

Chosen Services UK Limited

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## Inspection report

65B London Road  
Romford  
Essex  
RM7 9QA

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

This announced inspection took place on 20 November 2017. Following the last inspection on 29 and 30 September 2015, we asked the provider to complete an action plan to show what they would do and by when to improve in the CQC key questions of "safe", "effective", "responsive" and "well-led" to achieve at least a "Good" rating. During this inspection we found that although improvements had been made, they were not enough to achieve an overall rating of "Good". We made further recommendations, as some areas such as record keeping and medicines management needed to be addressed. This is the second consecutive time the service has been rated "Requires Improvement."

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of our visit there were 20 people using the service mostly from the London Borough of Barking and Dagenham.

On the day of our visit, there was a registered manager in place. 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.

During this inspection we found two continued breaches to regulations. This were in relation to medicines not always managed safely. Although there were quality assurance processes in place; the governance structures had not yet addressed the quality issues we identified on the day of inspection. We made recommendations ensuring comprehensive risk assessments were in place for people.

There were safe recruitment systems in place. However we identified a few shortfalls in the training of staff. Staff although they were aware of consent and choice had limited understanding of the mental capacity act and had not always attended appropriate training.

Assessments took place before people started to use the service and were reviewed every six months. However care plans were not always specific or person centred. Daily care records did not always state the time of the visit in order to evidence that care was being delivered within appropriate timelines.

People told us they felt safe and trusted staff, who looked after them.

People and their relatives told us they were treated with dignity and respect and had had some involvement in planning their care. They told us they were able to raise complaints without any fears and thought the registered manager had tried to resolve any issues.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff were able to tell us of the equipment checks in place. They had access to personal protective clothing in order to prevent the spread of infection.

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?

The service was not always safe. Although improvements had been made to risk assessments and medicine administration, these were still not always detailed enough in order to enable staff to mitigate risk.

There were enough staff to support people. There were robust recruitment systems in place to ensure only suitable staff were employed.

Staff understood the safeguarding procedures in place to protect people from harm.

There were systems in place to ensure people were protected from the risk of infection.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. There were shortfalls in the training relating to moving and handling and mental capacity.

Staff had limited understanding of the Mental Capacity Act 2005 and how it applied in practice.

People told us they were supported to eat and drink according to their preferences. They were supported to access healthcare services in order to maintain their health.

Staff were supported by means of appraisal supervision and regular meetings.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People told us they were treated with dignity and respect by staff who were polite.

Staff were aware of people's preferences and were able to explain how they enabled people to maintain their independence.

**Good** ●

### Is the service responsive?

Good 

The service was responsive. People told us they were involved in planning and reviewing their care. They told us they received care from the same set of staff.

Care records had a degree of personalisation but could be improved further to ensure they capture people's individual preferences.

People were aware of the complaints policy and told us they were able to express concerns.

### Is the service well-led?

Requires Improvement 

The service was not always well-led. The governance systems had not yet addressed shortfalls in record keeping and ensuring policies were kept up to date.

People told us they manager was visible and that they could express any concerns.

The service worked well with other agencies to ensure people were supported to live a healthy life.

# Chosen Services UK 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 announced inspection took place on 20 November 2017 and was completed by one inspector. This was the first inspection at the provider's new premises.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 20 November 2017 and ended on 24 November 2017 by means of telephone calls to four people and two relatives. We visited the office location on 20 November to see the manager and office staff; and to review care records and policies and procedures.

Prior to the inspection we reviewed information from past reports and a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. There had been no notifications since our last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with four people and three relatives over the telephone. We interviewed five staff, including the registered manager, a care coordinator and three care staff. We reviewed four care records including risk assessments and care plan review records. We reviewed two medicine administration records, seven satisfaction surveys, eight telephone monitoring records, five compliments, three complaints. We looked at five staff records including recruitment, induction, supervision and appraisal records.

After the inspection we contacted commissioners to get their feedback of the service.

# Is the service safe?

## Our findings

At our previous inspection in September 2015, we recommended that medicines administration record (MAR) charts are maintained in all cases where support is provided with medicines, including when the person has the capacity to manage their own medicines. At this inspection we found medicine administration consent forms and administration sheets were in place. People told us they received their medicines when they needed them. One person said, "They help me with my tablets as I can't pop them out myself." However the MAR charts did not contain any details about the specific medicine administered. They recorded the number of tablets given without stating the specific name or dose of each medicine. This made it difficult to know exactly what medicine was given to the person or the dosage as there was no corresponding list of medicines to be administered. We spoke to the registered manager about this and they said they would ensure they rectified the MAR to reflect the names of the medicines given.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection, we found risk assessments for people in relation to moving and handling only identified where there was a risk. They did not include any information or guidance about how to manage and reduce the risk in order to provide care for the person in a safe manner.

