

The Caring Choice Ltd

# The Caring Choice Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The Caring Choice is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of this inspection, The Caring Choice was providing a service to older adults. 24 people were supported by the agency. 12 health support workers and one care coordinator were employed by the agency. The service office is based in the S35 area of Sheffield.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

The Caring Choice was registered with the CQC on 1 December 2016. This was the service's first inspection.

The inspection took place on 10 and 13 November 2017. We gave the registered manager 48 hours notice of our inspection to make sure the registered manager, some staff and some people receiving support would be available to meet and speak with us.

People spoke very positively about the support provided to them. They told us they felt safe and their health support workers were respectful and kind.

We found there were some systems in place to protect people from the risk of harm. Staff we spoke with were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people, and management plans to reduce the risks were in place to ensure people's safety.

We found some systems were in place to make sure people received their medicines safely so their health was looked after. However, staff had not completed appropriate training with this service to make sure they had relevant and up to date skills.

Staff recruitment procedures were not robust to ensure people's safety was promoted.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

Staff were not provided with relevant training so they had the skills and knowledge they needed to undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from The Caring Choice.

Visit times were flexible to support people's access to health professionals to help maintain their health.

People were supported to maintain a healthy diet which took into account their needs and preferences, so their health was promoted and choices could be respected.

Staff knew the people they supported very well. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

People said they could speak with their health support workers or the registered manager if they had any worries or concerns and they would be listened to.

There were some systems in place to monitor and improve the quality of the service provided. Checks and audits had not been recorded to evidence they had taken place and to assist in identifying any trends or patterns to make sure full and safe procedures were adhered to.

At this inspection, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 17, Good governance, Regulation 18, Staffing and Regulation 19, Fit and proper persons employed. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

We found some systems were in place to make sure people received their medicines safely so their health was looked after. However, staff had not completed appropriate training with this service to make sure they had relevant and up to date skills.

Staff recruitment procedures were not robust to ensure people's safety was promoted.

Staff were aware of their responsibilities in keeping people safe.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff had not completed relevant training to make sure they had the skills required for their role.

Staff were provided with supervision for development and support.

People had consented to the support provided by The Caring Choice.

Staff supported people to eat a balanced diet to maintain their health.

### Is the service caring?

**Good** ●

The service was caring.

People told us health support workers were caring and kind.

People were supported to contribute to their support plan.

Staff respected people's privacy and dignity and knew people well.

### Is the service responsive?

The service was not always responsive.

People's support plans were reviewed and updated as required. These would benefit from further detail to fully reflect people's needs and wishes.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

**Requires Improvement** 

### Is the service well-led?

The service was not always well led.

Checks and audits had not been recorded to make sure the service was running safely.

There was a registered manager in post who was an experienced health care professional.

The service had a full range of policies and procedures available for staff so they had access to important information.

**Requires Improvement** 

# The Caring Choice 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 inspection took place on 10 and 13 November 2017 and was announced. We gave the service 48 hours notice of the inspection visit because the registered manager is often out of the office supporting staff or visiting people. We needed to be sure that they would be in.

We visited three people who received support at their homes on 10 November 2017 to ask their opinions of the service and to check their care files.

We visited the services office on 13 November 2017 to see the registered manager, some staff and to review care records and policies and procedures.

The inspection team consisted of two adult social care inspectors and an 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 had experience in caring for older people and people living with dementia.

Before the inspection visit, we reviewed the information we held about the service, including the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received since the last inspection including notifications of incidents that the registered provider had sent us.

We contacted Sheffield local authority to obtain their views of the service. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

We spoke with the registered provider, the registered manager, the care coordinator and two health support

workers in person during the visit to the office. We spoke with three people receiving support in person at their homes.

We telephoned 18 people who received support and managed to speak with 11 people receiving a service, or their relatives, to obtain their views.

We telephoned five health support workers and managed to speak with three of them to discuss their roles and obtain their views.

We reviewed a range of records, which included care records for five people, four staff training, support and employment records and other records relating to the management of the domiciliary care agency.

# Is the service safe?

## Our findings

We checked to see if medicines were being safely administered.

