Choices Healthcare Limited

19B

Inspection report

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Date of inspection visit:
18 April 2018

Date of publication:
14 June 2018

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

19b is a small domiciliary care service which provides personal care and live –in care to people in their own homes. It provides a service to older adults, people living with dementia, mental health impairments, physical disabilities, sensory impairment and younger adults. The domiciliary care agency office is situated within Ipswich town.

When we inspected on 16 April 2018 there were five people using the service. This was an announced inspection. The provider was given up to 48 hours' notice because the location provides a domiciliary care service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. This service was registered in 4 May 2015.This was their first inspection.

Not everyone using the service from 19b receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, medicines and eating. Where they do we also take into account any wider social care provided.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Overall the feedback was positive about the approach of the care workers and the service provided. Relatives told us that the care workers were kind and compassionate, promoted people's independence and respected their privacy and dignity.

Care staff knew what actions to take to protect people from abuse. The provider had processes in place to identify and manage risk. People's risk assessments were regularly reviewed and amended to meet changing needs.

Improvements had been made and were ongoing to ensure people's care records reflected individualised personalised care.

Care workers knew the people they provided care to well and were able to describe how to meet people's needs effectively. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required people were safely supported with their dietary needs.

Recruitment checks were carried out with sufficient numbers of care workers employed, to maintain the schedule of visits and provide continuity of care for people. Where we identified gaps in the recruitment processes the management took swift action to address this. Care workers received supervision and training to support them to perform their role.

Where people required assistance with their medications, safe systems were followed. Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and, when appropriate, their relatives were involved in discussions about their care planning and given the opportunity to provide feedback on the service. They were also supported to raise complaints should they wish to.

At the time of the inspection no one using the service was receiving palliative care. However the registered manager assured us that people would be supported to receive a comfortable, dignified and pain- free death.

Feedback from relatives and care workers was positive about the management arrangements at the service. However they described inconsistencies with communication due to personnel changes at the office. Improvements had been made and were ongoing to address this, these need to be fully embedded into the service.

Systems were in place to monitor the quality and safety of the service provided. Processes enabled the management team to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, potential learning and continual improvements in safety.

Recording and documentation in these areas had recently been improved. However this was not yet fully embedded into practice and had not identified the inconsistencies we found during this inspection.

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.

Systems were in place to help protect people from the risk of abuse and harm. Care workers knew how to recognise and report concerns and were confident to do so.

Individual and environmental risks to people and care workers were regularly assessed with plans in place to mitigate those risks.

People received continuity of care from care workers that were known to them and had been recruited safely.

Where people needed assistance to take their medicines they were provided with this support in a safe manner.

Processes were in place to enable the management team to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, potential learning and continual improvements in safety.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection.

Is the service effective?

Good

Is the service effective?

The service was effective.

Care workers received supervision and training to support them to perform their role.

People told us they were asked for their consent before any care, treatment and/or support was provided.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

Feedback from relatives about the approach of the care workers was positive. They told us the care workers were kind and considerate and treated people with dignity and respect.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

People's independence was promoted and respected.

Is the service responsive?

Good

The service was responsive.

People and relatives where appropriate were involved in contributing to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's preferences and what was important to them was known and understood by their care workers.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Effective systems and procedures to monitor and improve the quality and safety of the service provided were not yet fully embedded.

Feedback was encouraged to contribute to decisions to improve and develop the service.

Care workers were encouraged and supported by the management team and were clear on their roles and responsibilities.

19B

Detailed findings

Background to this inspection

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

This comprehensive inspection was carried out by one inspector on 16 April 2018 and was announced. The provider was given up to 48 hours' notice because the location provides a domiciliary care service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people and relatives that we could speak with them to find out their experience of the service.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority, Healthwatch and members of the public.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

As part of this inspection we reviewed the responses from questionnaires sent out by CQC to relatives, staff and community care professionals.
Inspection activity started on 16 April 2018 and ended 4 May 2018. We spoke with the registered manager, a team leader and four care workers. We also received electronic feedback from three members of staff. It was not appropriate for us to visit people in their homes as part of this inspection due to their complex needs. To find out their views we carried out telephone interviews with four relatives. This took place from 25 April to 4 May 2018. We received electronic feedback from three social care professionals about the service.

We reviewed the care records of three people to check they were receiving their care as planned. We looked

at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Safeguarding issues had been used to improve the service, for example, additional training to care workers when learning needs had been identified or following the provider's disciplinary procedures.

Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling and risks that may arise in the environment of people's homes. People, who were vulnerable as a result of specific medical conditions, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care workers told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of care workers to meet the needs of people. The registered manager explained how they did not take on care packages unless they were assured they had sufficient number of care workers to provide the live in care. Relatives told us that the care workers visited at the planned times and stayed for between one to three weeks depending on the rota and what had been agreed.

