

Safe Choice Care Ltd

Safe Choice Care

Inspection report

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Website: www.safechoicecare.co.uk






Date of inspection visit:
13 May 2019
22 May 2019

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14 June 2019

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:

Safe Choice Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At time of the inspection there were 16 people were receiving a regulated activity, most people using the service were older people.

The service was also registered to provide care and support to people living in 'supported living' settings, so that they can live as independently as possible. However, at the time of the inspection no one using the supported living service was receiving a regulated activity. CQC only inspects services where people are receiving a regulated activity. Therefore, the supported living service is not included in this report. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

People using the service and their relatives were positive about the service and the support they received. One person said, "When people asked me about my carers, I told people I couldn't be more pleased."

There were some areas where documentation needed to be improved. For example, some risks assessments were not in place prior to the inspection, since the inspection these are now in place. Record keeping around recruitment needed to be improved as did medicine records. However, we did not find any impact on people's care or experience of the service related to these concerns and people told us that they felt safe using the service.

People and their relatives told us that they felt listened to and involved in planning their care. No one using the service had made any complaints. 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.

The service was reliable and had enough staff to cover calls. People told us that calls were always covered, and that staff timekeeping was good. Staff were not rushed during calls and people were positive about the support being individualised to the person. Staff had the training they needed which meant that they knew how to support people safely and effectively.

People were offered choices and staff understood when people needed to be supported to make decisions. People were encouraged to express their views and do things for themselves to maintain their independence. The staff we spoke to knew people well, people were treated with respect and their privacy and dignity was protected. Where people needed support with food and drink this was provided.

The staff we spoke to were positive about the support they received and the management of the service. People and their relatives were also positive about how the service was run. Where people needed support to access to healthcare services this was provided. The management learnt lessons from any accidents and

incidents and used this learning to make improvements to the service.

Rating at last inspection:

This is the first inspection of this service.

Why we inspected:

This inspection was a scheduled inspection based on when the service registered.

Follow up:

We will ask the provider to send us an action plan detailing how they plan to make improvements. We will visit the service again in the future to check if the service has improved and if there are any other changes to the quality of the service.

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 ●

Safe Choice Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of 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. It provides a service to older people, people with a physical disability, people with dementia and younger people.

The service was also registered to provide care and support to people living in 'supported living' settings, so that they can live as independently as possible. However, at the time of the inspection no one using the supported living service was receiving a regulated activity. CQC only inspects services where people are receiving a regulated activity. Therefore, the supported living service is not included in this report.

The service had a manager registered with the Care Quality Commission who was also one of the providers. This means that they and the other 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 visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We visited the office for this service and people in their own home on the 14 May 2019 and 16 May 2019. We made calls to people who used the service on 13 May 2019. We were unable to reach some people by

telephone and so made further calls on 22 May 2019.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections and we used this information to help plan this inspection.

We spoke visited two people who used the service. We also spoke to three people's relatives and one person sent us some written feedback during the inspection. We also spoke to the two providers, one of who was the registered manager, the coordinator and three other members of staff. We contacted health and social care professionals to ask for their feedback, however we did not receive any comments.

We looked at four people's care and support plans as well as medicines management, meetings minutes, training records, staff supervision and appraisal records, audits and accidents and incidents logs, compliments and surveys for staff and people who use the service.

After the inspection we asked the providers to send us some further information on risk assessments and medicines management. This information was received in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: ☐ 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. Regulations may or may not have been met.

Staffing and recruitment

- The service was not able to demonstrate that the recruitment process was safe. There were no records to demonstrate that the providers had checked staff's full employment history. When we raised this with the providers who told us that the application forms had been accidentally shredded and that they were actively recruiting an administrator whose role would include updating recruitment files. During the inspection the providers contacted staff to arrange for staff to complete new application forms.
- References had been obtained and Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There were enough staff to meet people's care needs. In the event of sickness of other staff absences, the office staff and the providers provided care. People told us that calls were always covered. One person said, "They have never let us down." There was an out of hours phone number for staff and people to call if they needed to speak to someone when the office was closed.
- People and their relatives told us that they were supported by regular staff and that they knew who was coming to support them. Feedback about staff timekeeping was positive and people said that they were always informed if staff were going to be late. People also told us that the service was very flexible. For example, if people needed unplanned calls the service was able to accommodate them.

Using medicines safely

- Medicine administration needed to be improved. Medicines administration records (MARs) were handwritten by office staff. Hand written MARs need to be checked by another person and double signed to ensure that these were accurate, and this had not been done.
- Where people were taking as and when medicines (PRN's) such as pain relief there were no protocols in place to inform staff what the medicine was for and how often it can be taken. Since the inspection PRN protocols have been put in place.
- MARs were reviewed by the office. Where there were errors such as gaps in the records these had been identified and appropriate action had been taken to ensure that this did not re-occur.
- Where people managed ordering their own medicine we observed that staff reminded people to order more medicines when they were running low on supplies.