There were limited training records to show the staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. The registered manager explained she discussed and demonstrated safe medicines administration with individual staff at people's homes as part of their induction. She also periodically checked staff's competency during 'spot checks' to people's homes. No other formal training was provided to staff. The registered manager told us that all staff had been provided with medicines administration training with their previous employers, but was unaware of when this had taken place. This meant the provider could not assure themselves that staff had received appropriate training to carry out the duties they are employed to perform. People told us staff administered their medicines correctly, and we found no immediate impact on people using the service. However, lack of staff training created a potential risk to people using the service.

As the registered manager had not ensured staff received appropriate training as was necessary to enable them to carry out the duties they are employed to perform, this demonstrated a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 18, Staffing.

Some people spoken with said they administered their own medicines. Other people told us staff supported them. We asked people about the help they got with their medicines and they told us they were happy with the support they received. Comments included, "They [health support workers] help me with my medicines and this works very well," "They [health support workers] seem very good with meds [medicines]" and "They [health support workers] help with my medicines. I couldn't manage without them. I always get them on time."

We found there was a medicine's policy in place for the safe administration of medicines so staff had access to important information.

We found Medication Administration Records (MAR) were completed and held electronically. Staff completed the electronic MAR and 'task sheet' on their mobile devices during each visit to verify medicines had been administered. A system was in place to alert the registered manager and staff based at the office if a medicines administration had been missed. Staff also confirmed that they could clearly see when medicines were last administered on the electronic MAR. Staff were able to record codes on the MAR to show when a medicine was not required or refused. We checked four people's MAR. We found the MAR had been fully completed by staff to show when medicines had been administered. We checked the medicines kept at the person's home and found these corresponded to the details kept on the MAR charts seen at the office.

We looked at the procedures for recruiting staff. We checked four staff recruitment records. Each contained proof of identity, a health declaration and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people



employed were of good character and had been assessed as suitable to work at the service. However, we found none of the files contained all of required information, as set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. One of the four files checked held no references. The registered manager informed us that three staff had not had references sought as they had started work when the service commenced and they were known to the registered manager. All of the four recruitment files checked held gaps in employment histories. One file held no record of previous employment. Two files held gaps in employment that had not been explained. One file did not detail the full dates of previous employment, which meant any gaps might not have been identified. We discussed these shortfalls with the registered manager who gave assurances that references would be obtained retrospectively and gaps in employment history would be identified and explained.

As the registered manager had not established safe recruitment procedures, this demonstrated a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 19, Fit and proper persons employed.

People using the service said they felt safe with their health support workers. Comments included, "Yes, I feel safer with them [health support workers] than without them," "I'm not worried about anything and I feel safe," "Oh, I do feel safe. They [health support workers] have been great," "I am definitely safe," "I feel safe. I trust them all" and "Yes, If anything goes wrong, they [health support workers] see to it." All of the relatives spoken with said their family member was safe. One relative said, "Yes, they are safe. We have no worries."

Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. Staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

The service had a policy and procedure in place to support people who used the service with their personal finances. The registered manager informed us the service only handled money for one or two people, for example when food shopping for them. The registered manager informed us that staff completed a financial transaction sheet every time they handled money for a person receiving support. We saw guidance was provided to staff within the policy to promote people's safety.

All of the staff asked said they would be happy for a relative or friend to be supported by The Caring Choice and felt they would be safe.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection, 24 people received a service and 14 staff were employed. This included the registered manager, the care coordinator and 12 health support workers. Staff told us they had regular schedules. People receiving support told us staff stayed for the agreed length of time. This showed that sufficient levels of staff were provided to meet people's identified support needs.

We asked staff about the levels of staff provided. All of the staff spoken with thought enough staff were available.

We looked at five people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments were relevant to the individual and promoted their safety and independence. People told us they had been involved in discussing potential risks. Comments included, "Management go through safety issues during the review of the care plan" and "The care workers talked to me about risks in the home when we first started, and as things go along the carers warn me of new risks."

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people in line with infection control procedures. People receiving support and their relatives we spoke with did not have any concerns about infection control. They confirmed that health support workers always used gloves and other appropriate protective wear.

