

Choice Global Limited

Choice Global

Inspection report

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22 March 2019

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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: Choice Global (home care) care agency. It provides personal care to people living in their own houses and flats.

People's experience of using this service:

Care plans were developed when people started using the service. However, risk assessments had not always been developed for each identified risk and lacked detail and guidance for staff. Staff demonstrated verbally they knew people well and were aware of how to manage people's individual risk.

Care plans were person centred and took account of people's preferences. However, the care plans lacked the detail on how to provide the care and support listed. Staff we spoke with were aware of how to provide the support in the way people wanted.

The registered manager was very involved in the day to day support and care of people who used the service. However, the auditing and monitoring of the service needed to improve. Audits and checks were not always in place to ensure best practice.

People felt the care and support they received was safe. Staff received training in safeguarding and they knew how to report their concerns internally and externally to safeguarding authorities.

Relatives told us people could rely on staff coming to visit them, we found that calls were delivered on time and the registered manager allocated travel time between calls.

Staff received regular training, the registered manager observed their practical knowledge and competencies. Staff received appropriate training to meet people's needs.

Relatives told us they were happy with the care provided for people by Choice Global.

Relatives told us the registered manager was approachable and listened to them, they felt confident to raise any concerns. Concerns or complaints were recorded and responded following the provider's complaints policy.

Relatives told us staff were kind and caring towards people who used the service. People's dignity and privacy were protected.

Staff were responsive to people's needs and supported them the way they wanted.

The provider had policies and procedures in place which were based on current legislation and best practice guidance. Staff received updates when required to ensure lessons were learned when things went wrong.

Rating at last inspection: This was the first inspection of the service since the service registered with the Care Quality Commission on 30 November 2017.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 Safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Safe findings below.

Requires Improvement ●

Choice Global

Detailed findings

Background to this inspection

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

One inspector carried out this inspection.

Choice Global is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. Choice Global provides care and support to older people, younger adults, people living with dementia, people with a physical disability and people with sensory impairments. Not everyone using Choice Global received the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were four people receiving the regulated activity of personal care at the time of the inspection.

The service had a manager 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 site visit because we needed to make sure that the registered manager would be in.

Inspection started on 19 March 2019 and ended on 23 March 2019. We visited the office location on 19 March 2019, we spoke with the provider, registered manager and business development manager. We reviewed care records, staff files and other documents relating to the service.

Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service. We spoke with people who used the service and their relatives.

During the inspection we:

Spoke with one care staff, Head of home care, the area manager and the registered manager. We gathered information from three care plans which included all aspects of care and risk. We looked at two staff files including all aspects of recruitment, supervisions, and training records.

We also looked at records of accidents, incidents, complaints, audits, surveys and minutes of staff meetings. We checked the provider`s policies and procedures relating to the management of the service.

Following the inspection we:

Reviewed information we had requested such as training documents and we spoke with three staff members and five relatives. However, we were not able to talk with people who used the service during our telephone calls.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- People had risk assessments in place, these were reviewed. However, people's risk assessments did not give the detailed guidance in how to mitigate risks in areas such as moving and handling and other identified risks to people`s well-being. Some identified risks did not always have a risk assessment to support best safe practice. Staff we spoke with were aware of people's risks and demonstrated they managed these appropriately.
- Staff received training and competency assessments in areas such as managing people`s medicines. Staff received the appropriate training to ensure the care people received was safe.

Staffing and recruitment

- Staffing levels met the needs of people using the service. Relatives of people who used the service told us they felt there were enough staff to meet people`s needs. People received their calls on time and were contacted if staff were running late. One relative said, "[Staff] are generally on time if there is a delay they let us know." Another said, "[Staff] are always here on time."
- The provider was trialling an electronic system to monitor calls. However, this was not in full use at the time of the inspection. We found that call logs were not audited to ensure late calls were looked at. However, the registered manager attended most calls on a regular basis to provide care as there were only four people who used the service at the time of this inspection. The registered manager told us there had been no late calls, but this was not reviewed.
- The provider had recruitment procedures and checks in place to help ensure that staff employed were suitable to work at the service. However, staff application forms lacked the appropriate dates of previous employment required to allow the provider to check any gaps in their work history. This meant the provider would be unaware and not able to explore any gaps in staffs' employment history. We found no evidence to demonstrate this had been identified. The provider stated they will now add this to their check list and ensure they follow up on these dates.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One relative said, "They are safe."
- Staff had a good understanding of safeguarding and reporting concerns. One staff member told us, "I would report any concerns to the manager." Staff knew how to escalate concerns if required and report to other agencies such as the local authority and CQC.
- Staff received safeguarding training and safeguarding was discussed with staff at team meetings.
- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse.

Using medicines safely

- People's medicines were managed safely. The registered manager reviewed medicine administration records monthly to check that medicines were managed appropriately.
- Staff had received training to help ensure that people received their medicines as prescribed.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and good hand hygiene practice to aid infection control and staff completed training for infection control.

Learning lessons when things go wrong

- The registered manager took appropriate actions following incidents and learning was shared with staff. Care plans were updated when required.

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

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

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

- People's needs were assessed before they started using the service. Assessments included people's choices and preferences.
- The registered manager confirmed they discussed people's care and support needs to ensure these could be met.
- Care plans contained information about people's needs, these were reviewed annually or when people's needs changed. However, better guidance for staff was required. Staff we spoke with were aware of people's needs and what care to provide. The registered manager confirmed new staff were introduced to people and were shown what support was required.