At this inspection, we found improvements had been made. Risk assessments were more specific and included the steps staff would take to reduce the identified risk. For example, one person's mobility assessment stated the type and size of equipment used and also included information about ensuring the hoist was charged and equipment, such as slings, was checked before use. People told us staff allowed them to take risks such as going out or mobilising for a few steps. However, we still found risk assessments for falls were not always completed for those assessed as at risk of falls. Instead, they were briefly mentioned within the moving and handling risk assessments without any clear guidance on the risk mitigating steps for staff to take.

We recommend that the service seek advice and guidance from a reputable source, about the management of risk of falls and any other individual risks to people using the service.

People told us they felt safe. One person told us, "The [staff] are ok, certainly not a threat to me." Another person said, "I feel reasonably safe as it's the same faces all the time." A third person told us, "Yes, I think I am safe. They leave my door secure." Staff told us how they ensured people were safe by keeping their property secure and responding to allegations of abuse. Staff had undergone safeguarding training, which was provided at the service. They were aware of how to respond to any allegations of abuse. We reviewed records and found no recent safeguarding incidents. The registered manager was aware of the process in place to report incidents. We reviewed the safeguarding policy and found it needed to be reviewed to reflect current guidelines. The registered manager told us they would update it.

People told us there were enough staff to support their needs. Two out of four people told us sometimes visits were late or missed but could not remember the exact dates. The provider told us they were not aware of any missed visits. They completed telephone calls at least once a month to check people were happy with the service but did not have a system to check daily the exact times visits took place. One person's advocate recalled an incident where a staff member had come to a visit and had left without doing anything as they were not happy with a new pet. As there was not a monitoring system in place, it was difficult to verify the number of missed visits. We recommend a more robust system is in place to monitor late and missed visits.

There were safe recruitment practices in place to ensure only staff that had undergone the necessary background checks were employed. Checks included Disclosure and Barring Service (DBS) checks, obtaining two references, proof of identity and proof of their right to work in the UK, where applicable. Staff told us they had attended an interview and had been asked to provide supporting documentation to enable the appropriate checks to be completed before they started to work for the service. One staff said, "After the interview I had to bring in all my paperwork so they could check if I was allowed to work."

Staff told us they were able to express any concerns about care delivered to the manager and told us this would be dealt with. They were not aware of the Whistleblowing policy although it was available at the office. We spoke with the registered manager about this and they told us they would ensure staff were aware of the policy. Staff told us and minutes confirmed that any learning from incidents was shared in order to ensure staff learnt from previous incidents.

People told us they thought staff were helpful and tidied up and cleaned their homes if it was part of people's support plans. One person told us, "They leave my place clean and always wear gloves where necessary." Staff told us they had access to personal protective clothing and had attended infection control training. Records we reviewed confirmed that infection control training and food hygiene training had been completed to ensure staff were up to date with practice. One staff member told us, "We come to the office to collect supplies of gloves and aprons. We never run out." Staff understood their role in preventing the spread of infection and told us they always washed their hands after they had direct contact with people using the service.

People told us staff used equipment safely to support them. One person said, "They help me use the commode every morning." At the time of our visit there were few people requiring moving and handling equipment, such as hoists. However, other equipment such as commodes were used. Staff were aware of the safety checks they completed to ensure equipment was safe for use. One staff said, we always ensure the commode is clean and brakes are working so we can minimise the risk of falling."



## Is the service effective?

### Our findings

At our previous inspection in September 2015, there was no practical moving and handling training for staff. During this inspection, we found moving and handling training was in place. There was a hoist in the offices for staff to practice and gain experience before assisting people. Training was a mixture of in-house and external trainer sessions which combined theory and practical training. This also included watching videos and completing workbooks for staff to demonstrate their understanding. However moving and handling training was yet to be attended by all staff. We asked the registered manager and staff about this and they told us that only two people required moving and handling equipment and that the staff who supported those people, had been prioritised to attend training. We also found that safeguarding training was now due for most staff. We spoke to the registered manager about this and they told us they were in the process of updating training and had a training list which they were in the process of updating.

We recommend the provider seeks a more robust method of keeping staff training up to date.

