

Choice Care Services Limited

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Inspection report

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Tel: 01914170770

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25 January 2017

27 January 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

The inspection took place on 16, 25 and 27 January 2017 and was announced. We last inspected the service on 13, 14, 16 and 22 October 2015 and found the provider had breached the regulation relating to safe care and treatment and in particular the management of medicines.

Choice Care is a domiciliary agency which is registered with the Care Quality Commission to provide personal care for people in their own homes. The agency operates in the Washington and Gateshead areas. At the time of our inspection 41 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had made significant improvements to the management of medicines within the service. Medicines administration records provided an accurate account of the medicines care workers had given to people. Care workers also had access to clear and detailed guidance about the help each person needed with medicines.

Medicines audits were being completed consistently every month. They were effective in identifying areas for improvement and ensuring appropriate action was taken.

Since our last inspection the quality assurance processes were now fully operational and identifying areas for improvement.

People told us they received good care from kind and considerate care workers. They said they had a consistent group of care workers providing their care and they were reliable.

People and relatives told us they felt the service provided safe care.

Care workers had a good understanding of safeguarding adults and the provider's whistle blowing procedure. They knew how to report any concerns and confirmed they would not hesitate to do so if required. A previous safeguarding concern had been referred to the local authority safeguarding team and fully investigated.

Recruitment checks were carried out prior to new care workers starting their employment. This included disclosure and barring service (DBS) checks.

Incidents had been fully investigated and action taken to help prevent the situation happening again. Action taken included contact with GPs, additional training, specific supervision and disciplinary procedures.

Care workers were well supported and received training essential to their role. Records confirmed supervisions, appraisals and training were up to date.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA). Where people lacked capacity, guidance on supporting people to make decisions was in place for care workers to follow. People told us they were supported to be in control and make their own choices and decisions.

People were supported to have enough to eat and drink. Care plans described the support people required and gave details of their preferences.

Care records showed people had regular access to health professionals when required.

People's needs had been assessed and personalised care plans developed. People were involved in deciding what information went into their care plans which included details about people's preferences.

People had opportunities to give their views and feedback about their care. Regular reviews took place and people were sent questionnaires to complete from time to time. Positive feedback had been received during the last consultation in December 2016 with people describing the service as 'the very best' and '5 star'.

People did not have any concerns about their care but knew how to complain if needed. Previous complaints had been dealt with appropriately.

Regular staff meetings were held which gave care workers the opportunity to feedback their views and suggestions about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Improvements had been made to the management of medicines.

People and relatives told us the service was safe. Care workers knew how to raise safeguarding concerns and use the whistle blowing procedure.

People and relatives said care workers were consistent and reliable.

Effective pre-employment recruitment checks were carried for all new care workers.

Incidents had been fully investigated and dealt with appropriately.

Is the service effective?

Good 

The service was effective.

People told us care workers had the appropriate skills and knowledge.

Care workers received the support and training they needed.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA).

People were supported to make their own choices and decisions.

People were supported with their nutritional and health care needs.

Is the service caring?

Good 

The service was caring.

People told us they received good care.

People said care workers were kind and considerate.

People were in control of how their care was provided and were supported to make choices.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed.

People had been involved in developing personalised care plans.

Care plans had been reviewed regularly to keep them up to date.

People had opportunities to feedback about their care.

People knew how to complain if they had concerns about their care.

Is the service well-led?

Good ●

The service was well led.

A structured approach to quality assurance was now fully operational.

Medicines audits were successful in identifying areas for improvement.

People had given positive feedback during recent consultation.

Regular staff meetings took place.

Choice Care Services 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 was planned to check 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 16, 25 and 27 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by an adult social care inspector.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commission group (CCG) and the local Health watch.

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service and two relatives either through a home visit or by telephone. We also spoke with the registered manager, a service manager and three care workers. We looked at the care records for four people who used the service, medicines records for three people and recruitment records for five staff. We also looked at a range of other records related to the management of the service.

Is the service safe?

Our findings

During our last inspection in December 2015 we found the provider had breached the regulations relating to medicines management. This was because medicines records did not accurately account for all of the medicines administered to people. We also found care plans for some specialised medicines lacked sufficient detail to guide care workers about how to administer these medicines appropriately.

