

Choices Home Care Limited

Choices Home Care Limited

Inspection report

Whitby Court
Abbey Road, Shepley
Huddersfield
West Yorkshire
HD8 8EL

Tel: 01484608700

Website: www.choiceshomecare.co.uk

Date of inspection visit:

21 October 2016

02 November 2016

Date of publication:

05 January 2017

Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

We inspected Choices Home Care Limited on 21 October and 2 November 2016. This was an announced inspection. We gave the registered provider 48 hours' notice that we would be visiting to inspect. We did this because we wanted the registered manager to be present at the service on the day of the inspection to provide us with the information we needed. We last visited this service on 18 July 2013 and the registered provider was meeting all the regulations inspected at that time.

The service is registered to provide personal care to people living in their own homes. At the time of our inspection 27 people were receiving support. The service supported older and younger people, people with a learning disability, mental health concerns and people with physical disabilities. Some people were living with dementia and some with sensory impairments.

The service had a registered manager who was also the registered provider. 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.

Systems were in place for the management of medicines so people received their medicines safely. Some improvements were needed to ensure all good practice guidelines were used. We made a recommendation the registered provider did this and work had already started on day two of our inspection.

The registered provider ensured risk assessments were in place for staff to follow when they supported people and also around the equipment they used in people's homes they visited.

This meant the registered provider took steps to ensure the safety of people and staff. Formal assessment tools were not used for areas such as pressure care and nutrition. The registered manager told us they will start to use these where appropriate to ensure staff have all of the written guidance they need to help people to remain safe.

Care plans we saw contained information about the person's likes, dislikes and personal choices. Care plans were reviewed regularly and any actions from those reviews were carried out to improve the service people received.

People were supported to access their choice of food and drinks which helped to ensure their nutritional needs were met. Staff worked with other healthcare professionals to support people to have their health needs met.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice. People and their relatives told us staff

treated them with dignity and respect. Staff showed compassion, were patient and gave encouragement to people. People were supported to have choices and be independent.

The registered manager and staff we spoke with had an understanding of the principles and responsibilities in accordance with the Mental Capacity Act (MCA) 2005. People were supported to make their own decisions and were involved in decisions about their care and support.

There was enough staff employed to provide support and ensure people's needs were met. Effective recruitment and selection procedures were in place and we saw appropriate checks had been undertaken before staff began work.

Staff told us the registered manager and senior members of staff were supportive. Staff had received regular supervision and appraisal. The registered provider had a system in place to ensure staff received all of their training and this confirmed training was up to date. Staff told us they felt they had received enough training to enable them to fulfil their role.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. Staff told us the service had an open, inclusive and positive culture.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines management systems did not include all good practice guidance. Formal risk assessments were not used for areas such as pressure care and nutrition where required. The registered manager told us these improvements would be implemented in the service.

Staff were knowledgeable in recognising signs of potential abuse and said they would report any concerns regarding the safety of people to the registered manager.

There was sufficient staff employed to meet people's needs. Safe recruitment procedures were in place.

Is the service effective?

Good ●

The service was effective

Staff had received appropriate training, support and appraisal to enable them to fulfil their role.

The registered manager and staff were working in line with the principles of the Mental Capacity Act 2005. This meant people were involved in decision making about their care.

People were supported to maintain good health. Staff encouraged and supported people to have meals of their choice.

Is the service caring?

Good ●

This service was caring.

People told us they were well cared for. People were treated in a kind and compassionate way.

People were treated with respect and their independence, privacy and dignity were promoted.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about the support people required and about how they wanted their care to be provided.

Care plans provided staff with detailed guidance about what was important to people. Care was reviewed regularly.

People were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with.

Is the service well-led?

The service was well led.

Staff were supported by their registered manager and felt able to approach them.

There were systems in place to monitor and improve the quality of the service provided.

The service had an open, inclusive and positive culture. Staff and people who used the service were regularly asked their views and this information was used to continuously improve the service.

Good ●

Choices Home Care 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.

We inspected Choices Home Care Limited on 21 October and 2 November 2016. This was an announced inspection. We gave the provider 48 Hours' notice that we would be visiting to ensure the registered manager was available to provide the information we required.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people who used the service and relatives to find out their views on the care they received.

Before the inspection we reviewed all the information we held about the service. We contacted the local authorities for feedback. They did not report any concerns. The registered provider completed 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. We used all of this information to plan our inspection.

