Healthcare 1st Choice Ltd

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Healthcare 1st Choice is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection 73 people received personal care.

The service can support older adults, people with learning disabilities, physical disabilities, younger adults and people with mental health conditions.

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

People were supported by staff who had received safeguarding training and had confidence to speak up if there were any concerns. Risk assessments were completed before care tasks were undertaken and contingency plans were in place for adverse weather conditions.

Staff were recruited following the application of robust recruitment procedures and there was enough staff to meet people's needs.

People received their medicine by staff who had been trained and deemed competent to administer. Staff had access to personal protective equipment which they used when supporting people with personal care. Lessons were learnt when things went wrong.

People's care needs were assessed in line with national guidance and contained enough information to ensure staff knew how people wanted to be supported.

Staff received the training they needed to ensure they were able to fulfil their role. This included food hygiene training which they needed to support people with meals. The environments in which staff worked were assessed to ensure staff safety and make sure the correct equipment was available.

Staff worked with other agencies to help provide consistent care and ensured people were supported during more difficult times. People were supported to access health appointments when needed and staff knew how to support people with any diagnosed health conditions.

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 were treated with kindness and respect and their protected characteristics were recorded in their care plan. People told us that they were involved in the care planning process and that they were always asked their opinion before any care tasks were completed. People's privacy and dignity was respected, and their independence was promoted.

People received care that was reflective of their needs. Some people said they wished care times could be a little more consistent but confirmed they were told if staff were going to be late. People's communication needs were assessed, and people were supported by staff who took time to talk with them and make sure they had all they needed before they left.

People had access to a complaints procedure and any complaints were investigated and feedback was shared.

No one was in receipt of end of life care at the time of inspection.

People were complimentary of the service they received and would recommend it to others. Staff felt well supported and listened to. The staff we asked, were aware of their duty of candour.

The management team were aware of their responsibilities and had effective governance systems in place which included monthly spot checks. People's care was reviewed on a monthly basis to ensure people were happy with the service and any concerns were addressed.

The service could demonstrate partnership working and that it worked to continuously improve the care provided.

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 4 August 2017).

Why we inspected
The inspection was prompted in part due to concerns received about staffing and the recruitment checks in place. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

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? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Requires Improvement**

Healthcare 1st Choice Ltd

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
This inspection was carried out by one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care agency and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started 17 October 2019 and ended on 18 October 2019.

What we did before the inspection
Before the inspection we reviewed the intelligence, we held on the service including notifications and information received 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 of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the provider, manager, deputy managers, care supervisors, and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment
• People were supported by sufficient numbers of staff. People told us a small team of carers supported them, so if changes were made to the rota it did not cause a problem as they knew who everyone was.
• People were supported by staff who had been recruited following the application of robust recruitment procedures. The provider checked applicants' character, background and qualifications before offering them a position.
• New staff had to complete an induction and shadow shifts before they were able to lone work. One person told us, "Any new staff are always introduced to me first and shadow another member of staff."

Systems and processes to safeguard people from the risk of abuse
• People were safe from the risk of harm. People told us they felt safe and staff told us they felt people received a safe service.
• Staff received training in recognising and reporting abuse and told us they were confident to report any concerns to their manager. One staff member said, "I would record and report any concerns. I would also ask for feedback so that I know that my concerns were followed up."

Assessing risk, safety monitoring and management
• Risks to people's safety were assessed and measures were in place to mitigate the risk of harm.
• Risk assessments were completed by the management team and completed in advance of any care tasks being undertaken. One relative told us, "My [Relative] must be hoisted. There is a manual stand which they strap them to. It is always done safely and well, a full risk assessment was done beforehand."
• Risks to people's overall welfare were assessed in the event of any unforeseen circumstances. For example, adverse weather conditions. The manager was aware of what additional support people had in place and which staff lived closest to each person. This meant in the event of severe bad weather there was a contingency plan for each person.

Using medicines safely
• People received their medicine on time by staff who had been trained to administer it safely. One person told us, "Staff get all my medicine ready for me and give me them with some water. I then have one left in a pot for later, which they get ready for me as well. I am ok to take that one myself."
• Staff's competency to administer medicine was assessed prior to them being allowed to support people with their medicine. This ensured staff understood and could safely follow the medicine procedures that were in place.
• Each month the care supervisors reviewed people's medicine records to monitor staff performance and ensure no errors had occurred.