Assessing risk, safety monitoring and management

- Risk assessments were not always consistent in that some risk assessments were not in place. For example, one person used a feeding tube for nutrition and hydration and there was a lack of information on how to identify if there was an infection. However, there had been no incidents. Staff had received training on feeding tubes and when we spoke to staff they were aware of the risk and knew how to keep the person

safe. Since the inspection the provider has updated people's risk assessments, and these are now in place.

- Risks to people and the environment were assessed and guidance was in place for staff. For example, where equipment was being used to move people the provider had ensured that the equipment had been tested to ensure that it was safe to use.
- People told us that they felt safe and that staff knew how to support them.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place and information on display for staff on how to raise concerns if they felt that someone was at risk of abuse. Staff were able to explain how to identify concerns and knew how to report these.
- Staff told us that they were confident that the providers would act if there was a concern. There had been raised by staff at service, but the providers knew how to report concerns to the local authority if they did arise.
- Staff had completed whistleblowing training and knew how to report poor practice if concerns arose.

Preventing and controlling infection

- Staff had access to equipment such as gloves and aprons and we observed that these were used appropriately.
- Staff had received training in the prevention and control of infection and understood how to keep people safe.

Learning lessons when things go wrong

- When there were incidents or 'near misses' these were reported by staff, investigated and acted upon. People's care plans were updated when they needed to be to provide guidance for staff. For example, staff had identified that one person's mobility was a risk and the person had almost fallen, a referral was made to the occupational therapist for support and the person's care plan was amended to provide updated guidance for staff.
- Incidents were reviewed for trends and learning was shared with staff.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them commencing using the service. The providers undertook an assessment and used this to determine if they were able to provide support to the person before agreeing to provide care.
- The assessment included reviewing people's needs such as mobility, personal care, communication and cultural needs. This assessment was then used to plan people's care and support. No one using the service needed support with their cultural or religious needs or needs relating to sexuality or gender identity.

Staff support: induction, training, skills and experience

- Staff training was a mixture of face to face sessions and DVD's. Staff had completed the training they needed to support people. Training included safeguarding adults, safeguarding children, equality and diversity, moving and handling and infection control. Staff were also trained on service specific subjects. For example, where staff used slides sheets to move people they were trained in their use. Staff had also completed training in dementia care. Feedback from people and their relatives about staff training was positive. One person wrote to the inspector during the inspection to say, '[Staff] are extremely well trained in providing highly professional care.'
- When staff joined the service, they completed an induction and a period of shadowing prior to working with people on their own. Staff told us that the induction was "was really informative".
- Staff were positive about the support they received at the service. Staff received regular supervisions and annual appraisals and told us that there were opportunities to discuss learning and progression.

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

- Where people needed support with eating and drinking, there was information in the person's care plan to ensure that staff knew to provide this support. For example, there was information on what people liked for breakfast and what they liked to drink. We observed staff offering people choices of food and drink and ensuring that these were in reach.
- Where people needed to eat a diet low in sugar there was information for staff in people's care plans to ensure that staff were aware of this support need.
- Where people were at risk of dehydration staff recorded their fluid intake and encouraged the person to have more fluid where needed. Staff also monitored the person's fluid output for signs and symptoms of dehydration.

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

- No one using the service needed support from staff to access their healthcare appointments.

- Where people needed a referral to a health care professional such as an occupational therapist the service had provided this support.
- Staff knew when people were accessing support from health and social care professionals and where aware of their advice. For example, where people were unable to swallow safely there was information about this in their care plan and staff had access to the dietician and speech and language team's advice. We spoke to staff about this and they were aware of the guidance and understood how to follow it.

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 with appropriate legal authority. No one using the service was being deprived of their liberty. We checked whether the service was working within the principles of the MCA.
- Staff understood that people with capacity had the right to make choices and decisions for themselves and were aware that people had the right to take risks and make unwise choices.
- Where people needed support to make some decisions staff supported them to do so and offered them choices such as what to wear and what time to get up. Staff understood that where people were not able to make bigger decisions for themselves these needed to be made in the person's best interests following the principles of the MCA.

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

Good: ☐ 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

- We observed that people were comfortable with the staff who supported them. Staff spent time talking to people. One relative told us, "The staff are always happy, my relative has a laugh with them." Staff were patient with people and told them what they were going to do before they did it and made sure that the person consented.
- Staff knew people well and there was easy conversation between staff and people. Compliments received by the service included '[Staff] show a really high degree of empathy.' And one person wrote to the inspector to state, 'I am receiving some of the best care in a long time thanks to the positive, caring, kind, approachable team.'
- People using the service were asked if they wanted any support with their equality and diversity needs such as religion or culture. However, no one using the service wanted this support.