During the inspection we spoke with eight people who used the service or their relatives / representatives. We spoke with the registered manager, three senior members of staff, an office administrator and five care workers. We received written feedback from a health care professional who works with the service.

We looked at three people's care records, including care planning documentation and medication records. We looked at four staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We spoke with people who used the service who needed help from staff to administer their medicines. People did not report any problems and advised care workers were reliable. One relative told us they relied on the staff to support their family member when they were away on holiday. They told us this made them feel safe.

Medicines had been supplied by the pharmacy in blister packs, packets or bottles. Medicines had a pharmacy label which detailed the instructions for care workers to help ensure they were administered appropriately.

Staff followed the instructions on the medicine label and recorded in a list format the medicines they had administered at each visit. These records were checked by senior members of staff when they were returned to the office to ensure any issues were highlighted.

In each person's care plan was a medicine list which told the care workers what medicines should be taken and when. If there were any changes to a person's prescribed medicines care workers completed a 'new instructions sheet' to alert their colleagues and senior members of staff to the change. Care workers told us this system was easy to follow. All staff had received training in medicines management and records we saw confirmed this.

Although the service had systems in place to record medicines these were not robust and did not incorporate current good practice. Good practice defines the information needed by care workers to ensure safe administration of medicines. For example a medication administration record (MAR) was not used. A MAR contains all the relevant information about the person, the medicine including the dose and method of administration. Information about 'as and when required' medicine was not clear for care workers to know why and when they should administer the medicine. Although we did not find any evidence people had been harmed, people were at risk of harm because staff did not have the full instructions about people's medicines which could lead to errors.

On day two of the inspection the registered manager had re-designed the system in use to follow good practice guidance. We recommend that this system is implemented and care workers are re-trained and their competency checked to ensure the risk of harm to people through medicines management is reduced.

There were risk assessments in place for people who used the service. Risk assessments covered areas such as medicines and mobility. Care plans described how to keep people safe and minimise the risk of harm. For example one person was at risk of self-neglect and dehydration, the care plan detailed how the person preferred their meals to be served which promoted the person eating and drinking more. Another person was at risk of choking and the care plan detailed what care workers should monitor when supporting the person to eat to assess if the person's swallowing abilities were deteriorating and what to do if the person did choke. This meant staff were provided with the information needed to keep people safe.

The registered provider did not use recognised formal risk assessment tools where they were available for areas such as falls, nutrition and pressure area care. We discussed with the registered manager how such tools aid members of staff who complete assessments to identify all control measures to reduce the risk of harm. The tools would also support understanding of when to refer on to relevant professionals. On day two the registered manager showed us how such tools had been trialled and they told us this would be implemented across all people's care plans where relevant.

The registered manager told us moving and handling equipment such as hoists were checked to ensure they had been serviced and were fit for use. We saw in one person's records this had happened. We saw environmental risk assessments had taken place in people's homes to ensure potential risks and control measures were in place to keep people safe. For example we saw a description of how to support a person to evacuate safely in one person's care plan.

We saw records to confirm accidents and incidents were recorded and analysed. The registered provider ensured any changes required to people's support or staff support were implemented. This meant the registered provider took steps to reduce the risk of incidents re occurring.

People and their families all told us they felt safe and protected when they received support. One person told us "The staff are excellent and I feel safe because they are so kind."

Staff were aware of the different types of abuse and what to do if they witnessed any poor practice. The registered manager was aware of local safeguarding protocols. Staff told us they had received training in respect of abuse and safeguarding adults and records we saw confirmed this. Staff told us they felt confident to speak up, one care worker told us "I feel confident I could whistle blow." Whistleblowing is where people can disclose concerns they have about any part of the service where they feel dangerous, illegal or improper activity is happening.

We saw written evidence the registered manager had notified the local authority and CQC of safeguarding incidents. The registered manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents. This meant systems in place worked to protect people from harm or further harm once an issue was recognised.

During the inspection we looked at the records of the four most recently recruited staff to check the registered provider's recruitment procedure was effective and safe. We saw appropriate Disclosure and Barring Service checks (DBS) had been carried out before members of staff had started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with adults requiring this type of support. This helps employers make safer recruiting decisions and to prevent unsuitable people from working with people.

References had been obtained and where possible one of which was from the last employer. The registered manager told us any gaps in potential staff's employment history were discussed at interview to determine their suitability to work in the service. This meant the registered provider followed safe recruitment procedures.

The registered manager told us there were enough staff employed to meet the needs of the people the service supported. The registered manager explained they had a good reputation as an employer and they did not need to advertise vacancies because candidates were often recommended to contact them.

