

Mrs Patricia Momoh

Choose 2 Care

Inspection report

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Tel: 01159352008

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced inspection of the service between 19 September and 1 October 2019. Choose 2 Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to adults. Not everyone using Choose 2 Care receives a regulated activity; 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.

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

We found people were not always safe. People's safety had been placed at risk due to safeguarding policies and procedures not being followed. Information was not always shared with the local authority safeguarding team and with us.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff recruitment practices were unsafe and left people at risk of harm.

People's care plans were limited in the information provided. Risk assessments did not always include actions for staff to take to keep people safe and reduce the risk of harm. Medication was not always given to people as prescribed.

Communication methods did not meet the Accessible Information Standards and did not have regard for people's protected characteristics.

Quality monitoring systems did not provide an oversight of the service or demonstrate the service was effectively managed or improving.

People told us staff were kind and caring and supported them to promote their independence.

People were supported with their meals where needed. People told us that staff attended on time for their calls.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 28 September 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-Led sections of this full report.

Enforcement

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. At our last inspection the provider had failed to meet Regulation 17 HSCA RA Regulations 2014 Good Governance.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

We have identified further breaches in relation to safeguarding people from abuse and improper treatment, staffing and recruitment, the need for consent, and failure to notify CQC of notifiable events at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always Safe

Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was not always Effective

Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service was not always Caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always Responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-Led

Details are in our Well-Led findings below.

Requires Improvement ●

Choose 2 Care

Detailed findings

Background to this inspection

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 carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of inspection, the service provided personal care to nine people living in their own homes.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 19 September 2019 and ended on 1 October 2019. We visited the office location on 19 September 2019, to speak with the registered manager and to review care records, policies and procedures. We contacted people, staff and relatives, for their views on the service, between 23 September and 1 October 2019.

What we did before the inspection

Before the inspection we reviewed information we held about the service and registered provider. This included any statutory notifications the service told us about. Statutory notifications are information the service is legally required to tell us about and includes significant events such as accidents, injuries and

safeguarding notifications. We sought feedback from partner agencies and professionals. We contacted Healthwatch for information held on their database in relation to the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four people who used the service and one relative about the care provided. We spoke with three members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same, 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People had not been safeguarded from alleged abuse or avoidable harm due to injury. We saw the registered manager had received incident reports about people using the service in relation to falls and attendance by ambulance staff which had been recorded by care staff. The local authority safeguarding team had not been notified and the registered manager did not take appropriate and effective action to protect people or conduct a robust investigation. This means people had been left at risk of preventable and ongoing harm. The incidents that met the threshold had not been notified to us.
- The recording process for these incidents was not robust, and there was no evidence of learning being shared with the staff team.
- There was no overview or analysis of incidents carried out by the registered manager to look for themes and trends to improve service delivery.

The failure to implement robust procedures and processes to ensure people are protected from abuse and improper treatment is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff recruitment practices were not safe. The provider did not keep clear records of the recruitment process. We found Disclosure and Barring Service (DBS) information, had not been robustly risk assessed for people moving to this country for work. Interviews did not probe information provided on the application form, for example gaps in employment, or discrepancies in dates. References were not verified, did not always show the identity of the person writing the reference and were not always written for the specific role applied for. References we saw were not always taken from the most recent health and social care employer. This placed people at risk of harm, as the provider could not be assured that fit and proper persons had been employed to deliver the service.

The failure to make appropriate checks for potential employees and assess the accuracy of the application before they are employed is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- We reviewed risk assessment records and found information was lacking, and in some people's care plans

was missing completely. The registered manager told us they were in the process of updating care plans for people using the service. For example, one assessment stated the person could walk unaided and later in the assessment that they needed to be accompanied when mobilising. This gave contradictory guidance to staff, potentially placing people at risk of harm.

- Each person's care records included risk assessments considering risks associated with the person's environment, care and treatment and any other factors. The risk assessments were not always completed or detailed, they did not always include actions for staff to take to keep people safe and reduce the risk of harm. For example, we saw no evidence that risks from tissue viability were robustly assessed, or instructions and clear guidance for staff on how to manage a person's risk of falls.

Using medicines safely

- We found that not all medications were given in a timely, safe way for people. In relation to the recording of medications, we found that one person's medications for lunchtime was recorded on their MAR chart as 'given' by staff at the morning visit when the person did not receive a lunchtime care call. We raised this immediately with the registered manager, who assured us they would address this.

- Not all people on 'as required', PRN medication had individualised protocols present in their files with instructions detailing when they require the PRN medication and how they may present when requiring these medications.

- Some people's care plans contained limited medication risk assessments. These were not always thoroughly completed. For example, in one assessment it did not state if the person could self-medicate. We recommended to the registered manager that they seek guidance on effective medication management and recording from the Clinical Commissioning Partnership, which they assured us they would action following the inspection. We followed this up after the inspection, and the registered manager had already sought guidance and advice from the CCP. We were assured by their actions and will follow this up at the next inspection.

- Staff completed online training to administer medicines and their competency was checked by the registered manager. A staff member told us, "Yes, we open the medicine from the blister packet and give it to the customer at the required time."