Preventing and controlling infection
• Everyone we spoke to confirmed that staff wore gloves and aprons when assisting them with personal care. This meant people were protected from the risk of cross contamination.
• Staff received training in infection control and understood the measures they had to take to keep people safe. Staff told us the office always made sure they had access to the protective equipment they needed.

Learning lessons when things go wrong
• Accident and incident forms were monitored however there had not been many reported over the past 12 months.
• Staff we spoke to told us they were always talking to the management about people's care and reviewing what worked and what didn't work.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 care needs were holistically assessed, and care plans were reflective of national guidance.
• The manager updated the care plan template when new initiatives or directives were introduced. For example, the oral health care section had been expanded following guidance from the National Institute of Clinical Excellence (NICE)
• Staff told us that the care plans contained sufficient information to enable them to meet people's needs and deliver care in the way the person wanted.

Staff support: induction, training, skills and experience
• People told us they felt staff had the skills and training needed to support them. One person said, "The skills and training are all good in my opinion."
• We reviewed the training matrix for the staff team and could see that staff had received all their compulsory training.
• Staff all told us they had enough training to be able to meet people's needs. The manager told us, "We now have a dedicated training lead and a training room which is going to be beneficial for the service."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported with meal times where required. One person told us, "If my family is out they will cook my meals for me, microwave ones and serve them to me to eat."
• Staff confirmed they always ensured people were offered a drink and left a drink within reach for people who were unable to make their own between visits.
• Staff had all received training in food hygiene to ensure they were able to prepare meals safely.

Staff working with other agencies to provide consistent, effective, timely care
• We observed people being supported by staff to receive consistent and effective care. We saw staff liaising with the local authority and negotiating an increase in care for one person whose needs had increased.
• People told us the service supported them to access other services in difficult times. One relative told us, "One carer recently helped me get my [relative] to hospital. I am so grateful they went out of their way to do this."

Adapting service, design, decoration to meet people's needs
• The provider was not responsible for people's accommodation needs. However, people's accommodation was assessed by the provider to ensure staff had sufficient space and equipment to effectively meet people's needs

Supporting people to live healthier lives, access healthcare services and support
• People were offered assistance in managing their health needs. People were offered support attending health appointments and in making sure they had what they needed. One person told us, "I make my own appointments, but they have offered to help. My tablets on prescription are delivered by the chemist but staff do check them to see they are ok."
• We observed one staff member talking on the telephone to a person with dementia. The person had asked for support with an appointment, but later decided they could manage themselves. Staff were respectful of the persons wishes but discreetly monitored to ensure the person made their appointment safely. The person was reminded each time they called that additional support was available if they needed it.
• Information was held in care plans to ensure staff were aware of people's health conditions and issues that might impact on them. For example, one person was at risk of falls if they contracted a Urinary Tract Infection (UTI). Guidance was provided outlining what action staff should take if they were concerned the person had a UTI.

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.
• People's capacity to make decisions was assessed and details of the assessment were seen in people's care files.
• People were asked to consent to the care being provided and, in all the files we saw this had been given.
• All the staff we spoke with understood the mental capacity act and how it underpinned their day to day work.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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
• Everyone we spoke to told us they were well treated, and that staff were kind to them. One person said, "The staff are very friendly and caring all of them. Pleasure to have them coming to me."
• Relatives told us that staff treated them with the same kindness as shown their relative. One relative said, "All carers are good and show kindness to both me and my [relative] who has the care."
• People's protected characteristics were recorded on their care plan such as their race or their religion. This ensured staff were aware of people's diverse needs and what was important to them.

Supporting people to express their views and be involved in making decisions about their care
• Everyone we spoke to told us they were involved in decisions about their care. One person said "They always ask me how I am when they come and what I want doing before they start doing anything. I am fully involved in my care planning with them." Another person told us, "They won't start doing anything without asking me first."
• Staff confirmed they always asked people before commencing any task and asked people before they left, if there was anything extra they needed.
• One staff member explained how they used pictures to support certain people to make choices, which helped them.

