

Choices Care Ltd

# Choices Care Ltd

## Inspection report

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23 October 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

Choices Care Ltd is a service providing care and support to people in their own home. It provides a service to older adults and people with learning disabilities. At the time of the inspection the service was providing support to 21 people. 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

Care plans and risk assessments were not always sufficiently detailed regarding the management of known risks. We identified an issue where records of the recruitment process followed for one new member of staff needed improvement. The provider reviewed and updated their procedures following our inspection.

Improvements were needed to the systems in place to assess and monitor the quality and safety of the service provided to people. Current systems had not identified issues we found at this inspection.

People told us they felt safe with the care staff who supported them. Staff told us they would report any safeguarding concerns. People told us they were supported by reliable staff who were usually on time. People were supported, when required, to receive their medicines as prescribed.

Staff were trained and well supported to meet people's assessed needs. Where required, people were supported to eat and drink sufficient amounts to remain healthy and were supported to access healthcare professionals when needed. People told us staff obtained their consent before supporting them with care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People praised staff and the service they received from them. People told us staff were kind, friendly and caring. Staff supported people to maintain their independence and to remain involved in decisions about their care. People told us they were involved in their care planning and staff made sure they respected people's dignity and privacy.

People received personalised care from staff. Staff and the provider were responsive to people's individual needs and tailored the service where possible to support people. People knew who to make complaints to and were confident they would be listened to.

People and staff told us that the registered manager was approachable and responsive. People were able to feedback their views of the service.

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 26 April 2017).

#### 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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Choices Care 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

The inspection was carried out by one inspector.

#### Service and service type

This service 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

Inspection activity started on 15 October 2019 and ended on 23 October 2019. We visited the office location on 16 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We 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 of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, branch manager, senior care workers and care workers. We also spoke with one of the provider's directors.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people's safety were usually assessed and plans put in place to minimise risk of harm and to provide safe support. We identified an area of risk for one person that was not sufficiently detailed in their care plan. One person was at risk of choking when eating and had recently been assessed by a speech and language therapist (SALT). The recommendations had not been incorporated into the person's care or risk assessment.
- We spoke with the one member of staff who supported the person. Whilst they were aware of the risk and described some of the measures to reduce this, they were not aware of all the recommendations made by the SALT.
- Following our inspection, we were sent evidence that the registered manager was taking action to rectify care plans, risk assessments and staff knowledge relating to this person.

### Staffing and recruitment

- We identified an issue where records of the recruitment process followed for one new member of staff needed improvement. The provider reviewed and updated their procedures following our inspection.
- Staff informed us recruitment checks were carried out prior to them supporting people. One care worker told us, "I had to wait for checks including my DBS before I started."
- There were enough staff deployed to meet people's needs and keep people safe. One care worker told us, "There are enough staff, we have a good team, always cover for calls."
- People told us they were supported by regular care staff who they had got to know very well. One relative told us, "Time keeping is very good. There was one mix up when he was in hospital and was discharged, but not a major issue and was sorted". Another relative told us, "Always turn up, if ever a few minutes late we get a call from the office to let us know."
- The majority of relatives told us that care calls were usually on time.

### Using medicines safely

- Staff were trained in medicines management and initial competency checks were undertaken to ensure staff administered medicines safely. Annual competency checks were completed but these needed to be more robust to ensure staff remained safe.
- People received their medicines, as prescribed. One relative told us, "There are no issues with medicines, it's all done okay."
- People's care records contained clear guidance for staff to follow, which explained the support each person needed with their medicines.

### Learning lessons when things go wrong

- Accidents and incidents were dealt with appropriately as and when they occurred and staff were aware of how to report. However, there were no robust systems in place to identify possible themes in order to reduce the chance of a similar incident occurring again.

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

- People told us they felt safe using the service and their relatives told us they had no concerns about their family members' safety. One person told us, "I feel very safe with the carers." A relative told us, "Very safe, the carers are very gentle, I have good trust with them."
- People were supported by staff who understood the signs of abuse and appropriate action to take should they have concerns.
- Staff had received safeguarding training and were able to describe the action they would take to report any concerns.

### Preventing and controlling infection

- Staff were able to tell us how they ensured good infection control standards. Staff had access to personal protective equipment which supported them to prevent the spread of infection.



# 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

Staff support: induction, training, skills and experience

- Staff said they received an induction before they started care work. Staff told us they undertook shadowing shifts when they began work, whereby they worked alongside more experienced staff carrying out care tasks until they felt confident to work alone.
- Staff confirmed they received the training they needed. One care worker told us, "I'm happy with training, there's lots of refresher training, always something on offer and you can ask if you need any additional training."
- People informed us that they felt staff had the right skills and knowledge to support them. One relative told us, "Staff understand dementia".