The registered manager told us they provided a flexible service which ensured they met the needs of people.

We were told and saw records which confirmed people's needs were assessed on an individual basis. The registered manager told us some people who used the service were provided with a weekly rota, which informed what time staff would be providing support and the names of staff. One person confirmed this happened for them.

People said staff turned up on time; also they had a regular team of care workers which they preferred. One person told us "I'm very happy with the service because they are always on time." A relative said "My family member feels safe because he knows someone is going to visit." This meant the registered provider ensured people received regular and reliable support.

We asked the registered manager what staff would do in the event of a medical emergency when providing support for people who used the service. We found staff were up to date with their basic life support training. The registered manager told us in the event of a medical emergency an ambulance would be called. The registered manager explained there was always a member of staff on call and a manager available for support to help deal with emergencies and incidences. This meant staff had the knowledge, skills and appropriate support to deal with emergencies.

Is the service effective?

Our findings

We were told staff had the skills and knowledge to support people with their specific needs. One relative told us "The staff are spot on with their training and always seem to keep on top."

The registered manager showed us the training matrix which detailed training staff had undertaken. We saw staff training was up to date. We saw the registered provider had a system to ensure staff received training they felt was required and that this was refreshed frequently. Topics ranged from basic life support, Mental Capacity Act to privacy and dignity.

We spoke with staff about training they had undertaken. Staff confirmed the quality of the training was good. One care worker said "I did a dementia course which was good; it taught me just because a person says one thing it does not mean it is what they want. I ensure I sit and listen and work out what they are trying to tell me, I still give people a choice." A senior staff member told us "I enjoy my role, each day is varied, and it is about making a small difference and building relationships. I have completed risk assessment training and Mental Capacity Act training. I feel confident and if I didn't I would speak up." This meant the registered provider ensured staff received training which ensured they had the skills and knowledge to do their job.

Staff told us on the commencement of their employment they undertook a full induction. This included reading policies and shadowing other experienced staff whilst they provided care to people. A care worker said "For induction I shadowed for one week and read all the care plans and ensured I knew where things were, it was really good." Records we saw confirmed this. This helped to ensure people were supported by skilled and experienced staff.

The registered manager explained a senior member of staff was delegated to ensure staff received support to complete their qualifications and credit framework (QCF). QCF is a recognised work based training programme which helps members of staff achieve skills and recognised qualifications in social care. The same senior member of staff supported the induction of staff who were new to care work to complete the care certificate. The care certificate sets out learning outcomes, competences and standards of care that are expected.

The registered manager explained each staff member received two one to one supervision meetings every twelve months in addition to an appraisal. Senior members of staff also carried out two observations of staff each year whilst they were delivering support to ensure their practice was appropriate and safe. One senior member of staff told us "I look through reviews, supervision and quality visits to get a sense of a care worker's competence, I ask people when I visit them how things are going and this tells you a lot about staff performance. I use this when I supervise staff to give feedback."

Staff told us they felt well supported and had received regular supervision. We saw the record of four members of staff and they confirmed this had happened. One care worker told us "My line manager is very good at their role. If I have any problems they are dealt with straight away. My supervision is regular and I

just had an appraisal. I enjoy going into the office and getting everything off my chest because I know things will come from it." This meant staff had the support they required enable them to carry out their duties they were employed to do.

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 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.

Staff we spoke with understood their obligations with respect to people's choices and consent. The training matrix confirmed staff were currently trained in the Mental Capacity Act (MCA) 2005.

People and their relatives were involved in discussions about their care. One person told us "I am always looking at my care plan, and they (care workers) keep me involved." A family member told us "They always ask my family member if it is ok when carrying out personal care on them."

We saw in people's care plans they had signed to say they consented to staff carrying out support for them when a person had capacity to do so. Where a person was not able to physically sign it was recorded that the care plan had been read out to the person and they had verbally consented in the presence of a witness.

We discussed with a senior staff member a case where a person had a known impairment of the brain which could affect their capacity to make decisions. The senior member of staff had discussed the care plan with the person and had deemed them capable of consenting to the care described, but the senior staff member had not recorded this process. We discussed with the registered manager the need to record all formal process where assessments are completed to determine a person's capacity. The registered provider had such documents to use and the registered manager explained they would ensure they were used in future.

This meant the registered provider was working within the principles of the Mental Capacity Act 2005. They ensured assessments of capacity were carried out and appropriate decisions made where necessary in people's best interests.