Staff support: induction, training, skills and experience

- One relative said, "Staff are very good they are professional and have the skills to care for my [relative]."
- Staff confirmed they received an induction into their role and received relevant training and shadowing with experienced staff members.
- Staff told us training included moving and handling, administration of medicines and safeguarding people.
- Staff confirmed they received supervisions and competency assessments to ensure they remained competent in their job roles.

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

- People who required help were supported to eat and drink. One relative said, I order the shopping and staff will cook the meals."
- Information about the care and support given was documented in people`s care plans by staff appropriately.

Staff worked with other agencies to provide consistent, effective, timely care

- Staff and the management team worked well with other professionals to ensure that people received appropriate care. For example, other professionals supported staff to help ensure people's equipment was used appropriately.
- Staff knew what to do should they need to contact professionals such as GP's if required.

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 were always asked for consent before staff supported them. One relative said, "Staff always check what they want." Another relative said, "Staff are always asking if there is anything else they can do."
- Staff received training about the Mental Capacity Act and had a good understanding of how to support people in practice.
- Staff told us they communicated what they were doing and always checked they had people's consent.

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

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us staff were kind and caring and spoke with them in a respectful manner. One relative said, "Staff provide a caring service." Another relative said, "Staff are kind and caring, I am happy with the care and support my [relative] receives."
- People's cultural and religious beliefs were respected. People's care plans gave staff information about people's cultural and religious preferences.
- People's care plans were written in a person-centred way and contained important information about the person.

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

- Staff and management asked for people's views about their care. The registered manager confirmed they contacted people to gain their feedback.
- The registered manager provided people's care and support and told us they took the time to ensure people were happy with their support.
- The registered manager completed spot checks in people's homes to help ensure people were being treated with dignity and were involved in their care
- Annual surveys were completed, and these confirmed people were happy with their support.
- People and relatives told us they were involved with decisions about their care.
- It was clear from people's care plans, they were involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted.
- People were supported to maintain their independence as far as possible.
- Staff told us they promoted people's independence. One staff member said, "I always give people choices and I encourage people to do what they can for them self." Staff understood the importance of choice and promoting people's independence.

Is the service responsive?

Our findings

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

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

Personalised care

- People received care and support as they liked it. One relative said, "We have regular conversations about my [relative's] care. I have complete confidence in the [staff]."
- Care plans detailed people's preferences, likes and dislikes. For example, female or male carer and the food choices they liked. However more detail was required around how to provide the documented care needs.
- People told us they were happy with the care and support they received. One relative commented, "[Name] has a good relationship with the [Staff] and they are very helpful. We have confidence in the staff. The communication is good." Another relative said, "Staff turn up on time, they are kind and caring and respectful."

Improving care quality in response to complaints or concerns

- Relatives told us they had no complaints about the service; however, they said they knew how to complain if they had any concerns.
- Relatives also told us that they thought the management team were responsive. For example, one relative told us they had sent an email to cancel a visit and they received a response from the registered manager confirming they had received the request.
- The registered manager confirmed there had only been one complaint and we noted this was responded to appropriately.

End of life care and support

- The service did not provide end of life care. People preferences around this were not sought. However, staff received appropriate training in this area to enable them to correctly identify when people were nearing end of life.

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

The service was not consistently managed and well-led.

- Audits were not completed to ensure the quality of the service. We asked to see audits for call logs, medicines, spot checks and care plan. The registered manager told us about the checks in place but said that due to being so 'hands on' they had not completed the required audits.
- Care plans were person centred and it was clear that people had been involved with the detail of personal information that gave a good picture about who the person was and their likes and dislikes. However, care plans listed the support required but lacked the guidance for staff on how to deliver the support as the person wanted. This was also true of risks that were identified, there was no guidance on how to manage the risks safely. Some identified risks lacked a risk assessment. Staff were able to demonstrate they knew what support was required and they knew people's risk and how to manage them..
- Staff and the registered manager confirmed that supervisions for staff took place.

Continuous learning and improving care

- The registered manager had plans in place to further improve the service. For example, the implementation of an electronic monitoring system.
- The registered manager said, "We ensure the staff have the right skills needed to provide good care. All staff are introduced to clients before care commences."
- The registered manager understood when to report notifiable incidents to the proper authorities.

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

- The registered manager and care staff were passionate about providing high quality care.
- Policies and procedures in place were clear and up to date with current legislation around how to give the best care to people.
- The registered manager discussed issues and shared information at team meetings to promote staff learning around good practice.
- The business development manager held discussions and provided training to help ensure staff delivered person centred care that met people's needs.
- Relatives told us staff provided care that met people's needs.
- The registered manager and staff promoted people's independence.

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

- Staff understood their roles and had a good understanding of their responsibilities. There were systems in

place that ensured staff were aware of their rota schedules to ensure people received their support on time.

- Relatives gave positive feedback about the registered manager and staff. One relative said, "I have confidence and we can rely on [staff]."
- Staff felt supported by the management team and told us the communication was good and the registered manager was approachable and listened to them. One staff member said, "I can call, or email and [registered manager] will always respond."
- Regular meetings were held with staff and people were given the opportunities to express their views.
- The registered manager regularly collected feedback from people and staff.

Working in partnership with others

- The registered manager worked with other professionals to achieve good outcomes for people.
- We saw examples of how people were supported with their cultural and emotional needs.
- The registered manager told us that they felt supported by the provider.