People told us staff were able to support them. One person said, "They are very helpful and know what they are doing." Staff had regular support, supervision and appraisals. The induction program included shadowing experienced staff. Staff told us they watched videos and completed Care Certificate workbooks. The care certificate ensures all staff working in social care complete a standard induction to ensure they have enough knowledge to enable them to deliver care safely. One staff member said, "I had an induction for two days and followed one staff to show me how to do the job. It was very helpful." We looked through staff files and found evidence that staff had started to complete Care Certificate work books. However they were yet to complete all the modules.

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.

We checked whether the service was working within the principles of the MCA. Staff told us and people confirmed that consent to care was always sought before care was delivered. One person told us, "Yes they always ask what I would like them to do first." A staff member told us, "We always check with the person before we start and they will usually say yes, or nod for us to go ahead. We will never force anyone, but will try and come back or ask another colleague to try if a person refuses care." However, we found staff had not received up to date MCA training. They could not always explain the principles of the Act and what it meant. We spoke to the registered manager about this and they told us they used scenarios during induction to help staff understand how to handle behaviours that may challenge the service. They told us that people's capacity had been discussed in a recent training, specifically for increasing staff knowledge on learning disabilities. The registered manager told us refresher training would be arranged to ensure staff understood their roles and responsibilities in relation to implementing the MCA in their daily role.

People's social, physical, and emotional needs were assessed when they started to use the service. It also

included their current medical conditions, any allergies and past medical history. Their care and support was delivered in line with evidence-based guidance. For example, staff looking after people with urinary catheters received extra training, to ensure they were able to manage catheters effectively to reduce the risk of infection. One staff member told us, "A nurse came and showed us how to empty the catheter bag. We were shown diagrams on how to clean without introducing infection." The registered manager and staff told us there was no discrimination, when making care and support decisions. One staff said, "We look after everyone regardless of their faith. However, we consider individual preferences based on people's faith or cultural beliefs such as male or female only staff."

People were supported to eat and drink a balanced diet that met their individual preferences. One person told us, "They set out my breakfast and come back at lunch. The meals are all planned by [relative] so they just ask what I want and warm it for me." Staff were aware of people on special diets and told us how they catered for people's individual and culture specific preferences. One staff member told us, "Something as simple as a cup of tea is made according to people's taste. Some like the teabag in first others want the milk boiled. We ensure their food is presented in a way they prefer." Daily records confirmed staff had offered people choices before assisting with meals and documented whether people were eating well. Where people had special dietary preferences these were noted in the support plans we reviewed.

People received support to access different healthcare services. One person said, "They remind me when I have hospital appointments." Staff told us they tried to support people to make healthy choices. They told us and records confirmed that people's visits were adjusted so that they could attend hospital appointments. Staff told us how they worked together with other healthcare professionals to ensure that people received appropriate care. One member of staff told us, "Sometimes we help people book their transport for hospital appointments. Other times it's a visit to their pharmacy to pick up their medicine." Another staff member said, "I call the office if I notice any changes, be it good or bad. They then talk to social serves to check for further support." A relative told us, "Chosen were very supportive during their time with my [relative]. They helped talk to the social workers to get us more help."

## Is the service caring?

### Our findings

People and their relatives told us staff were caring. One person told us, "They are quite good." Another person said, "Yes most are caring. Some have a warmer demeanour than others but I think it's more of language barriers than anything." Staff spoke about people using their preferred names and were aware of people's preferences. For example, one staff member told us a person preferred them to have a chat whilst assisting with personal care. This was confirmed by that person and their care plan. And showed staff paid attention to people's wishes in order to ensure they delivered care according to people's taste.

Staff we spoke with had attended equality and diversity training and demonstrated an awareness of the need to respect people's individual preferences. One staff member told us, "We had a session on treating people as individuals. We are mindful of people's cultural and individual preferences." Another staff member told us, "The manager checks to ensure staff get on with people." This was confirmed within the telephone monitoring and the spot check records we reviewed. Another staff member told us, "I can tell from their facial expression whether they are in pain or having a bad day. So I will always ask them if I can call anyone or do anything to make them more comfortable." This meant that staff were able to recognise and support people and make them comfortable and pain free.

People were supported to be as independent as possible. One person told us, "I think they do a good job trying to get me to get up and eat." Staff told us how they encouraged people to do as much as they could for themselves as outlined in their support plan. One staff member told us, "I always encourage [person] to wash their face and take a few steps every day so they can maintain their mobility." Daily records also recorded staff attempts to ensure they evidenced all the support and encouragement towards independence.