Preventing and controlling infection

- Staff told us they had received infection control training and the training records confirmed this. Staff told us they followed good infection control practices and used protective clothing such as disposable gloves and aprons during personal care, to help prevent the spread of infections. People confirmed this, one person told us, "Staff wear gloves and aprons when they shower me and put my cream on.". A staff member told us, "I clean my hands properly, I change my gloves and apron between tasks."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same, Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At the previous inspection we recommended that the responsible person improve their understanding of the Mental Capacity Act 2005. We found that there was no evidence of improvement in this area.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the registered manager was not fully aware of their responsibilities under the MCA.
- Staff told us they had completed online MCA training and the training records supported this. However, their understanding of this in practice was poor. One member of staff gave a very poor explanation of the MCA during their interview with us. This showed a lack of staff understanding of acting in someone's best interests, and assuming capacity of people who use the service.
- The service supports some people who live with dementia and cognitive decline, and this showed a lack of awareness and oversight by the registered manager and staff in supporting people effectively who may lack the capacity to consent to care and support at all times.
- The registered manager failed to ensure that they and their staff showed competency and had a good understanding of the principles of the MCA; and to understand how this may affect the way people using the service should be supported.

The service had failed to act in accordance with the MCA to ensure they protected and safeguarded people's rights. This meant the service was in breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff always sought permission before delivering any aspect of the service. One person told us, "Staff are always gentle, and kind, they talk to us and ask us how we like things to be done."

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

- People's care plans were sometimes lacking in detail, reviews were not documented for everyone using the service, and care records did not follow best practice guidance for specific conditions.
- People told us they were happy with the support they received and felt staff cared for them effectively.
- People's needs were assessed before the service began to provide support. People using the service and staff confirmed this. One person told us, "It's all written down. All discussed with us." Another person told us, "My care plan was reviewed when my hours were reduced."

Staff support: induction, training, skills and experience

- People's needs were not always met by competent staff with the knowledge and skills to support people effectively. We found that staff did not always use their training in practice, for example in relation to the Mental Capacity Act. Staff struggled to explain how they implemented this in their daily practice with supporting people living with dementia or limited cognition.
- Training methods included, on line, face to face and competency assessments carried out by the registered manager. One person told us, "They seem well trained, the more experienced staff introduce the newer ones." One staff member told us, "We have regular training with the registered manager and online training and we are doing another one soon. [Name] comes out and observes how we do things."
- Staff had received training in subjects which the registered manager had identified as mandatory for their role and understood their responsibilities in relation to this. People told us they felt safe with the staff. One person told us, "Yes, I feel very safe, staff are all very accommodating to my needs." Another person told us, "I feel really safe, staff are like family to us, they are brilliant."
- Staff told us they felt well supported and had regular supervisions with the registered manager. Meetings were planned to discuss their future development. One staff member told us, "I have regular supervisions and am asked if I have any problems with my clients. Any issues or concerns you can explain it and get the support or training you need."

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

- The registered manager had not identified that people may require a referral for a review of their conditions by a specialist team. For example; an occupational therapy assessment had not been identified following a number of falls for one person. The GP had not been contacted to review medicines over some period of time for people.
- We saw the registered manager had worked as part of the initial referral and service start up for people with other health and social care professionals, for example occupational therapists, hospital discharge team and allocated social workers, but that this did not appear to have been maintained.

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

- Most people's care plans recorded what people liked to eat and drink, and if any support was required with this.
- We saw where staff assisted with supporting people to prepare food this was provided appropriately. A member of staff told us, "The family buy the food, I help with preparing it for people." Another staff member

told us even when they were not preparing a meal they always checked if the person wanted a drink, before they left.

- Staff had completed training in basic food hygiene to support people with their diet.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Individual staff were kind and caring, however we found that the providers processes did not always support staff in their caring role. For example, there was not always sufficient personalised information in care plans to ensure person-centred care and staff were not always recruited safely, which potentially places people at risk of harm.
- We found little information in people's care plans and assessments in relation to cultural needs and diversity. Some sections had been crossed out as 'not applicable'. We discussed the importance of ensuring a holistic approach to supporting people using the service, to ensure that their equality and diversity requirements are acknowledged and met in future. The registered manager assured us they would review and update all care plans to ensure they were reflective of peoples' needs and requirements.

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

- People were involved in day to day decisions and some told us they had received review of their care. They confirmed staff involved them when they needed help and support, but also allowed them to be as independent as possible. One person told us "I do most things myself, but staff are very helpful as I am getting older."
- Another person told us, "Care staff are very kind and patient and always talk to me when they are carrying out personal care."

Respecting and promoting people's privacy, dignity and independence

- People were supported appropriately with equipment when required, by patient and caring staff. One person told us, "We have a shower chair, and my husband has a particular continence aid now, which the care staff have been managing really well."
- Another person told us, "They help me to retain my independence with encouragement as well as help in the shower."
- Staff respected people's privacy and dignity. Personal care routines were listed within people's care plans, and prompts were included to make sure that staff considered people's privacy and dignity at all times. One staff member said, "I always make sure the door is shut when I am providing care, giving people their privacy."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same, Requires Improvement.

