

Care Preference Ltd

Care Preference Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care Preference Ltd is a domiciliary care service registered to provide personal care to people living in their own homes. The service provides planned visits and 24-hour support to people who may be living with a neuromuscular disease or other physical disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, the service was supporting 28 people with a regulated activity.

People's experience of using this service and what we found

Where recommendations were made at the last inspection, action had not always been taken in response. Governance systems in place were not always effective and staff recruitment was not consistently robust.

Accidents and incidents were investigated but outcomes were not always analysed to help improve the service. People received support with their medicines as assessed. However, some improvements were required to medication records.

People told us they felt safe. Infection control procedures were in place to reduce the risk of spread of infection.

People's needs were assessed prior to them receiving a service. They were supported to access health care services. We received positive feedback from health care professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with respect. It was clear people had positive relationships with their support staff who they had helped to select based on their own similar interests. People were supported and empowered to make their own decisions.

People received person centred care and staffing was organised and adapted to meet people's wishes and needs. People were fully supported with their social interests. People's end of life wishes had not always been explored and the provider planned to review this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in the governance of the service. Please see the action we have told the provider to take at the end of this report.

At this inspection we also recognised that the provider had failed to tell us of notifiable incidents. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Care Preference Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had four managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 22 October 2019 and ended on 29 October 2019. We visited the office location on 23 and 29 October.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with five staff including, the nominated individual, one registered manager, one team leader, and two care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We visited one person in their own home and spoke with one health professional.

We reviewed a range of records this included three people's care records. We reviewed medication records. We looked at three staff files in relation to recruitment and staff supervision. We looked at staff training data and quality assurance records.

After the inspection

We continued to seek clarification from the nominated individual to validate evidence found. We spoke with one further staff member. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At the last inspection we recommended the registered provider sought advice and guidance from a reputable source regarding their recruitment practices.

- Recruitment was not always robust. Although recruitment checks were carried out, the outcome of checks to show staff were of suitable character had not always been received prior to them starting training in people's homes. For example, one person had commenced training prior to their police check and references being completed. We discussed this with the nominated individual who gave us assurances that going forward all appropriate checks would be completed.
- People were fully involved in the recruitment of their own staff to ensure compatibility. This included reviewing applications and attending interviews and compatibility meetings. People told us, "You have a choice of how much you want to be involved with the recruitment process, it makes you feel more in control" and, "I am fully involved with the process we select them with the management and then we personally have a choice if the person is a match."
- There was sufficient staff employed by the service. Rotas were done in advanced, shared with both staff and people using the service, and included detail of on call, support staff.

Learning lessons when things go wrong

- Accident and incidents were recorded, with actions taken. However, outcomes were not always monitored for trends to help improve the service and prevent reoccurrence. We discussed this with a registered manager who told us they were in the process of developing monitoring tools which would help identify trends.

Using medicines safely

- Some medication records required improvement in line with best practice guidance. For example, we saw gaps on medication administration records and where staff were directed to record the exact time a medicine was given, the time had not always been completed.
- People were happy with the support they received with their medication.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People felt safe. One person told us, "Yes, I feel safe. The staff are fabulous, I feel perfectly safe and I am always in control of the care I want."
- Staff were trained to recognise and respond to safeguarding concerns. Staff understood their responsibility regarding reporting any concerns.

- Care plans and risk assessments had been implemented to support known risks.
- Environmental risk assessments had been carried out to keep people safe.

Preventing and controlling infection

- The registered managers protected people from the risk of infection. Staff were trained in preventing and controlling the spread of infection. They used appropriate protective equipment, such as disposable gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed prior to them receiving a service.
- The staff provided the support people needed to enjoy their meals and drinks. People were supported to eat and drink enough to maintain good health.
- People's nutritional needs were recorded in their care plan. Staff received appropriate training to support people with their nutrition.
- People gave consistently positive feedback regarding the nutritional support they received.

Staff support: induction, training, skills and experience

- People who used the service provided positive feedback about the skills and knowledge of the staff.
- Staff received induction and ongoing training tailored around people's needs. Staff told us, "It's the most comprehensive induction I have been through. It's really person-centred training, with clients involved in the induction of new staff. It includes training, shadowing and observations."
- Staff were supported and encouraged to develop through performance meetings and competency assessments.

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

- People's care plans detailed their health care needs, and any support they required with this.
- Staff supported people to access their health care appointments.
- We received positive feedback from health care professionals. One district nurse told us, "I get feedback from clients and family which is heart-warming how happy they are. The service goes over and above nothing is too much they want the best for people they look after, person centred care at its best."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff gained consent prior to providing care and people were fully encouraged and supported to make their own decisions and choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with the upmost respect. Staff knew people extremely well and were able to recognise from people's change in mood if they required support or personal space. People told us how staff had been able to support them positively through 'bad periods' in their life.
- Staff had been matched with people based on their compatibility and interests which helped people form positive working relationships. For example, people who had interests in sports had been matched with staff who had the same interests.
- People gave consistently positive feedback about the staff. Comments included, "They have an approach I cannot define in words but the only thing I can say, it's perfect for me" and "The staff are always caring, treat me with total respect and always care in a dignified way towards me".
- People were treated as individuals and their individual choices respected.