Respecting and promoting people's privacy, dignity and independence
• People were supported to maintain their independence. For example, in one person's care plan there was clear guidance requesting staff support the person to mobilise themselves, before using the hoist. This was written in agreement with the person to help try and maintain their ability to move about.
• People told us that they were treated with respect and their dignity was preserved, even when it was just them and the carers in the room. For example, making sure people had a towel to cover themselves between personal care tasks.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received care that was personalised to their needs. One person told us, "I am happy with the whole service, so helpful towards anything."
• Some people told us they wished call times could be a little more consistent but confirmed they were kept informed if the staff was going to be late. In the office we observed a member of the management team reviewing rota's and call runs. They told us this was to ensure the right staff were allocated care calls, the staff didn't have to rush and, could make each visit at the time the person requested.
• Staff informed us they liked working for the service because they were able to offer that little extra and support people with what they needed on the day. One staff member said, "I like that we are flexible and responsive to people's needs. Sometimes the people we support don't see anyone else, so we have to do as much as we can for them."

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 clarified in their care plan and staff adapted their approach to ensure people with additional needs could access information required.
• People had written information about all aspects of the service and the support they were receiving.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People told us that the staff were engaging and chatted to them when offering support.
• People were supported to access relevant activities to meet their needs. One relative told us, "They come twice a week and take my [relative] to a care centre. This helps them socialise and gives me a respite break."

Improving care quality in response to complaints or concerns
• Everyone we spoke to told us they knew how to make a complaint but had never found it necessary. People told us if they had any concerns they would speak with the carer or ring the office.
• The manager kept a log of any complaints that had been previously received and could evidence that investigations had been carried out and any learning shared with the team.

End of life care and support

• At the time of inspection there was no one in receipt of end of life care. However, we saw positive feedback had been received by the service following a recent bereavement. The sender had thanked the team for all the support that had been offered.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The service had various audit processes in place, these included monthly spot checks of staff delivering the care, record checks and audits against the care regulations. Actions were taken when any issues were identified, and information was cascaded to staff as required.
• Following this inspection, we were notified of a staff member who had been permitted to work without the necessary clearances being in place. We discussed this with the manager who investigated and confirmed this was correct and had been authorised without their knowledge. This meant the recruitment processes were not as robust as assessed on the day of inspection. Although everyone checked on the day, had the correct paperwork in place. The manager stated a new process had now been introduced whereby they will personally confirm all new starters and maintain full management oversight of recruitment.
• The service did not have a registered manager in post at the time of inspection. However, there was a manager in post who was in the process of applying to be registered with the Care Quality Commission.
• We did identify the provider had failed to display their rating from their previous inspection on their company website. However, once we drew the providers attention to this, they immediately engaged their IT support and the rating was in place before the site visit was concluded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People's feedback was positive and they all told us they would recommend the provider to people they knew. One person said, "Definitely recommend, good service."
• We reviewed several feedback reports where people had been supported to regain their independence and either no longer needed the support or required less hours. This demonstrated that people had been supported to achieve positive outcomes.
• Staff all spoke highly of the culture within the organisation and how their views and opinions were sourced in helping drive the service forward.

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
• There had been no incidents in the service where the duty of candour would need to be applied. However, we discussed the subject with staff and they understood what the terms meant and their associated

responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The care supervisors held monthly reviews with each person and we saw that people were asked various questions about their care and whether the service being delivered was in line with expectation. One care supervisor told us, "It's a good as we get to ask how people are feeling and if everything we are doing is ok. Once we have finished the meeting we write a report, and this is reviewed by the manager."
• Another staff member told us, "The service is good because it's all about the clients but also the staff are well supported so that they can do their job well. Everyone is listened to and helps each other out."

Continuous learning and improving care
• The service was able to evidence they make changes when new information is received. The templates they used to record information were adapted on a frequent basis to reflect what was considered best practice.
• New information shared was with the team via meetings, supervisions and informal discussions.

Working in partnership with others
• The service worked in partnership with local provider groups, the local authority and health professionals. Information from other parties was accessible to the staff team and shared with people as required.