Following our inspection the provider sent us a report of the actions they planned to take to become compliant with this breach. The actions included a new format for medicines administration records (MARs); specific training on the new procedures; individual support plans amended to provide more information relating to specific medication; more timely medicines audits; and one to one meetings with all employees about the new format for MARs. The provider told us this work would be completed by February 2016.

People received their medicines from trained and competent care workers. Records we viewed were accurate and complete. We viewed MARs for three people who received their medicines from care workers. We found the new format for MARs provided a clear account of each medicine care workers had administered to people. Where medicines had not been administered, non-administration codes were used to explain the reason for this. We found care plans provided clear guidance about the support each person needed with their medicines.

People told us they felt safe using the service. One person told us they felt "very safe". They described to us how care workers had responded effectively to ensure they quickly received medical assistance following a fall. They commented, "The girls coped very well." Another person said, "They (care workers) are here to look after me. They are concerned about me." A third person said, "When the girls are here [a relative] knows I am fine. [Relative] can rest easy." A fourth person commented, "They are the only company I felt comfortable with." One relative told us, "I don't have to worry. I know that [family member] is being well looked after. I have peace of mind because someone is here with [family member]. Another relative said, "Oh yes, [my family member] is definitely safe with them. I am definitely sure she is safe."

Care workers showed a good understanding of safeguarding adults and knew how to report any concerns. They told us if they had concerns they would report then to the manager straightaway. Safeguarding training was up to date for all care workers. We viewed the provider's safeguarding log to review how previous safeguarding concerns had been dealt with. We saw there had been one concern raised in the previous 12 months. An appropriate referral had been made to the local authority safeguarding team. The concern had been fully investigated with appropriate action taken, including disciplinary procedures, to deal with the issue.

Care workers were aware of the provider's whistle blowing procedure. They told us they did not have any concerns about people's safety but would raise concerns if required. One care worker said, "I would definitely use it (whistle blowing procedure)." Another care worker told us they had raised a concern previously and that this was dealt with effectively. They told us they would have no hesitation using the procedure again if needed.

The provider carried out a detailed risk assessment when people started using the service. This assessment covered a range of potential risks to people's safety. These related to environmental risks within the home and also specific risks to people, such as poor mobility. People had the opportunity to be part of the assessment and their views were recorded. We found risk assessments were reviewed regularly to help ensure they reflected people's current needs.

A reliable and consistent team of care workers provided people's care. One person told us, "Oh yes they are on time, with all of the girls. We have the usual care workers here, we know all the girls. They are very reliable." Another person commented, "I have a small group of girls. There are one or two they put in if mine are on holiday but people I know." A third person said, "I am getting the same girls every day." One relative said, "We tend to get the same five or six girls." They commented the care workers always stayed for the full length of the scheduled call. They said, "If anything they might stop a bit longer."

People confirmed that on the odd occasion the care worker was running late the provider usually contacted them to let them know about the delay. One person commented, "They are reliable, they can't help being stuck in a traffic jam. If they are running late they ring you." Another person told us, "They always turn up on time. If ever they are going to be two minutes late I get a phone call."

Effective recruitment procedures were in place. Pre-employment checks had been carried out to check new care workers were suitable to work with people using the service. This included requesting and receiving two references and Disclosure and Barring Service (DBS) checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with people.

Is the service effective?

Our findings

People told us the care workers had the appropriate skills and training. One person commented, "They definitely know what they are doing." One relative told us, "Choice care know how to do it (provide effective care)."

Care workers confirmed they received good support from management. One care worker commented, "I get on fine with everybody. I have no problems whatsoever (with support)." Another care worker told us, "I know I can go in and ask if I need help. They are there for you. I can go in and talk to them anytime." A third care worker said, "I have no problems, they (managers) are easy to talk to. I can ring them and not be worried about ringing them."

Records showed care workers received a monthly supervision or observation and an annual appraisal. Supervisions and observations included a check on the care worker's punctuality, appearance, use of specialist equipment and knowledge of policies and procedures. Where required actions had been identified and monitored. For instance, alterations to care worker's appearance to meet the provider's standard uniform requirements. Appraisals were used as an opportunity to review the care worker's performance and set targets for the forthcoming year. Examples of actions included completing agreed training and building confidence. Actions from previous appraisals had also been reviewed.

