

Community Life Choices Group Limited

Community Life Choices Head Office

Inspection report

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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

About the service

Community Life Choices Head Office provides home care services enabling people to be cared for while living their own homes. The service is managed from the registered office in Preston and services are provided to people living in parts of Lancashire and Derbyshire. 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.

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

Staff supported people to take their medicines as they had been prescribed. However, some records were not always clear, and inspectors had to seek clarification of the records to be sure people had received their medicines correctly. There were no written protocols for staff to follow to ensure the use of 'as and when required' (PRN) medicines were used safely and effectively.

We have made a recommendation about the recording and guidance for medicine administration.

People's needs had been assessed and people received the level of support they required. However, we noted that some specific risks, for example the use of additional equipment such as wheelchairs were not always recorded.

We have made a recommendation about ensuring records for assessing risks are completed for all equipment that might be used by staff.

There were enough staff available to support people. However, people we spoke with told us they had differing experiences in the different counties with the consistency of their visit times. Systems were in place to protect people from abuse and harm. Lessons were learned from any incidents to maintain and improve the safety of the service. We looked at infection prevention and control measures under the safe key question. We were assured the infection prevention and control practises were satisfactory.

Staff were trained and their competencies had been checked to ensure they could provide appropriate care. The staff supported people as they needed when preparing their meals and drinks. The staff identified if people required medical assistance and supported them to access appropriate healthcare services. People made decisions about their care and their rights were protected. 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.

People told us the staff treated them with respect and were kind and caring towards them. People were regularly asked for their views about their care and service they received. People's care plans were written in a person-centred way that took account of their preferences. The registered provider had an effective procedure for receiving and managing complaints about the service. People had received the support they

needed at the end of their lives and families were very complimentary about the support that had been given.

There were systems in place to assess the quality and safety of the service. People were asked for their views about the support they received. The registered manager and staff team worked closely with other agencies and healthcare professionals to make sure people received good care. The provider and registered manager understood their responsibilities under the duty of candour. Staff told us they felt supported by the management team.

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

This service was registered with us on 25 March 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about infection prevention and control, lack of staff skills, care delivery, management of the service and quality of care records. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the five sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we 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 well-led.

Details are in our well-Led findings below.

Good ●

Community Life Choices Head Office

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

The inspection was conducted by two inspectors and two Experts 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.

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

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 a short period notice of the inspection 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 20 April 2021 and ended 28 April 2021. We visited the office location on 20 and 21 April 2021. Experts by Experience made telephone calls on 23 April 2021 to speak with people who used the service and to some relatives of people who used the service.

What we did before the inspection

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 reviewed information we had received about the service since the service had been registered with us. We sought feedback from the local authorities and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and care manager. We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at 12 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and improved care record templates.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered and care managers had identified and managed risks to people's safety. However, for some pieces of specific equipment that might be used occasionally by staff we did not see specific risk assessments in place. For example, should someone need to use a wheelchair to access outside spaces with the support of staff.
- The registered manager reviewed all incidents to ensure appropriate actions were taken. Risks were reassessed to prevent reoccurrence and where lessons had been learned these were shared throughout the staff team.

We recommend the provider ensures that all pieces of equipment that might be used by staff are appropriately risk assessed.

Using medicines safely

- The staff supported people to take their medicines as their doctors had prescribed them. However, there were no written protocols for staff to follow to ensure the 'as and when required' (PRN) medicines were used safely and effectively.
- The staff were trained in how to support people with their medicines and their competencies were regularly checked.

We recommend the provider implements clear guidance for staff to follow to ensure the use of PRN medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to identify and report abuse and to provide people's care safely.
- People told us they felt safe with the staff who visited them in their homes. One person said, "I feel safe in their hands. We've been with four or five companies and these are the best." Another person said, "I feel perfectly safe. I've had no worries since they started."
- The staff told us when they had raised any concerns about safety the concerns had been dealt with promptly.

Staffing and recruitment

- There were enough staff to support the number of people receiving care and support.
- People told us they received care from a regular team of staff who they knew and who knew them well. One person told us, "I have a regular team of people looking after me. They generally come on time, but ring

if they are running late."