The service provided support to people at meal times. Those people who were able were encouraged to be independent in meal preparation. Staff encouraged and supported people to have meals of their choice and this included support to prepare shopping lists and visit local shops. One person told us "They (care workers) always make sure I have had something to eat and leave me with a drink."

A care worker said "In some people's care plans we have recipes. I am a good cook and I try to give people choice. I try to vary what I do for each person. Because some people's appetites can be reduced I try different options, if this failed I would report it to see if there was any health issues."

The registered manager and staff we spoke with told us they worked with other healthcare professionals to support people. A healthcare professional confirmed in their written feedback to the service 'Choices have been involved in a number of cases and have fully contributed to people's improvement in health, wellbeing and quality of life'. We saw in people's care plans that members of staff liaised regularly with healthcare professionals and communicated advice professionals made via the care plan system for care workers to follow.

In the registered provider's information return (PIR) they outlined they would be introducing health care

plans over the next 12 months to further develop the work they do supporting and recording people's health needs.

This meant people were supported to maintain good nutrition and health via appropriate access to healthcare services.

Is the service caring?

Our findings

All of the people and/or their relatives we spoke with were complimentary about the care and service received. They told us care workers were polite caring and friendly. One person said "I think they (care workers) are all angels." Another person told us "I have a genuine friendship with the staff."

The registered manager explained they ensured people received a person centred service. They described this by explaining an example where one person would not receive support from any service. Choices Homecare Limited began to approach this person with regular care workers and supported them to build relationships and trust with the person. The registered manager explained this person will now accept support from more of the care workers and this meant they could care for them better.

Staff spoke with kindness and compassion and were committed to supporting people to be independent, have choices and make their own decisions. A care worker told us "People matter to us, what they want matters. It is the little things. I would want this if I was supported." For example a care worker told us one person could not physically take care of themselves but staff ensured they had access to environmental controls so they were empowered to control the environment around them. One care worker explained "I ensure one person manages their own money with support when we are out in the community to develop their independence."

People's preferences and like and dislikes were recorded in detail within their care plan. For example; 'I would like you to call me [name of person supported]' and 'please check how I am feeling this is important to me'. All of this information supported staff to understand what was important to people and to develop positive relationships.

A care worker told us "We support some people who can prepare something like a drink. So I help make the meal whilst they make their own tea, or I wash up and they dry up. We do simple tasks to promote people to join in. We have recently supported a person to move and we have learnt them to cook and they can now do basic things for themselves."

This meant the registered provider ensured a person centred approach to support was used which promoted independence and choice.

The registered manager told us staff induction and training, along with policies and procedures supported values and beliefs in the dignity and welfare of people. It was clear from our discussions with staff these values underpinned the work they carried out with people. People and their relatives were involved in all aspects of planning their support. A relative said "I am aware of my family members care plan and I read and sign it."

Staff demonstrated to us they knew how to protect people's privacy and dignity whilst assisting with personal care. A care worker said, "You must knock before you walk in. I always ensure people are covered to protect their dignity." Staff also described how they ensured curtains were closed and that they asked

relatives to leave whilst they supported people with intimate personal care to protect people's dignity. People we spoke with confirmed this happened when care workers supported them.

This meant people were treated with dignity and respect by a staff team who were committed to developing positive relationships and fully involving the people they supported and their relatives.

Is the service responsive?

Our findings

People and relatives we spoke with told us staff knew them well and were responsive to their needs. One person said "In the six years I have used them they have never let me down." A relative told us "My family member very much looks forward to their carer arriving."

We looked at the care records of three people who used the service. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care plans described the support needed at each of the visits in a section called 'my support plan at a glance'. This helped care workers see quickly what the person expected them to do. One care worker told us "I like the care plans they are good, I can see at a glance information I need to know. They help me get to know people."

Care plans contained little information about people's life history. Such important information about people's background and their likes and dislikes would support staff to deliver more personalised care. Staff knew all of the information because they had developed positive relationships with people they supported, but this had not been recorded. The registered manager told us this piece of work was something they had started to develop and that this detail would be recorded in people's care plans in the next 12 months.

People's care was reviewed regularly. We saw each person had a formal annual review where they and their relatives were asked about their support and any changes which were needed. Any actions the registered provider needed to take following the review were recorded and we saw the actions were recorded as complete once senior members of staff had made the changes. For example it had been identified one person would benefit from contingency hours for when they needed additional support for example if they were ill. We saw funding had been sought and agreed. This meant the service had responded appropriately to the person's needs and therefore staff would be available in the future when needed.