We viewed the provider's training matrix which confirmed essential training was up to date for all care workers. Essential training included first aid, fire safety, food hygiene, health and safety, infection control and nutrition. Care workers had also completed training in relation to dementia awareness and mental health. One care worker commented, "All my training is up to date. We have training on a regular basis."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Most people using the service were able to make their own choices and decisions. Where people lacked capacity care plans described how care workers were to support people with making choices and decisions. For example, for one person the most effective strategies were for the person to point out their preference, consult with a family member and to use simple language when explaining things.

People were supported with their nutritional needs as required. One person said, "It is not a problem, they leave things out for me (to eat)." Care plans described the support people needed with eating and drinking. This included details of any specific aids they required and their preferences. For example, one person had

particular preferences for breakfast and required specific support with drinking. We observed during one of our home visits a care worker followed the person's care plan exactly.

People had input from a range of healthcare professionals when required. Care records identified the various professionals involved in people's care, such as GPs, community nurses and speech and language therapy. Where specific advice and guidance had been given, this had been incorporated into people's care plans.

Is the service caring?

Our findings

People gave us consistently positive views about their care. One person told us, "It is fantastic." Another person commented, "It suits me exactly to a tee." A third person said, "I am happy with them (Choice Care Services)." One relative described the care as "brilliant". They said, "They are more like an extended family. I am very happy with Choice Care."

People and relatives told us the provider was flexible and committed to meeting as many of people's needs as possible. One person said, "My care changed after I came out of hospital. I got an extra call at lunch and tea time." One relative told us, "There have been times when we have really needed them and they have been spot on." They told us about a time when they needed extra help due to a hospital appointment. The relative said, "They always oblige, they never let us down."

People told us care workers were kind and considerate. One person commented, "They are fantastic, they are little diamonds. I can't praise them enough." Another person told us, "Nothing is too much bother." A third person said, "My girls are brilliant with me." A fourth person told us, "The girls they send, I have never had any problem with." One relative told us, "They treat [my family member] nice."

People were treated with dignity and respect. One person told us their care workers were "always respectful". Another person commented, "They are definitely respectful towards me. They have become part of the family." A third person said, "I am very well treated, they are all pleasant, cheerful." One relative described the care workers as "smashing, very polite".

Care workers understood the importance of maintaining people's dignity particularly when providing personal care. They gave us examples of how they provided care in a dignified and respectful way. These included talking to the person throughout, keeping people covered up as much as possible and closing doors to allow privacy.

People told us they were in control of their care and enabled to make choices. One person commented, "They will do whatever I want, however I want it done." Another person said, "They do anything that I ask of them." A third person told us, "They accommodate me very well. If I have to phone at short notice (to request any changes), they try to move heaven and earth to get it for you. They have never let me down." A fourth person said, "The girls I have had have been very pleasant and helpful."

People described to us how their independence had been promoted through having support from the provider. One person said, "I was totally isolated. It is only with the girls that I go out." Care workers told us they aimed to promote independence as much as possible. One care worker commented, "We let people do what they can for themselves. I don't intervene unless they are having problems."

The registered manager told us nobody currently had input from an independent advocate. They told us they had made referrals in the past when needed and supported people to access advocacy services.

Is the service responsive?

Our findings

People's needs had been assessed both before and after receiving care and support from the provider. This ensured the provider could meet the person's needs and provided a baseline from which to develop care plans. Each person had a 'service user profile' which gave background information such as details of the person's next of kin, emergency contacts and GPs, as well as details of other existing support networks. For example, for one person this was relatives, an outreach service and a particular care home used regularly for respite. As part of the initial assessment the provider discussed with people any cultural or religious needs they had.

People had very detailed and personalised care plans. These covered a range of identified needs, such as health, communication, personal care, mobility, nutrition and social needs. Care plans described exactly how each person wanted to be supported at each visit. Care plans also included details about preferences people had. For example, one person liked a particular animal and liked to listen to particular types of music.

People's care plans had been reviewed regularly to help them keep up to date with people's changing needs. Review records were detailed and identified any actions agreed during review meetings. For example, one person did not want a particular care worker to support them. This was discussed and an agreement was made that the care worker would not return to the person's home. Other changes included amendment to how people wanted their care provided. These changes had also been discussed in full and the agreed changes made to people's care plans.