## Is the service effective?

### Our findings

We checked to see if staff had been provided with appropriate training.

We found limited records of staff training. The registered manager informed us that all 12 health support workers had undertaken relevant training with their previous employers as they had worked in the care industry. However, the registered manager was not able to evidence when this training had taken place. One member of staff told us they had not been provided with moving and handling training for some years. The registered manager informed us at the time of this inspection no people required support with moving and handling using specialist equipment. The registered manager also explained that she spent time with staff in service user's homes to provide individual training regarding the person supported. However, the registered manager could not provide assurances that this training fully covered all mandatory areas. The registered manager had not undertaken training to qualify them to deliver formal training to staff. This meant systems were not robust enough to ensure staff had appropriate training. The registered provider informed us that all staff were being provided with moving and handling training from the local authority in December 2017. We saw correspondence confirming this.

In addition, we found ten health support workers were undertaking the Care Certificate as part of their learning and development. Two health support workers had completed this. The registered manager told us she expected staff to complete this training within 12 weeks of employment, but the service had been operating for over 11 months and some staff had still not completed this. One staff had been employed for seven months and had not completed this. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

As the registered manager had not ensured staff received appropriate training as was necessary to enable them to carry out the duties they are employed to perform, this demonstrated a further breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 18, Staffing.

We checked records of staff supervisions. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. The records showed staff had been provided with regular supervision for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported. The registered manager confirmed that staff would be provided with an annual appraisal when they had worked at the service for one year. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role.

People told us they thought staff had the skills they needed for their role. Comments included, "They [health support workers] are very good. I think they are well trained" and "They [health support workers]

understand. They appear to be well trained. I get on well with them all."

People told us the service was very reliable and staff stayed as long as they should. People told us they had regular staff and had never had a missed visit. Comments included, "They [health support workers] are always on time," "The carer is on time 99.9% of the time," "They [health support workers] absolutely always stay as long as they should," "I always know who is coming. I prefer that. They [health support workers] are always on time," "I've never had a late call and never had a stranger from them" and "They [health support workers] are always on time and I've never had a missed visit."

We found the service provided good continuity of care because people saw the same staff most of the time. Comments included, "I see the same carer most of the time," "I see the same carer practically all the time" and "I see the same young lady every time." People told us that new health support workers were always introduced to them. One person told us, "If [the service] want to designate a new carer, they always ensure that the previous carer is on hand to introduce the newcomer." A relative told us "Continuity is important. My [family member] does see the same carer, and they are always careful to introduce new carers before they start to visit." Another relative said, "We have one main carer. Consistency is important to [name of family member]. They [health support worker and person supported] have a really good rapport. The carer knows what the trigger points are in their changeable behaviour and knows how to react."

We found staff completed an electronic record at each person's visit. This detailed the arrival and departure times. We checked 'planned versus actuals' visit records and found these showed all staff stayed for the full length of time identified as needed.

Staff told us they were provided with a regular schedule so that they got to know the people they were supporting. Staff also said their scheduled allowed for travel time between visits so they did not run late.

Every person spoken with said they had good communication with the office and their care workers. Comments included, "If you ring [the office] someone always answers. They are very good for that" and "Communication is very good. They ring me from the office to see how I am."

We asked people about support with their healthcare. People told us that the service was flexible and accommodated their visits to healthcare professionals so that their health was maintained. One person told us the service was very flexible and often changed visit times to accommodate their appointments at hospital.

The care plans checked showed people's dietary needs had been assessed and any support they required with their meals was documented. One person told us, "They [health support workers] help with my meals. This works really well." Another person told us, "They [health support workers] know what I like and they always make sure I have something to eat and drink within reach. I couldn't manage without them."

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding MCA so that staff had access to important information.

People told us they felt consulted and staff always asked for consent. One person told us, "My carer asks me each time what I want doing." The care plans we checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support. One relative said, "If the carer is unsure about my [family member's] wishes, they will always consult me."