Conversations with relatives and records seen showed that there had been no instances of visits being missed and that people were provided with regular care workers which ensured consistency of care. One relative talking about the importance of continuity of care and routines said, "[Person] gets distressed if there are too many new faces and changes. They need carers who know and understand them. 19b have put a team in place. Things are reliable and settled."

However several relatives cited communication issues including not always knowing how long the care workers would be staying. One relative said, "Things have settled now. It has got better; we know who is coming and when. Before it kept changing and if we didn't like the carer that also added to the changes. It was hard to keep on top of and didn't help there was other [care] agencies involved. But things have improved. They [management] send us the carers [person] likes and it works. Only issue is we don't always know how long the carer will be here for. It changes. Usually they [care worker] will let us know but I would prefer this to be more fixed."

Another relative explained how there had been teething problems at the start of the care package but these had been dealt with by the management team and they now had regular care workers to ensure continuity of care and were satisfied with the arrangements in place. They said, "They are good [19b] now, but it wasn't at first. Things were very disorganised with constant changes to who was coming. This was a combination of things and not all 19b's fault and is sorted now. My frustration is that we don't always know how long the

carers are staying and I have had to chase this with the office. We have had different messages from the office staff and carers and this caused confusion. Communication can be hit and miss but I think [team leader] is dealing with this. It is important that the carers have a proper handover so that information is not rushed and gets passed on when they change over." We passed this feedback onto the registered manager who advised us they would look into their communication processes.

Records showed that systems were in place to check that care workers were of good character and were suitable to care for the people who used the service. However we found inconsistencies in the documentation and supporting information on the staff personnel files we looked at. The registered manager took action to address this including an audit of the personnel files to ensure the provider's recruitment processes were being followed and there were no further inconsistencies.

Systems were in place to provide people with their medicines safely, where required. The majority of people self-administered their own medicines and there were processes in place to check that this was done safely and to monitor if their needs had changed or if they needed further support.

Where people required assistance with their medicines relatives told us that they were satisfied with the arrangements. People's records provided guidance for care workers on the support each person required with their medicines. Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. Care workers were provided with medicines training and checks were carried out by the management team to ensure they were competent. The management team regularly audited people's MAR to ensure any potential discrepancies were identified quickly and could be acted on. This included additional internal communications and or care worker training and support where required.

Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment, such as disposable gloves and aprons. Care workers confirmed that these were available to them in the office and they could collect them when needed.

Good

Is the service effective?

Our findings

Relatives said that that the care workers had the skills and knowledge that they needed to meet people's needs. One relative shared with us, "I think they are well trained and they seem very caring. They have a nice attitude." Another relative said, "Some are more confident than others when transferring [person] but they do it safely. Been no accidents."

Care workers told us they were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. This was updated where required. One care worker said, "I am very happy in my job. Training is provided and very good." Another care worker said, "We normally have regular training and supervision and catch up every week in person or telephone. I feel supported."

Records seen confirmed the training provided but did not reflect if care staff had received practical moving and handling training. Following the visit to the office the registered manager provided information that confirmed care staff had received this training. Training was provided at the provider's other service in Essex where there was training facilities on site or in people's homes using the equipment required. The registered manager advised that they were an accredited 'train the trainer' for moving and handling. This means they were qualified to deliver this training. Information provided by the registered manager showed that competency checks were carried out by the registered manager to ensure best practice. However they did not reflect specific dates. The registered manager advised the records would be updated to include this. The management team explained that they were planning further training workshops to support their staff. This included record keeping and end of life care. These were being developed in partnership with relevant health and social care professionals to meet people's needs in a safe and effective manner.

Care workers told us and records showed that new care workers completed training and shadowed shifts where they worked with more experienced colleagues as part of their induction. The management team explained how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications if they were interested. The care certificate is an agreed set of standards recognising the knowledge, skills and behaviours expected of specific roles within health and social care. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

Care workers told us that they were provided with one to one supervision meetings. This is an opportunity to discuss the way that they were working and to receive feedback on their work practice. One care worker described their supervision arrangements saying, "I have had supervision but if I have any questions I just ask or call the office."

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. We checked if the service was working within the MCA principles.