We saw care records also identified any needs associated with relatives. For example, care workers had identified one person's relative might be at risk of social isolation and had discussed support networks with them.

People told us they had been involved in developing their care plans. One person said, "When my care plan needed changing someone came out from Choice Care and we talked it through. I was given the opportunity to read it (the complete care plan) when it changed. One or two things needed tweaking but they were done." Another person said, "I have just had a review with [staff member]. Little things were added to my care plan." One relative commented, "We originally discussed what [my family member] needed and took it from there."

Care workers kept a daily log of the care and support people received. We viewed these during our inspection and found they were completed consistently. One person said, "Every time someone (care worker) comes in they write in the log."

People had opportunities to give their views and feedback about their care. One person told us, "We get a senior to visit. They come out every couple of months. The girls also ask if there is anything we are not happy about." They went on to say, "If there is anything I am not happy about I can just pick up the phone." Another person commented, "They always ask do you want to change anything." A third person said, "I have

none at all (concerns)." One relative said, "They keep sending questionnaires out. There is nothing that could be improved, they are spot on." The provider had also received 38 compliments praising the service and the care provided. These described care workers as 'very caring', 'calming', 'patient', and in one instance as a 'massive star'.

None of the people we spoke with had any concerns about their care. However, they knew how to complain if required. One person said, "I have none whatsoever (concerns). I have recommended them to other people." Another person told us, "I have never had a problem." A third person commented, "If I have concerns I phone up and it is dealt with." One relative commented, "We have never had any concerns at all." The service user guide provided people with information about how to complain if they were unhappy with their care. Two complaints received since our last inspection had been fully investigated and dealt with. Action had been taken to address both complaints including reviewing and adapting one person's care.

Is the service well-led?

Our findings

When we last inspected the service in December 2015 the provider had developed a structured approach to quality assurance which was still being embedded into the day to day running of the business. At this time the process was in the early stages of implementation so it was too early for us to assess the effectiveness of the procedure.

During this inspection we found a range of quality audits were in place focusing on areas such as staffing levels, support plans, staff support, complaints and compliments and quality assurance questionnaires. The findings from these audits had been analysed and used to develop an annual quality assurance report which was published in September 2016. Changes had been made to the quality assurance process to reduce the frequency of questionnaires from every two to every four months following feedback from people using the service. The report identified a number of high level aims and objectives for the forthcoming 12 months. These were based around providing a highly personalised service with meaningful involvement from people using the service and developing the skills of the staff team.

We also found during our last inspection that medicines audits were not carried out consistently or in a timely manner. The process for carrying out these audits had changed so they were now completed monthly. There had been four medicines errors logged which had been identified through the provider's internal quality assurance processes. Records confirmed action had been taken to help ensure people were kept safe. This included contact with GPs, additional training, specific supervision and disciplinary procedures. There had been no accidents involving people using the service.

The service had an established registered manager who had been registered with the Care Quality Commission since 25 January 2011. The registered manager had been proactive in submitting statutory notifications to the CQC when required.

We received positive feedback about the management of the service. One person told us, "[Registered manager], [office manager] or any of them are always willing to listen." Another person said, "The office staff are as easy going as they can be."

There were regular opportunities for care workers to share their views about the service. We viewed the minutes from various staff meetings which confirmed these took place regularly. Topics discussed at previous meetings included medicines management, confidentiality and updates about individual people using the service.

People were consulted to gather their views on the service and the quality of their care. People and relatives told us they had previously received questionnaires which they completed and returned to the provider. We viewed the most recent feedback received in December 2016. Eleven people had returned questionnaires and gave mostly positive feedback. The questionnaire prompted people to use a rating scale from 1 to 5 when answering questions, with 1 being 'excellent' and 5 being 'poor'. People had been asked whether they were happy with the service provided. Seven people had rated the service as 1 with the remaining four

people giving a rating of 2. A similar response was received for the other questions which covered areas including whether people's care plans were meeting their needs and whether they were happy with their care workers. Some people gave individual comments about their care. These comments were all positive and described the service as 'the very best' and '5 star'.