People were treated with dignity and respect. One person told us, "They are very respectful and polite." Another person said, "The staff address me by name and are very humane." Staff knew and respected the people they were supporting. They knew their preferences, personal histories and backgrounds. One staff told us, "[Person] has their family around and likes to talk about their memories." Another staff member said, "[Person] likes to be addressed by their first name." We confirmed this with the people and their care records.

We found people were assured that information about them was treated confidentially in order to maintain their privacy. One person told us, "Yes they always ask me if I want to share information with [relative]." Staff respected their privacy and told us they would not divulge any information without people's consent. The registered manager and staff were mindful of where they stored daily records within people's homes, in order to ensure people's records were secure.

People and their relatives told us they had been given information about the service in a booklet and that contact details were also available at the front of their care records. We looked at the booklets and found they contained enough information about the service. One person said, "Yes I know the number to call. All the information is in my house." Staff told us they would alert the registered manager if people or their

relatives required further support from other agencies, such as managing chronic illness or dealing with financial matters. Where possible the registered manager would give information to people and their families about external services and local advocacy services to enable people to receive independent support.

People were supported at a pace that suited their needs. Staff told us and daily records confirmed that staff always tried to ensure people were not rushed. Where they noticed it was taking longer than the allocated time to deliver support, they spoke with the registered manager who in turn spoke with social services, to see if longer visit times could be arranged. This was confirmed in the care records we reviewed. People told us that they felt listened to with the exception of one person, who had previously had difficulty understanding some of the staff. However, they told us, "It's much better now as you see the same faces." This meant that peoples changing needs were listened to.

## Is the service responsive?

### Our findings

At our previous inspection in September 2015 there was lack of information about the individual needs of people and how care was to be supported in a personalized manner. During this inspection, although improvements had been made, more work could be done to make care plans more specific. For example, support plans did not always outline people's preferences. They just explained that people needed support from one staff member but did not always specify the support preference, such as having a bath or shower or if they preferred same gender staff. This meant that people especially those who could not always verbally communicate their needs were at risk of receiving inconsistent care as their detailed preferences were not always documented.

Support plans listed tasks that needed to be accomplished, without necessarily stating how people preferred their specific routines or what outcomes they wanted. For example, support plan read "prefers bed wash at 8a.m." but did not go on to explain how they wanted the water or what they could do for themselves, or if oral hygiene support was required. However staff we spoke with were aware of people's preferences as most people could say what they wanted or had a relative or friend who could help staff understand people. People's support plans did not always include all the preferences and routines staff told us, putting people at risk of receiving inconsistent care when temporary staff delivered care. We recommend best practice guidelines are sought on person centred care planning that ensures more specific outlines of people's preferences.

Staff were aware of people's communication needs which were clearly identified in the support plans we reviewed. Although the information and communication needs of people with a disability or sensory impairment were identified, support plans were not always pictorial or in a format the individual could understand. We recommend further guidance is sought relating to recording and sharing information about the communications needs of people with a learning disability or sensory impairment.

People told us they were consulted by the registered manager and office staff to check if their care plan was meeting their needs. We saw signed confirmations that people had read and agreed to care plans. Three out of four care plans we reviewed had been updated to reflect people's current needs in respect of visit times. One care package had changed on 2 November to 45 minutes, for the morning visit but was yet to be updated in the care record. Staff and the person confirmed that the visit was now 45 minutes and staff said the support plan would be updated.

People's concerns and complaints were listened to and responded to. They were used to improve the quality of care. Staff told us that the registered manager always listened and tried to change things to suit people using the service. One staff member told us, "The manager makes the necessary changes such as adjusting times to suit clients at their request."

People told us they knew how to make a complaint or raise concerns. They felt confident to speak out and told us their concerns were listened to. One person said, "Yes they listen. It does sometimes take a while to get through but once you cross that hurdle it is fairly smooth." The complaints process was easily accessible.

in a format people could understand and was within their information booklet. We reviewed complaints made between October 2015 and 2017 and found they were investigated and responded to in a timely manner. Written acknowledgment of investigations and actions taken from the outcome of the investigation were recorded. They were used as an opportunity to learn and drive improvement.

There were systems in place to ensure people at the end of their life would be supported to have a comfortable, dignified and pain-free death. At the time of our inspection the service was not supporting people at the end of their life. Staff and the registered manager told us they would seek advice from other professionals, as and when they were supporting people towards the end of their life. They had knowledge about end of life care and told us they would follow people's preferences as outlined in their end of life care plan.