Relatives told us that care workers listened to people and acted on what they said. Care workers had completed training in relation to the Mental Capacity Act 2005 (MCA). Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) were followed which included steps that the provider should take to comply with legal requirements

Care workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that care workers had received this training. Guidance on best interest decisions in line with the MCA was available in the office. Care records were signed by people or where required their representatives to show that they had consented to their planned care and terms and conditions of using the service. The management team explained how as part of continual improvement of the service they were enhancing people's care records to reflect a more person centred/holistic approach. This included providing further information on how people made decisions about their care and how best to support them if they needed any assistance, such as if they had variable capacity or the type of decisions they needed assistance with.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, with people's permission health professionals were contacted for treatment and guidance. This included referrals to the speech and language team. Where guidance had been provided relating to people's dietary needs, this was clearly recorded in people's care records to guide staff in how risks were reduced.

People were supported to maintain good health and to have access to healthcare services. One relative described how the care worker, "Is quick to act if they spot anything significant." Care records reflected where care workers had noted concerns about people's health, such as weight loss, or general deterioration in their health and the actions taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

Feedback from relatives about the approach of the care workers was positive. One relative commented, "They are nice decent people who look after [person] well." Another relative said, "I don't have any complaints with the carers." A third relative said, "I am satisfied with the live in carers. I feel I can leave [person] unattended with them, without worrying something is going to happen. [Person] is happy and comfortable with them. They do [personal] care discreetly. If there is anything (I need to be aware of) they let me know. (There have been) no falls or accidents (since the care workers been involved). [Person] is well cared for."

When allocating live in carers to people the service had a system to match the assessed needs of the person to the member of care staff. This extended to hobbies and interests as well as people's care needs. A relative said, "They do try to match. [Person] prefers older carers, is more comfortable with female carers so they don't tend to send male carers or younger ones unless they have to." Another relative said, "Overall they [management] have matched [person] with the carers really well. Only two we didn't like and that was about personality not poor care."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. All of the staff, including the management and staff based in the office, spoke about people with consideration. We heard this when office staff spoke with people by telephone on the day of our visit.

People's care records identified their specific needs and how they were met. The records also provided guidance to care workers on people's choices regarding how their care was delivered. A relative shared with us how they had been involved in developing the ongoing care arrangements through regular reviews and this was reflected in their records. They said, "They [management] went through it all and it was all fine."

Relatives told us that the support provided by the care workers helped people to be as independent as possible. One relative described how a person was encouraged by the care workers to be active and maintain their personal hygiene. They said, "It is not easy. [Person] doesn't always look after them self. Without the carers prompting, [person] would not get washed and dressed." People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

People's right to privacy and dignity was respected and promoted. Relatives shared with us how the care workers closed curtains and doors and used towels to cover people's modesty when supporting them with personal care. One relative said the care workers, "Maintain [person's] dignity throughout even when accidents occur they are dealt with discreetly with no fuss. [Person] is not made to feel bad or embarrassed, they are treated respectfully."

Good

Is the service responsive?

Our findings

People and their relatives where agreed, were involved in the assessment of their needs, before they began receiving care and support from the service. One relative told us about the care plan in place that documented all the person's care arrangements saying, "There is a folder with information in it. [Person] and I spoke with [management team] and [health and social care professionals] to sort out what was needed." Another relative described how they had discussed the person's needs at an initial meeting with the management team and again after a few weeks to check they were satisfied with the care provided. They said, "They [management] have done a review, they came to see us. The care plan was all discussed and it was fine no changes needed. Sometimes they ring to check things are okay and sometimes [team leader] pops out to see us. They [care workers] keep an eye to make sure nothing needs changing."

People's care records were regularly reviewed and reflected people's needs. They covered an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were clear instructions of where the person needed assistance and when to encourage their independence. There were also prompts for the care workers to promote and respect people's dignity. The care plans took into account pre -assessments of care for people which had been completed before they used the service and reflected their diverse needs, such as specific conditions, communication and mobility needs.

As part of continual improvement the service was working with the local authority in developing their care plans to make them more individualised and person centred. This included further details on people's life history, experiences, hobbies and interests. This would provide care workers with information about the individual and subjects they could talk about when providing care. This was a work in progress with not all the care plans updated at the time of the inspection. The management team explained how care records would further reflect people's diverse needs, specific routines and preferences so care workers were aware of how to support them in line with their wishes. For example, explaining the order a person preferred to be mobilised and details of the individual equipment required to transfer them safely. Enhanced documentation to reflect this approach including people's daily records was being devised with training in record keeping planned to support care workers to achieve this.

No one at the time of our visit was receiving palliative care. However, care records showed us that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Care workers were able to tell us how they would ensure that a person had a comfortable and pain free death. The registered manager advised us they were planning further training and support to staff on advance care planning (ACP), working closely with the local hospice team and palliative care teams. ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

There had been several compliments received about the service within the last 12 months. Themes included 'caring staff approach' and 'families feeling supported' by the service.