## Is the service caring?

### Our findings

Every person receiving support that we spoke with made very positive comments regarding staff. Their comments included, "I have got really good carers. They are amazing. I have never had a care company as good as this," "My carers are wonderful. They all do understand my needs. They are all fantastic," "They [health support workers] understand my needs very well. They do all the things I cannot do," "They [health support workers] are very good," "I never thought I would be so well looked after," "I cannot fault them. We have a bit of a giggle sometimes. Top of the league" and "They [health support workers] are extremely good. I would recommend them without question."

Relatives and friends of people supported were equally complimentary and positive about the staff. Their comments included, "[Name of health support worker] understands [name of family member's] needs. They know him and they get on very well," "They [health support workers] are extremely caring and altogether very good. I would not manage without them" and "I've met all the carers. They are so kind and gentle. They definitely provide the care needed."

Without exception, people told us their health support workers were kind. Comments included, "My carer goes above and beyond. When (an incident occurred), the carer came even though it was her day off. And she came back on the following Saturday and Sunday even though she would not get paid for those visits," "Sometimes they [health support workers] have me in tears because they are so kind," "They [health support workers] are all lovely. They do a bit more than they should do if I am not too well" and "They [health support workers] are very kind."

People receiving support told us that staff were respectful and maintained their privacy. Comments included, "They [health support workers] absolutely respect my privacy and dignity," "They [health support workers] are very good that way [maintaining privacy]," "My carer is very respectful," "They [health support workers] respect my privacy. When I have a shower they wait outside and I can call them if I need to," "When they [health support workers] get me washed they come in and close the curtains to respect my privacy" and "They [health support workers] respect my privacy, which is good considering they are undressing me."

Some people receiving support provided examples of how the staff helped to maintain their independence. They told us, "They [health support workers] always ask me if I want their help because some days I manage better than others. They don't just do for me" and "They help me get my food, but only when I need it. I can stay at my home because of them. I know I couldn't manage on my own."

The service had relevant policies and procedures in place to advise staff on confidentiality and data protection. All of the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. People receiving support and their relatives told us their health support workers never discussed anyone else they were visiting with them and confidentiality was respected. This showed that people's rights were upheld.

We saw there was a system in place to make sure people's confidential information was only seen by the

appropriate people and only limited information regarding visit times and people they would be visiting was sent to staff via their phones. This promoted people's privacy.

Staff we spoke with were motivated about their work. They could describe how they promoted dignity and respect and were caring and compassionate in their approach.

People told us they were involved in writing their care plan and they told us that someone from the office had visited them to talk about their support needs. Comments included, "I feel involved in care planning and any discussions about my care" and "I had a long discussion with [name of registered manager] about what help I needed and I am able to discuss this with them at any time."

All of the care records seen showed people supported and/or their relatives had been involved in their initial care and support planning. We saw care plans contained signatures, evidencing that people agreed to their planned care and support. Each care plan contained some details of the person's care and support needs and how they would like to receive this. The plans gave some details of people's preferences so that these could be respected by care workers.

## Is the service responsive?

### Our findings

People receiving support and their relatives we spoke with all said they could talk to the registered manager and staff at any time. No one had ever had any reason to complain. People told us they knew who to speak to if they needed to raise any concerns or a complaint. Their comments included, "If I had any worries, yes, they [staff] would listen. They are good," "I've got a good rapport with them [staff] so I could talk to them if I was worried," "I don't have any complaints but I can ring them any time" and "I've got the number but I've never had to ring. I am very satisfied."

Staff we spoke with said the registered manager and care coordinator were accessible and approachable and dealt effectively with any information.

We looked at the registered providers complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service.

The registered manager informed us the service had not received any complaints at the time of this inspection. They gave assurances that any complaint received would be recorded, along with the actions taken and the outcome of the complaint. This showed that any concerns or complaints received would be listened to and taken seriously.

People we spoke with said the service was flexible to suit their needs. Comments included, "We needed an earlier visit due to medication issues. The company was very helpful" and "They always come at a different time if we are going out. We just have to let them know."

People receiving support and their relatives we spoke with were aware they had a care plan and felt they were involved with their care and support. People told us they had been consulted by the registered manager and staff in subsequent reviews of their support and the support plans. Comments included, "Right from day one the care plan was all about me and my needs. I was totally involved. It's the first time it has happened like this. My views are sought very regularly" and "The manager came from the office and we did my care plan together. I told them what I wanted."