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

- There were annual reviews of people's care and records showed that people and their relatives were involved in these. People and their relatives told us that they were involved in decisions and that they were listened to. One relative said, "They listen to [my relative] and they do act on things straight away."
- Whilst we were visiting one person they told staff that they were considering changing some aspects of their care plan. Staff listened to the person and explained what support they could provide. Staff explained the options for the person to consider in their own time so that they could make a choice on how they wanted to be supported in the future.
- Where people needed support to communicate this was in place. For example, staff knew how to support one person using communication aids and objects of reference. Relatives told us that staff were patient with people and allowed them time to respond where this was needed.

Respecting and promoting people's privacy, dignity and independence

- People and their told us that staff supported them to remain independent. One relative said, "They stand back when needed. They let [my relative] do everything they can alone and help with what is needed. They do so much themselves, but [staff] are there when needed."
- Staff knew how to protect people's privacy and promote dignity. For example, relatives told us that people's doors were closed when staff were delivering personal care. And that staff waited outside the bathroom where people did not need them to be in the room to assist with tasks.
- People's files were kept securely in locked cabinets at the office to ensure that these were kept confidential. People also had copies of their own plans in their home.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us that the service was flexible and supported them in an individualised way. For example, one person needed a one off call in the very early hours of the morning to enable them to go on a trip and the service was able to provide this. One relative told us, "They are very flexible and if need them at short notice they will always help" another said that staff were, "Friendly, cooperative and nothing is too much trouble".
- There was information for staff in people's care plans about how they liked to be supported and what they could do for themselves. For example, where people needed support to wash some parts of their body but were able to wash other parts themselves.
- Care plans were reviewed annually or when people's needs had changed. For example, care plans were updated when one person's mobility needs had changed.
- The service was working according to the Accessible Information Standards (AIS) and its requirements. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, information was provided in plain English, using clear large print format which could be increased, if needed.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. The service issued a handbook to people when they joined the service which included information on how to complain if people choose to do so.
- No complaints had been recorded at the service, however, there was a log in place to record these if complaints were received.
- People and their relatives told us that they had no cause to complain.

End of life care and support

- At the time of the inspection the service was not providing end of life support to anyone. However, where people had an advance care plan in place this was recorded in their care plan. This meant that staff would know people's wishes for the end of their life should the person no longer be able to make decisions or express these themselves.
- Staff had not yet undertaken end of life training. However, this was planned for June 2019.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- People's records were not always complete in that some risk assessments were not in place prior to the inspection. Medicine administration recording needed to be improved in that hand-written medicine administration records (MARs) were not checked and double signed. The providers had failed to ensure that recruitment records were retained and were not able to evidence that staff's employment history had been checked.
- We spoke to the provider about these concerns who told us that they were aware that records needed to be improved and that they had plans in place to address this. The provider had recently recruited a coordinator to review and update people's care plans including risk assessments. The provider was also actively recruiting an administrator to review recruitment records and ensure that documentation was in place. However, these concerns had not been addressed prior to the inspection.
- There were no significant events identified at the service that needed to be reported to CQC. However, the provider knew how to report these to CQC if the need arose.

The provider had failed to improve the quality and safety of the services and ensure that they maintained complete and contemporaneous records. This is a breach of regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The providers oversaw incidents and accidents and reviewed these for trends. When things went wrong there was evidence of learning and improvement. For example, the lone working policy and procedures for staff had been updated following a near miss concern raised by staff.
- The providers were not attending conferences and events to keep up to date with best practice and agreed that this was an area for improvement.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The two providers regularly worked at the service in the office and delivery care and support to people. One of the providers was also the registered manager. The providers regularly worked along side staff and were able to observe staff practice. Where learning needs were identified these had been addressed.
- Staff received regular supervision and appraisals and told us that they were well supported and happy at the service. One staff said, "The best thing about being here is that they look after their staff, I am not just a

number and they are there to support us when we are out".

- There were regular staff meetings and staff told us that there was an open culture at the service.

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

- The providers sent out monthly surveys to people and their relatives. The feedback from these was positive and comments included, 'I am very happy with the care I receive. The staff do everything I ask and make me feel very safe and never let me down.', 'Everyone shows great care and very satisfied with the service.' And, 'I am very pleased with the care and kindness shown to me by [staff]'. The providers also provided care to people and people and their relatives knew them well and told us that they were happy with the management of the service.
- There were regular surveys for staff which were also positive. Where staff had raised a concern, this had been addressed. Staff told us, "They take what we say on board."
- There had been no surveys of health and social care professionals. We spoke to the providers about this who agreed that this was an area for improvement.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive consistent care. This included working with health professionals such as GP's, dieticians and occupational therapists.
- Staff had access to visiting professional's guidance for people's care in the care plans.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to improve the quality and safety of the services and ensure that they maintained complete and contemporaneous records.</p>