

First Choice Home Care Ltd

# First Choice Home Care (Halesworth)

## 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 Choice Home Care (Halesworth) is a domiciliary care service providing personal care to adults. At the time of this inspection 92 people were receiving a service. 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.

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

People were safeguarded from the risk of harm or abuse. Staff were recruited safely and there were enough staff on duty to meet people's needs. People had risk assessments to reduce the risk of harm they may face. People were protected from the risks associated from the spread of infection. Medicines were managed safely. The provider had a system in place to learn lessons from accidents and incidents.

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, relatives and staff mostly spoke positively about the leadership in the service. The service recognised challenges and had actions in place to address them.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 6 February 2019).

### Why we inspected

We received concerns in relation to the capacity of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for First Choice Home Care (Halesworth) on our website at [www.cqc.org.uk](http://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.

### Is the service effective?

Good ●

The service was effective.

### Is the service well-led?

Good ●

The service was well-led.

# First Choice Home Care (Halesworth)

## **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 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and 4 relatives. We spoke with the area manager, registered manager, and received feedback from 9 care staff. We looked at a range of management records including, medicines, quality audits and staff training. We reviewed 5 people's care records including risk assessments and 4 staff recruitment records. The registered manager sent us documentation we asked for and clarified any queries we had.

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

### Staffing and recruitment

- Some people raised concerns that care staff did not always arrive at the agreed time. However, analysis of call data from the providers electronic system showed that over 97 per cent of calls were made within 15 minutes of the agreed time. We discussed late calls together with any short calls with the registered manager and area manager. They advised that the rural location of the service and people's personal requests may have had an impact on the figures and there were systems in place to monitor the time and duration of visits.
- Some care staff said that travel time was not always appropriate. The registered manager told us that travel time was factored into the rota but that they would review the travel time allocated to calls.
- The provider had a safe recruitment process in place. They carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. This included proof of identification, references, and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks were carried out for new staff. DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm. A person told us, "I am absolutely safe with the carers." Another person said, "I feel more than safe with this agency."
- Staff understood what actions to take if they suspected somebody was being abused. Comments from staff included, "If I suspected abuse or harm to a service user, I would report to management" and, "Report to manager via email or app and whistle blow if needed."
- The registered manager understood their responsibility to report safeguarding concerns to the relevant authorities. Staff received training in safeguarding of vulnerable adults.

### Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. For example, the placement of a hospital bed to allow 2 staff to provide care safely.
- A separate environmental risk assessment had been completed to check the premises were safe for the person and staff.
- Risk assessments included the risks associated with fluid and nutritional intake, moving and handling, specific health conditions, medicine management and skin integrity.

### Using medicines safely

- People were supported to receive their medicines safely. A relative said, "[Family member] is reliant on them for medicine when I am not here, and they are thorough."
- Medicine administration records were completed appropriately and checked by office staff during monthly audits.
- Care plans detailed if a person was able to self-medicate or needed support. This included details about whether the person's family or care staff supported with medicines and how the person preferred to take their medicines.
- Staff received training in the safe management of medicines and their competency was regularly checked.

#### Preventing and controlling infection

- People were protected from the risks associated with the spread of infection. The provider had an infection control policy which gave guidance to staff about how to reduce the spread of infection.
- Staff told us the protective equipment (PPE) such as gloves and aprons was readily available.
- People told us staff protected them from the risk of infection. A person said, "They are good with hygiene and washing hands and the like."

#### Learning lessons when things go wrong

- The provider kept a record of accidents and incidents and used these to learn lessons so improvements to the service could be made. These were reviewed by the registered manager to ensure the correct action had been taken and any lessons could be learnt.
- Any lessons learnt were shared at staff meetings to ensure staff were aware of any changes.



# 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. rating for this key question has 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

- People's care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs.
- Assessments included people's needs around communication, mobility, medicines, personal care, nutrition and hydration, community access and financial support.
- Care plans detailed what support a person needed, when and how they needed it.
- People's needs around culture, religion, gender of care staff preferences and likes and dislikes were included in the assessment process.

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff.
- A member of staff told us, "Full training [included] dealing with medication, personal care, food and fluids, health and safety. Records confirmed staff received regular training.
- Training included a mixture of online and practical training. New care staff carried out shadow shifts before carrying out care on their own.
- New care staff undertook the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Some staff told us that 1:1 and supervisions were not carried out regularly. These meetings support staff to maintain and develop their skills. The registered manager showed us their schedule for these meetings and confirmed that some had not taken place and they had fallen behind. They told us this was due to the domiciliary care service merging with another local branch. They told us that catch up meetings had been planned.

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

- People were supported to eat and drink enough to maintain a balanced diet. A person told us, "They help with meals and housework and that's just great."
- Care plans included people's preferences in relation to food and drink and detailed the support needed to prepare and consume these.

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

- Care plans detailed people's health support needs and staff followed these. A person told us, "They realise

that I need exercise and there is one lady who will take me for a walk."

- Records demonstrated that where necessary people were supported to access healthcare professionals such as their GP or the speech and language therapist.

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.

- The service was working with the MCA and staff feedback demonstrated they understood their responsibilities under the Act.

# 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. The rating for this key question 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives were positive about the quality of the service provided. A person told us, "I have been with them for two and a half years now and can't think of anything that needs to be done differently really."
- Most staff were positive about working at the service and promoting good outcomes for people. A member of care staff told us, "I have had a great experience of working for the service. Management are very helpful and supportive." However, some care staff described a lack of support from the management team and office staff. A carer said, "People have literally been driven out by the way the company is being run."
- We discussed the concerns raised with the registered manager and area manager. They acknowledged that merging the service with another branch had caused some challenges and described the actions they were taking to address the issue. This included conducting regular team meetings with staff to improve communication.
- There were quality assurance and governance arrangements in place.
- The registered manager completed regular audits. This meant effective auditing arrangements were in place to assess, monitor and improve the quality and safety of the service provided and lessons learned.

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 understood their responsibility under duty of candour including carrying out an investigation when things went wrong and where appropriate the need to apologise to people concerned.
- The provider had notified the local authority and CQC of concerns appropriately.

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

- People told us they were happy to contact the service and they were listened to. A person said, "I can call the office if I need to speak to them and get all the information that I need." Another person said, "I do give feedback and I sometimes call to do so."
- Team meeting minutes demonstrated these were used as open arenas to discuss the quality of the service, seek views and impart knowledge and training.
- People's diverse needs such as culture, religion and language spoken were considered as part of the assessment process.

#### Continuous learning and improving care

- Where there were challenges to the service the provider had put actions in place to address these. For example, recruitment was challenging in this rural area and the provider had employed a dedicated person to drive recruitment.
- Learning from accidents and incidents were shared at team meetings to ensure improvements were made.

#### Working in partnership with others

- Where appropriate they liaised with other relevant agencies, such as the local authority and community health care professionals to ensure people's needs were met