

## Choices Healthcare Limited

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### Inspection report

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Essex  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Choices Healthcare Limited provides care services to people within their own homes. Care services include personal care, a sitting service and domestic services. The service provided are either through private arrangement or social services funding. The service covers Southend on Sea and Essex.

At the last inspection, the service was rated overall Requires Improvement as improvement needed to be made in the Safe and Well Led domains. At this inspection we found the service had made some improvement.

The service was safe. The service's recruitment process ensured that appropriate checks were carried out before staff commenced employment. There were sufficient staff to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health. We found one record that needed to be addressed, the manager assured us this would be addressed immediately.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was well-led. Staff, people and their relatives applauded the manager and informed us they were supportive and worked hard to provide a good service. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The registered manager acknowledged that some of the systems and processes needed to be improved.

## 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

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Medication was managed and stored safely.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service Remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service was Well Led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and their feedback was used to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

# Choices Healthcare Limited

## **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 checked 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 was a comprehensive inspection, which means we looked at all the fundamental standards of care.

The inspection took place on 23 and 24 January 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service including previous inspection reports and notifications. We also reviewed safeguarding alerts and monitoring information had received from the local authority. Notifications are important events that the service has to let the Care Quality Commission know about by law.

As part of the inspection we spoke with 10 people who used the service, four relatives and eight members of care staff. We also spoke with the Registered manager and the field care supervisor.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore spoke with relatives and staff, reviewing care records and other information to help us assess how people's care needs were being met.

As part of this inspection we reviewed 15 people's care records. We looked at the recruitment and support records for 10 members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records.

# Is the service safe?

## Our findings

At this inspection we found the service had made some improvements on the management and record keeping, however it was highlighted that more improvements still needed to be made.

At the previous inspections we have identified Medication Administration Records (MARs) were not always being correctly completed as we had found unexplained gaps on the MARs and the service did not have PRN protocols in place where required. PRN is medication which is to be taken "when required" and is usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly. At this inspection we found improvements had been made as MARs we sampled had no unexplained gaps on them. In addition PRN protocols had been put in place and implemented. However we did find that one person was being supported with the administration of their medication that was not recorded on their MAR, The person told us that they always received their medicines as required and they had no concerns. The records issue was brought to the attention of the registered manager who informed that this would be looked into and resolved.

People and their relatives told us they felt safe using the service. A relative informed us, "I do not have too many concerns about the support my relative is getting, the regular staff my relative gets are very good and always do what's needed for my relative and ensure they are safe before they leave the house". Staff we spoke to knew how to recognise the signs of possible abuse and how and who to report it to. Staff felt reassured that the management team would act appropriately in the event of any concerns. Records showed that, where issues or concerns had been reported in the past, they had been addressed appropriately. Records we reviewed showed that where concerns had been raised by either people, relatives or professionals the service had carried out an investigation and discuss these concerns with the local authority.

Clear information was available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Information was also available to people and relatives should they wish to raise concerns externally.

Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

Staffing rotas showed us there were sufficient staff on each day to meet people's assessed needs. The registered manager informed us that staffing levels at the service were based on people's individual needs. They added the service was continually recruiting staff to ensure there was a good bank of staff to cover sickness and annual leave. Staff informed that they covered care calls in the same geographical area and added this helped them to people's care calls within the best time possible with the hope of reducing the risk of having late calls or missed calls. Staff went on to say if they were running late to their next call

they could call the office and provided another member of staff is available the office would arrange cover.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

# Is the service effective?

## Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs. The rating continues to be Good.

People told us they found staff to have a good knowledge and skill level on how to best meet their needs. One person informed us, "My regular carers are really good, they have got to know me very well and when they come in they always know what I need at each call and will check with me if I would anything done differently."

Staff told us they had attended training when they started work for the service and that they also attended refresher courses as and when required and this was regularly monitored by the management team to ensure all staff kept up to date with their training and they understood their role and could care for people safely. Records we reviewed confirmed this. Staff informed they also received regular supervision and this gave them the opportunity to sit down with the manager to discuss any issues they may have on a one to one basis.

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 whether the service was working within the principles of the MCA. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. Records we reviewed on the first day of our inspection showed that the service had not always assessed people's ability to make an informed decision about their care and support. This was brought to the attention of the registered manager, who informed that they would look into this. On day two the registered manager, informed that they had been out with another member of staff and reviewed and assessed people's ability to make a decision. And where support was required a support plan was now in place. Records and MCA assessments we reviewed confirmed this.

People informed us they were supported to have enough food and drink and were always given choice about what they liked to eat. One person we spoke to informed us, "Before staff leave they always make sure I have both hot and cold drinks and finger foods that I can eat until the next call." One staff member we spoke to informed, "We do not always have enough time to support with eating however we ensure that we leave people with enough food and drink when we leave them, we record this in the care records and at the next call we check and record how much people would have eaten." Records we reviewed confirmed this.

Were required the service supported with their healthcare needs. For example the registered manager

informed that they held regular conversations with people's doctors and district nurses to discuss people healthcare needs as and when required.



## Is the service caring?

### Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

People and their relatives we spoke with informed us the service provided good care and this was all done in a caring and kind manner. One Relative informed I have found the staff to be very caring and always putting the needs of relative at the forefront of everything they do." Another relative informed, "All the staff we have met are always very positive and appear to be enjoying supporting my relative with their care needs."

The service had a very strong, person-centred culture that was acknowledged by everyone we spoke with. Care plans were personalised to each individual's needs. The service worked closely with all professionals and relatives to undertake specific ways of providing care for all the people using the service and this was recorded in the care plans.

People and their relatives were actively involved in making decisions about their care and support. Relatives added they had been involved in their relative's care planning and would attend care plan reviews. The registered manager informed us that the service regularly reviewed people's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. On reviewing people's care and support plans we found them to be detailed and covered people's preferences of care.

People informed they were involved in their care and support and would participate in care planning reviews. The registered manager informed us that where people did not have support from friends or relatives they would request advocacy services to support them. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

## Is the service responsive?

### Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff.

The management team met with health professionals to plan and discuss people's needs before and during the start of support plan. The manager added should people's needs change the service would review this with professionals and relatives were possible to ascertain if the service can continue to provide a service to the person. Staff had carried out holistic assessments of people's needs every time they provided support to people. The registered manager and staff used the information they gathered to plan and amend people's support were required. Support plans were reviewed and changed as staff learnt more about each person change in needs, for example when a person's mobility reduced the care plan were changed to reflect how the person's needs would be best met.

Each person had a support plan in place. These were person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needs, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for them. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the registered manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. Complaints we reviewed confirmed this.

## Is the service well-led?

### Our findings

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