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

- People told us they were fully involved and empowered in making decisions about their own care. One person told us, "I am fully involved in my care plan; my family have input as well. I am also involved with recruitment of PAs [Personnel assistants] I feel very empowered by the process."
- People were encouraged to express their views in review meetings and through management team visits.
- Where people wanted support with advocacy to support them when making bigger decisions, the service provided this or referred them to the appropriate organisations. For example, the nominated individual had advocated and supported one person to move to more suitable accommodation.

Respecting and promoting people's privacy, dignity and independence

- People who used the service were very independent. Staff respected this and promoted people to maintain their independence. One person told us, "They always try to encourage me do things I can for myself, such as preparation of food and making choices for myself."
- Staff supported and empowered people to maintain their independence by supporting them with their employment and education.
- People's privacy and dignity was maintained. People told us how staff respected their privacy and made them feel comfortable when providing personal care. One person told us, "The staff's approach is always respectful to my dignity and they always make sure it's done the way I want it."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received extremely person-centred care, that was planned and organised around their needs. For example, people were encouraged and supported to set and achieve their own personal goals.
- We received consistently positive feedback about the care people received. One person told us, "The approach is always centred around my needs. There is a total respect for me in how they care, it has been life changing for me" and "Care preference changed my life, I realised my abilities as now I have now come off my peg feed, I feel more in control and I am accessing university."
- Care plans and risk assessments provided person centred information about what support was needed and information about how that support should be provided. For example, they contained guidance on people's preferred routines and how people should communicate with people when providing the support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The nominated individual was aware of the AIS. They had previously organised for translators to support people with their communication needs.
- Everyone's communications needs were assessed prior to them receiving a service and recorded in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were fully supported by staff to access their social activities and interests. Staff support arrangements were developed and adapted to support people to attend events and activities they wanted to.
- The service supported people to attend a variety of activities, events and for example, people were supported to attend sporting events, such as boxing matches and football.
- Staff fully supported people to arrange and plans holidays. The service had empowered and supported people to holiday abroad for the first time. One person told us, "They have a 'can do' attitude when I suggest things I want to do, I am going abroad this year."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure and people told us they were happy to raise any concerns.
- When concerns had been raised by people regarding staffing compatibility's, these had been addressed

by the nominated individual.

- A registered manager was implementing a monitoring tool to ensure all complaints and concerns were recorded and evaluated. Where actions were required the form would be used to help identify trends to help improve the service.

End of life care and support

- People's end of life wishes had not always been explored. We discussed with the nominated individual and registered manager about providing more opportunity for people to express any end of life wishes they may have. The provider told us they would give people the choice to discuss their wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Following the recommendation at our last inspection, the provider had failed to implement appropriate governance to ensure pre-recruitment checks were implemented prior to staff commencing their roles.
- Systems in place had failed to identify and ensure notifications to the CQC were submitted as required.
- The provider was not displaying their rating on the website which is a legal requirement. This matter was resolved during the inspection process.
- Systems and checks, including audits, failed to ensure records were always kept up to date with accurate information. We found errors in records associated with people's care and support including their medicines, and end of life care wishes. Other management records had not been completed to effectively monitor and evaluate accidents, incidents and complaints to help improve the service provided.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the last inspection we raised the requirement to submit notifications with the provider and gave them guidance and advice in regard to an incident. At this inspection we found two incidents had occurred that we had not been notified of. The nominated individual responded after the inspection and submitted the required notifications.

The failure to notify as required was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter outside of the inspection process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received a person-centred service. For example, people were fully involved in recruiting their staff and planning their care delivery. We received consistently positive feedback from people.

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

- Reviews were used to gather feedback from people using the service.
- People were fully involved in the service, from recruitment through to care planning.
- Regular staff meetings were not held because it was not always practical for staff to attend from such a large geographical area. The nominated individual told us this was something they were looking to implement. Staff were in regular contact through phone and email and managers made regular pop in visits while they were delivering care to ensure they were engaged and supported.

Working in partnership with others

- The service worked in partnership with health professionals. One district nurse told us, "Absolutely brilliant; the management, they are all so accessible to communicate with, they're always eager to do better. I really don't have any issues and they take instruction well."

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	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems including audits and checks had not been reviewed for their effectiveness to ensure they maintained standards and identified areas of the service where improvement was required. Checks failed to ensure compliance with all required regulations.