Relatives told us that they knew how to make a complaint and that information about how they could raise

complaints had been provided. One relative described how their concern had been acted on and they were satisfied with how the matter had been dealt with. They said, "I requested a change in carer. It wasn't working; [person] wasn't comfortable with them as they are with some of the others. The team leader was great when I phoned them and told them. It was sorted it out straight away. Matched up with another carer who is great."

During our inspection we passed on feedback received from two relatives for the registered manager to investigate and this was done in line with the provider's complaints process. Records seen showed that comments and complaints received about the service in the last 12 months were acted on, with lessons learnt to avoid further reoccurrence and to develop the service. The management team demonstrated how they took immediate action if people indicated they were not happy with the care received. For example changing a care worker or the visit time. This swift response had reduced the number of formal complaints received. Records reflected how the service valued people's feedback and acted on their comments to improve the quality of the service provided. This included additional communications, providing staff with additional training or taking disciplinary action where required.

Requires Improvement

Is the service well-led?

Our findings

Improvements had been made and were ongoing to the systems and procedures used to monitor and improve the quality and safety of the service provided. Incidents, accidents, complaints and missed visits were monitored and analysed. This analysis supported the management team to identify any trends and patterns and to take action to reduce further risks such as disciplinary action where needed. A new reporting tool had recently been implemented to provide the senior management team with the governance and oversight needed to identify any shortfalls and take action to address them. This reflected outcomes and actions from the audits and checks that were carried out, such as safe management of medicines and care records. This needs to be fully embedded to ensure the service continues to develop and can independently identify shortfalls within the service. Following the inconsistencies we found with recruitment processes and staff personnel documentation including training and supervision information, the registered manager advised us that regular auditing of staff files and training records would be carried out and included in the reporting tool.

The registered manager also managed another of the provider's services in Essex and split their time between the services. They were supported by a team leader. The majority of the relatives told us that the registered manager was approachable and available to them if needed. One relative said, "[Registered manager] is personable, rings me back if I need to speak to them. They sorted out a problem I had with one of the carers straight away." However not all the relatives we spoke with knew who the registered manager was but told us they would contact the office if they needed to. One relative said, "There have been lots of changes in the office. Never quite sure who is in charge. [Team leader] is good, will get back to you and lets you know what is going on."

Relatives in the main were positive about the service provided but told us that communication had been an issue and there had been inconsistencies. One relative said, "Things are improving. The team leader will pop by or calls up to check things are okay, see how we are getting on. Before if I rang the office I would be waiting for someone to call me back and that didn't always happen. Things are better. The team leader is on the ball."
A relative in the CQC questionnaire fed back that, "19b seems to have a very high turnover of managers/supervisors which makes it difficult to know who to contact if there are concerns." The registered manager acknowledged that there had been several personnel changes which had impacted the service but the staffing situation had settled. They advised that they had recruited a receptionist to provide support in the office and they did not take on extra care packages unless they had the live in carers available. Records showed that they were actively recruiting to support the growth of the business. To improve communication the management team had implemented regular welfare checks and visits which were documented on people's records in the office. This information was accessible to the management team and reflected that people's views and experiences was gathered and acted on to develop the service.

Where comments from people and relatives were received the service took action to address them. This included requests to change their care worker and amendments to planned healthcare appointments. The registered manager advised us that as part of ongoing development of the service they had implemented

systems to effectively capture the way people's feedback including informal comments and concerns were acted on and used to improve the service.

People received care and support from a competent and committed work force because the management team encouraged them to learn and develop new skills and ideas. For example, care workers told us how they were encouraged to undertake professional qualifications and or additional training if they were interested.

Overall care staff were positive about working for the service and the leadership arrangements. One care staff said, "I have been working with this service for a year and my experience has been very positive in the sense that I work alone and it doesn't feel like it because the management team is always there 24 hours to give you support in case of emergency." They added, "The manager is very approachable and friendly, but very strict and firm in dealing with staff." Feedback received from the CQC questionnaire from a member of staff stated, "I am very happy, work for a great team."

Care workers told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They told us their feedback was encouraged and acted on. They acknowledged that communication had been an issue and attending team meetings could be difficult as they were usually working. The team leader explained how to address this and keep staff up informed, a private group chat had been set up using social media as a means to communicate with staff. The management team used this to update staff on key changes and to also give positive feedback. Records seen confirmed this. A member of care staff said, "The What's App group chat is really good. Tells us what is going on and what we need to know. We get reminders and feedback. There was a check on the medicine records and we got told there were no problems. That was good to hear."

The service worked in partnerships with various organisations, including the local authority, community nurses and, GP surgeries to ensure they were following correct practice and providing a high quality service.