## Is the service well-led?

### Our findings

At our previous inspection in September 2015, we found that systems in place to monitor the quality of service provided had not always been effective. They had failed to identify deficiencies in the quality of risk assessments and care plans within the service. At this inspection, we found some improvements had been made. However, there were still shortfalls in the current risk assessment, medicine management, care planning and training systems in place, which had not been fully addressed by the current governance structures in place.

Furthermore we found some important information, such as a recent death, had not been notified to the Care Quality Commission, as required by law. We spoke with the registered manager about this and they said they would send us the notification. We reminded them that any notifications needed to be sent without delay and recommend they report events as soon as they happen in order to comply with this registration requirement. Two out of four people also recalled having had a missed visit or two over the last few months but could not recall the exact date. When we asked the registered manager about missed visits, they told us there were only late visits. However, these were not always recorded, in order to monitor the number of times there were delays to people's care.

People told us they saw staff writing in their care booklets after each visit. One person said, "They do write something down after each time they have seen to me." However we saw daily records were not always completed accurately. Daily logs of care delivered were not always timed as in accordance with the provider's record keeping policy. Some daily log visits for all four care records we reviewed, were only timed as "morning call" "lunch call" and "bed time call." This made it difficult to monitor the length and spacing of visiting times and if staff had stuck to people's requested visit times. The service had no electronic monitoring system to rely on for visit timings. When asked, the coordinator said they used telephone monitoring, to check if people were happy with visit times. However telephone monitoring records showed no feedback on the duration of the visits.

Policies in place were not always up to date with the latest guidelines and were in some instances undated. In particular the safeguarding policy referred to "no secrets" a document that has since been superseded by newer guidelines. The record keeping, gift, emergency and recruitment policies had no review dates. The recruitment policy was yet to be reviewed and spoke about CRB checks instead of the current DBS checks. We spoke to the registered manager about this and they said they would update all policies to reflect current guidelines. The whistle blowing policy was not in the policies and procedures file on the day of the inspection. It was sent to us electronically after the inspection and was not comprehensive or known by the staff we spoke with. This left staff with out of date guidelines on how to report issues that affect people using the service. It also showed that the current governance systems in place had failed to ensure policies were updated in a timely manner and reflected current guidance. This meant people were potentially at risk of receiving care from staff who were unaware of the most up to date guidance.

Systems had failed to ensure an accurate, complete and up-to-date record was kept for each person using the service. Other records, such as policies related to the management of the regulated activity, were not

always up to date. In addition, systems to manage staff clocking in and out were not robust enough to ensure accurate monitoring in order to investigate and reduce missed and late visits.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, their relatives and staff told us the registered manager was very visible as they were hands on and delivered care and support alongside staff. One person told us, "The manager comes at times. She does all the work with staff." Another person said, "I see the manager often. I also get calls from the office." A relative also confirmed. "[Manager] comes or calls once it while and checks everything is ok."

The manager was registered with the Care Quality Commission. Two out of four people we spoke with made positive comments about how the service was run and made positive comments about the registered manager. One person said, "The manager is very good. The best thing is getting the same staff most of the time." A relative told us, "The service is better than the last one. A few issues with some staff who are not easy to understand but as time has gone the communication has got better. They do come when they are supposed to."

Staff told us they felt supported by the registered manager. They told us the registered manager and coordinator were understanding of their work and personal issues. One staff told us they had been allowed time off when needed. Another staff said, "The manager is very understanding and respects my religion and beliefs."

People told us that the manager came to check on the quality of care delivered by staff. One person said, "Yes the manager comes to supervise and see what staff are up to sometimes." We saw evidence that spot checks to ensure staff were delivering care according to people's preferences were completed. Telephone checks and annual satisfaction surveys were also completed to ensure people's views were listened to and acted upon. For example one feedback had been for staff to ensure a person's chair was cleaned and switched on to ensure the chair maintained its function. This had been actioned immediately.

The service worked in partnership with other agencies. This included sharing information with the commissioners in order to improve people's welfare. A relative told us, "They have been very helpful in assisting to get in touch with all the relevant professionals." We saw several, instances where people's care packages had been reviewed. Some had resulted in adjusted packages to suit people's needs, whilst others had resulted in admission into 24 hour care facilities in order to ensure people's needs were met.



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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely. Medicine administration records were incomplete as they did not outline the name or the dose of the medicine being administered.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems did not enable the registered person to maintain an accurate, complete and contemporaneous record in respect of each service user. Other records such as policies related to the management of the regulated activity were not always up to date. In addition systems to manage staff clocking in and out were not robust enough to ensure accurate monitoring in order to investigate and reduce missed and late visits.</p>