This meant people's needs were not always met.

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

- Care plans were not always personalised to the individual. Care plans did not always record details about each person's specific needs and how they liked to be supported. The three care plans we reviewed did not set out the choice and preferences of how the person liked their care to be delivered. The registered manager told us the care plan format was currently under review. Staff we spoke with knew people well and had a good understanding of people's choices and preferences.
- Staff were responsive to people's needs. One person told us, "[Name] has had falls recently, the staff got prompt medical attention for them. We both have lifeline buttons, but the staff are extra peace of mind for us both."

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.

- There was no information in place to enable the provider to meet the requirements of the Accessible Information Standards (AIS), should this be required. The provider was not complying with AIS.
- We did not see any alternative communication for people with communication difficulties, for example pictorial guidance. A form of communication that would have benefited some people using this service.

Improving care quality in response to complaints or concerns

- There was a record of complaints in place. We saw and heard that complaints were dealt with in keeping with the complaints policy and procedures.
- We saw that the registered manager had sent a recent quality audit questionnaire to people who used the service, which they then used to implement positive changes to the provision of care to people who had requested this. The registered manager told us as a result of this, they spoke to people using the service about anything they felt that the service could improve. This resulted in changes to the time of calls for some people. We spoke with people and they confirmed this. One person told us, "I have regular staff, and they are always on time."

End of life care and support

- We saw limited evidence that people or their relatives were being given the chance to consider this subject

at the time the service was set up or during reviews of care. The registered manager informed us that no end of life care was in progress at the time of this inspection or in the recent past.

- Although we saw that some people had do not resuscitate documentation (DNA/CPR) recorded in their care plans, we recommended that the registered manager ensured that all care plans contained more person-centred end of life care plans, which reflected people's wishes, beliefs and requirements for their palliative care needs.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same, Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had not ensured effective systems or processes were in place to address the risks to people's safety, to continually improve the quality of the service people received and that people's care records and risk assessments reflected their needs. This was a breach of Regulation 17 HSCA RA Regulations 2014 Good Governance.

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

- The registered manager did not have an effective oversight of the service. We identified issues at this inspection that had not been identified by the registered managers quality assurance processes. These included safeguarding, unsafe recruitment, lack of detail in risk assessments, lack of personalisation in care plans, and failure to comply with the Accessible Information Standards. These issues all place people at risk of avoidable harm. This lack of effective oversight prevents continuous learning and improvements in care.
- The registered manager had not ensured that copies of people's records stored within their office accurately reflected the records kept in people's homes. This made it difficult for us to evidence whether the care being provided for people was effective due to the limited records available.

At this inspection we found the provider had not ensured effective systems or processes were in place to address the risks to people's safety, to continually improve the quality of the service people received and that people's care records and risk assessments reflected their needs.

This was evidence of a continued breach of a failure to meet Regulation 17 HSCA RA Regulations 2014 Good Governance.

- The provider prominently displayed their previous rating in their offices.

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 provider did not raise statutory notifications following notifiable events.
- Some of the incidents we saw documented in people's care plans were those that could affect people's health, safety and well-being. We found that the registered manager had a poor understanding of their responsibilities to ensure the CQC were always informed of all notifiable events that occurred at the service. We discussed this with them during the inspection. The registered manager assured us they would bring

notifications up to date following our inspection.

This was evidence of a breach of Regulation 18, CQC (Registration) Regulations 2009 failure to notify.

- We saw that duty of candour had been acted upon when it should have been. There was a process in place for addressing complaints in an open and candid way, which we saw that the registered manager had done. However, the recording method used by the registered manager for this was not robust. We recommended to the registered manager they improve their documentation for this, to ensure that all parties were clear of outcomes, and that learning could be effectively shared amongst the staff team.

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

- The provider involved people using the service by seeking their views through questionnaires, phone calls, and management visits to people's homes.
- It was clear from the feedback we received from people and from the service's own questionnaires that people were happy with the quality of the care provided. We discussed this with the registered manager. They told us they were proud of their staff and happy with the responses from people, which gave them a positive basis to build on.
- People told us the registered manager was open and approachable if they had concerns. One person told us, "The registered manager is very approachable and friendly." Another said, "I would recommend the service to others. I'm very happy with them, they are very accommodating to my needs."

Working in partnership with others

- The registered manager explained they were building up a network of health and social care contacts locally. They explained their plan for growth and how they were hoping to work with local commissioning services to build the service, without over stretching their current staffing resource.

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

- The registered manager had conducted meetings with the staff team and on a one to one basis, listening to the views of staff. One member of staff told us, "Everything is fine, we all enjoy our job and enjoy each other's company. We try and treat people how you and your family would want to be treated."

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 11 HSCA RA Regulations 2014 Need for consent The registered person had failed to act in accordance with the MCA to ensure they protected and safeguarded people's rights.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person had failed to have and implement robust procedures and processes that ensure people are protected from abuse and improper treatment.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had failed to ensure appropriate checks for potential employees and assess the accuracy of the application before they were employed.