during spot checks to ensure they were still appropriate and reflected the care that was required. She also checked the quality of daily notes kept which included medicine administration record (MAR) charts and observation charts to ensure these were being properly filled in. We reviewed a sample of spot check forms and saw that where issues were identified, these were followed up with an appropriate action plan and subsequently monitored through a further spot check to ensure the changes were being implemented and were appropriate to the person's needs.

The provider had good systems in place to learn from investigations of complaints or accidents and incidents. The senior manager explained that she analysed all complaints and ensured these were investigated and plans were put in place to remedy any issues. We saw one complaint had been received by the provider and this had been investigated with changes made as a result. Further to this, we saw one investigation of an incident that had occurred which involved the joint provision of care with another care agency. We saw evidence of communications with both the local authority and the Care Quality Commission as well as the care agency involved. After investigations, we saw a clear conclusion about how the incident had occurred as well as clear guidelines for ensuring that the incident was not repeated.

Staff were clear about the importance of learning from incidents. One nurse told us "We have to make sure that we report any incidents and also, that we write down clear notes as soon as possible when the facts are fresh in our minds."

The provider worked with other agencies where necessary. This included people's pharmacist and their GP. The local authorities commissioning services also liaised closely with the provider to ensure the required care was provided.