- People's experiences were different in the two counties for the consistency of visit times. One person said, "Visit times can vary and I'm not sure how long they are supposed to stay." Another person told us, "Visits are mostly on time, but I've had them stay 20 minutes when it should have been for an hour." The registered manager told us they would look at the feedback and auditing of the visit times and take action to remedy any issues.
- The provider carried out thorough checks on new staff to ensure they were suitable to work in people's homes.

Preventing and controlling infection

- The staff protected people from the risk of infection. They were trained in preventing infection and handling food safely. The staff told us they were provided with appropriate protective equipment,
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The management team carried out a thorough assessment of people's needs before agreeing to provide their care. People were regularly included in developing their needs assessment and care plans.
- The registered manager was referencing current legislation, standards and best practice to achieve effective outcomes.

Staff support: induction, training, skills and experience

- The staff had been trained and had their competencies checked before providing people's care.
- People told us they were happy with the care they received. One person told us, "They [staff] know what they are doing." Another person said, "I can't fault them [staff], they know what they are doing."
- The staff told us they completed a range of training to give them the skills and knowledge to provide people's support. They said this included induction training and training to meet people's specific needs.

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

- The staff provided the support people needed with preparing their meals and drinks. They gave people choices and respected the decisions they made. One person told us, "They [staff] are well trained and will do anything I ask."

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

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services.
- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. We saw the staff team worked closely with health care services including GPs, and district nurses.

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

- Staff were knowledgeable about their responsibilities under the MCA and people's rights were protected.
- People and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- The staff treated people with respect and were kind and caring towards them. People were very complimentary about the staff who supported them. One person said of the staff, "They are all kind and understanding." Another person said, "We have a laugh and I feel really safe with them [staff]."
- The staff respected people's privacy and promoted their dignity and independence. A relative told us, "Staff are very careful to protect my relative's dignity." Another relative said, "They [staff] treat my relative with dignity even when some things are undignified."

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

- People were asked for their views about their care and staff respected the decisions people made. One person told us, "They [staff] always ask my preferences."
- We saw people had been asked for their views at meetings to review their care. The registered manager and staff in the service office also asked people for their views if they spoke to them on the telephone.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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's needs had been assessed and staff supporting them had a good understanding of their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- People told us they had been involved in their care and support plans. Staff supported them to express their views and make choices about the care delivered. One person told us "I have a care plan. It was reviewed recently. I am happy with everything."

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 registered and care manager assessed people's communication needs and they were recorded as part of the initial assessment and care planning process.

Improving care quality in response to complaints or concerns

- The registered provider had an effective procedure for receiving and managing complaints about the service. One person said they had raised a concern with the management team in the service and told us, "They sorted it out straight away."
- The staff knew how people could complain about the service. They said they would be confident supporting someone to complain if they required assistance to raise any concerns.

End of life care and support

- The service had systems in place and worked closely with the primary care teams to support people at the end of their life.
- The staff team had relevant training and experience of caring for people at the end of their 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager interacted with people in a manner that was positive and respectful and was focused on doing their best for people they supported
- Staff placed people at the heart of the service and understood the importance of maintaining an inclusive culture. One person told us, "They provide a good service which meets my needs, they are brilliant."

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

- The registered manager regularly monitored and reviewed any accidents and incidents to identify any patterns that needed to be addressed or lessons to be learned.
- The provider and registered manager understood their responsibilities under the duty of candour. The registered manager had informed us of significant events.

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

- The provider, registered manager and staff were clear about their roles and responsibilities. The staff felt well supported and were confident they provided good care to people. One staff member said, "I always try to give one hundred and ten percent with regards to the care I give."
- The registered manager used quality assurance systems to ensure the safety, quality and improvement of the service were consistently monitored.
- The registered and care manager were experienced, and staff were knowledgeable about the needs of people they supported. We found the service was well-organised, with clear lines of responsibility and accountability.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had systems to gather people's views about the service. They had asked people to complete a quality survey to share their views of the service they received. People were also asked for their views by telephone and at meetings to review their care.
- Staff worked effectively in partnership with community health care professionals from multidisciplinary teams to achieve good outcomes for people.
- The staff told us the registered manager listened to them and said they could bring their ideas to meetings.