Relatives spoken with confirmed that care plans were in place and told us these were reviewed regularly. They said that they had been involved in the reviews.

People's care plans contained some information about their care and support. These were regularly reviewed and updated in line with the person's changing needs. Whilst the care plans seen contained information about people's support needs, they did not fully reflect the depth of knowledge held by the registered manager and health support workers. For example, one care plan stated, "Support needed" with



washing and dressing. The plans did not fully explain how this support was to be delivered and did not describe the person's preferences. Yet health support workers clearly knew the people they supported very well and could describe in detail their support needs, likes and dislikes. One health support worker told us, "I know them so well I even know which leg they like to put in their trousers first." All staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs, which enabled them to provide a personalised service.

The care plans seen would benefit from further detail to ensure people's individual needs and preferences were known and reflected the detailed knowledge of staff. We discussed this with the registered manager who had identified this gave assurances care plans would be checked and further detail added where relevant.

The care plans checked contained clear detail of the actions required of staff to support specific medical conditions. This showed that this aspect of people's individual and diverse needs were known and met.

At the time of the inspection, no one was being cared for at the end of their life. The registered manager told us if they were approached to care for a person who was at the end of their life they would involve a multi-disciplinary team of healthcare professionals and work together to plan care and support in line with the person's personal wishes .

## Is the service well-led?

### Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The registered manager told us she regularly undertook audits as part of the quality assurance process, covering aspects of the running of the service. These included audits on care plans, daily records, MAR and accidents. However, records of these audits were not kept. This meant it was not possible for the registered manager to satisfy themselves that the service was running effectively, issues were followed up and patterns and trends were identified and acted on.

As we found systems were not established and operated effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 this demonstrated a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 17, Good governance.

We found a quality assurance policy was in place to inform practice. As part of the quality assurance checks, we found regular spot checks to people's homes took place to check people were being provided with relevant and appropriate support. All the staff files we looked at had records of 'on site spot checks' of staff's practice. We found surveys had been sent to people receiving support when the service had been operating for six months. The registered manager informed us she intended to send further surveys when the service had been operating for one year. They gave assurances that the results of the surveys would be analysed and a report would be written from this, so that important information was available to people. They told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this. Some people spoken with said the registered manager visited them regularly and asked for feedback. One relative said, "Head office make a call once a month to ensure everything is okay." Another relative told us, "Management visited last week."

The manager was registered with CQC.

People receiving support and staff spoke very positively about the registered manager. They told us the registered manager was approachable and supportive.

People receiving support told us, "I have met [Name of registered manager]. She is a lovely woman," "Nothing is too much trouble for her [registered manager.] I can phone her any time and she always gets back to me," "I can speak to the manager 24/7. She never leaves us without care," "I do think that they are well managed. They always seem to be on the ball. I am quite impressed by them" and "She's nice [the registered manager]. I can ring her. Nothing is hidden. She is a lovely person."

Without exception, people receiving support, their relatives and friends said they would recommend The Caring Choice to their friends and family. Comments included, "It does not matter what they [management] are doing. I can speak to everyone, and it does get sorted. I would highly recommend them," "They are really brilliant. I would recommend them to anybody".

Staff spoken with said the registered manager was very approachable and supportive. They commented, "The manager is very supportive. I could go to her about anything" and "She helps you with anything."

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. Staff told us there was always a good atmosphere at the service. Their comments included, "I love my job" and "It's wonderful. We put people first." All of the staff asked said they would be happy for a friend or family member to be supported by The Caring Choice. All of the staff spoken with displayed a pride in the service and their role.

We saw an inclusive culture at the service. All staff said they were part of a good team and could contribute and felt listened to. They told us, "We're a small service and we've got to know each other really well" and "We talk to each other all the time. We all support each other." All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.

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  The provider failed to ensure the audit and governance systems were effective. No records had been kept of audits undertaken.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to ensure recruitment procedures were operated effectively. Information specified in Schedule 3 was not available for each person employed.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure staff had received appropriate training as is necessary to enable them to carry out the duties they are employed to perform.