Each section of the care plan contained headings such as 'what I can do for myself' and 'what I find difficult'. This approach focused on people's strengths and the emphasis was to ensure staff supported the person where needed and did not take over tasks the person could do for themselves. For example; one person's care plan outlined their anxiety around water and how staff could support their personal care whilst preventing anxiety.

We saw on one occasion advice received from a district nurse for a person had not been transferred onto the care plan. Staff knew the change in support when we spoke with them so no harm had come to the person. We discussed with the registered manager the importance of ensuring changes are reflected in people's care plans to reduce the risk of care workers delivering support which may not be appropriate.

A healthcare professional outlined in their written feedback about the service 'Some people do not often engage with services, this results in people not receiving appropriate support for their needs. Choices work flexibly within their service specification and funding streams, reaching people that otherwise would struggle to live in society. The overall attention to detail, care and support is amazing and long may this continue'.

This meant the service delivered support which was responsive to people's needs.

We looked at the complaints procedure, which informed people how and whom to make a complaint to. The procedure gave people timescales for action. Of all the people we spoke with only one person did not know how to complain. People told us they were satisfied with the service. One person said "I have got no complaints, but if I had I would ring [name of registered manager]."

We looked at the complaints log for a complaint received in the past 12 months and saw it was dealt with appropriately and people had received feedback on their concern. This meant the service had listened and learnt from feedback they had received.

Is the service well-led?

Our findings

The service had a registered manager who was also the registered provider. All of the people who used the service and their relatives spoke highly of the registered manager. They told us they thought the service was well led. One person said "The service is very thorough and good at keeping in contact."

Members of staff we spoke with were complimentary about the leadership style the registered manager displayed. They felt this had led to an open and positive culture in the service. One member of staff told us "[name of registered manager] is approachable. I went into the office and although she was very busy the manager took time to ask if I was ok, she listened and she is down to earth." Another told us "I feel supported by [name of registered manager]. She likes to develop people and she is hands on and present in the service. She will guide you in the right direction." And "[name of registered manager] would not expect you to do anything she hasn't done herself."

We spoke with the registered manager who told us there were clear lines of management and accountability and all staff who worked for the service were very clear on their role and responsibilities. All of this meant the registered manager was a good role model and demonstrated they were an effective leader.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems help providers to assess the safety and quality of their services. Checks were carried out on all aspects of the service. This included the checking of care plans, other care records and medicine records.

The registered manager told us they and senior members of staff visited people who used the service in their own home to make sure they were happy with the care and service they received. These visits would sometimes be at the same time a care worker was providing support to the person. This meant senior staff could observe staff practice and competence. We saw records to confirm these checks occurred frequently and people's comments about the service were recorded and they were positive. For example "Yes we are happy, we have a laugh and the service can do nothing differently."

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us surveys were sent out to people on an annual basis to seek their views on the care and service provided. We saw records to confirm a survey was conducted in 2015 and a new one was due to be sent to people.

The registered manager completed an annual quality review where they analysed patterns and trends from feedback received which included the annual survey feedback. The registered manager had produced an action plan from this analysis. We saw one of the actions was to ensure everyone who the service supported must be made aware of how they can raise concerns. To improve this area we saw a newsletter had been produced and staff had been asked to remind people how they could complain.

The senior members of staff met regularly with the registered manager and discussed the themes and areas

for development needed. We saw records to confirm these meetings happened. The registered manager explained the agenda for the meeting would be expanded to include more analysis of occurrences such as incidents and accidents. They felt this would ensure the discussions they had as a team were recorded better.

We saw records to confirm staff meetings took place regularly. The senior members of staff shared key agenda items with their own teams of staff across the service. Items such as the new support plans, confidentiality and staff training were discussed. A care worker told us "We share ideas to support people better and we can speak up, everything is so organised if you have any problems you can bring it out at the meeting." This meant staff were supported well by the registered manager and senior members of staff and they felt at ease speaking about concerns they may have.

The registered manager kept up to date with adult social care by participating in local groups such as provider forums and a local registered manager network. This had led to the registered manager taking part in good practice forums and the development of the Kirklees medication policy group. This meant the registered manager was motivated to continuously improve the service in line with good practice.

The registered manager understood their responsibilities around reporting incidences via statutory notifications to the CQC and we saw they had reported when appropriate to do so.