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

- Not all the people who used the service required support with eating and drinking.
- Where needed, staff supported people to eat and drink enough. One relative told us, "I cook and provide the meals, staff warm them up and give. [Name] has a normal diet- but is diabetic. Staff all know about this, they know his needs". Another relative told us, "From what I have seen they are giving the right support, [Name] is supported when eating".

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

- People were supported by staff who were aware of their healthcare needs. However, for one person their care plans did not contain detail and guidance for staff to follow regarding a specific health condition. The registered manager ensured the care plan was reviewed and updated following our inspection.
- Staff worked with other organisations to support people to maintain their health. Staff sought advice from health and social care professionals, such as GPs, social workers and district nurses, when required to ensure people's health and well-being improved.
- Staff knew what action to take in an event of a health emergency or if someone was unwell due to their health conditions. One relative told us, "There was an issue with the catheter, the carers phoned an ambulance straight away and stayed with [name] until it arrived."

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.

- People were asked for their consent before any support was provided to them and their rights were respected. One person told us, "They always check with me first and are always asking if there is anything else they can do for me."
- Staff understood the Mental Capacity Act principles and knew who would be involved to support people with decisions when needed.

# 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

- Staff spoke with kindness about the people they supported. People and relatives told us staff were kind and caring. One person told us, 'She [carer] deserves a medal, she is so lovely'.
- People had a regular group of staff who supported them, and this had helped people feel happy with the support they received. One relative told us, "Has one regular carer - he is so good. Knows his needs and talks to him about Aston Villa". Another relative told us about the positive impact the carers had on person's life. "[Name] is now doing things she would never do before. She is now more sociable, going out to places. I cannot speak highly enough of the staff."
- People told us their individual needs and wishes were considered when their care needs were assessed. For example, staff respected any cultural or religious preferences and observations. People told us they were given a choice about the gender of care staff who supported them.

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

- Care plans were developed with input from people and their family members. One relative told us, "I am consulted and involved in any review meetings, we have one next week. Communication is very good, they are always telephoning to let me know how things are going".
- Conversations with staff demonstrated an understanding of people's needs and how they encouraged people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with gave examples about how they respected people's privacy and explained how they supported people to maintain their independence. This was confirmed by the people we spoke to.
- People's confidentiality was maintained; records were kept securely in the office of the service.

# 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's care records included information about their preferences and wishes to ensure support was provided in the way the person valued.
- Staff knew people's likes, dislikes and preferences.
- We were informed that virtual reality headsets had been introduced to enable people who were unable to get around, enjoyed some of the things they wanted to do.

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 identified, assessed and recorded in their care plans.
- Staff knew how to communicate with people to understand their wishes.
- The provider was aware of the accessible information standard and was able to provide information to people in alternative formats if this was required. We were shown an example of some information being available in braille and was told one person's care plan had been translated into their preferred language as well as being available in English.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People and relatives knew how to make a complaint should they need to. They were confident if they had any concerns they would be addressed promptly. One relative told us, "I am very confident in raising any concerns, any little things I have raised have been responded to." Another relative commented, "I have not really got any complaints, when I did not like one of the carers I raised this, and they were changed."

End of life care and support

- The service was not providing end of life care to anyone at the time of this inspection. We were informed that when needed, staff would work with people and palliative care professionals to ensure people's end of life needs were met.

# 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 now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Improvements were needed to the systems in place to assess and monitor the quality and safety of the service provided to people. Current systems had not identified issues we found at inspection regarding areas of risk management, staff recruitment and annual medicine competency checks for staff.
- Systems to identify themes and trends regarding complaints and incidents needed to be introduced.
- The provider had an electronic call monitoring system where staff logged in and out of their calls, which alerted the registered manager to calls that had been missed or were late. Improvement was needed to ensure call times and the length of calls had been effectively audited. The provider told us they were trialling a new system to help improve the effective monitoring of the service.
- Senior staff carried out audits including daily care logs and medication records. They took action where improvement was needed.
- The management team completed spot checks and observations on staff to monitor staff performance.

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 role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service. We identified one incident that should have been notified to us, the registered manager sent us a notification form after our inspection.
- The latest CQC inspection report rating was on display in the office of the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We saw evidence of the provider asking people's and relative's views about the service through care reviews and telephone surveys. One relative told us, "I know the office staff well, they do check on things." Another relative told us, "I have calls from the office to seek my feedback and if any changes are needed to the care plan."
- Staff told us they felt supported by management and could approach them with any concerns. One member of staff told us, "The manager sorts out any issues." Another commented, "Managers are supportive and professional. I have never been asked to do anything I am uncomfortable with."

#### Continuous learning and improving care

- The registered manager and branch manager were receptive to feedback and proactive in making improvements with their systems and records.

#### Working in partnership with others

- The registered manager worked in partnership with other health and social care organisations to achieve better outcomes for people using the service. For example, they worked with people's social workers and district nurses.