

Your Choice Care Ltd

Office

Inspection report

38 Heather Road
Leicester
LE2 6DD

Tel: 01162960194

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24 November 2021

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Ratings

Overall rating for this service	Requires Improvement ●
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Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Office (Your Choice Care Ltd) is a domiciliary care agency providing personal care and support to people living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection there were two people who received personal care support.

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

Since our last inspection, the provider had taken action and made improvements in how the service was managed. New and improved systems and processes had been introduced and whilst these were working well, further time was required for them to become fully embedded and sustained.

Systems and processes to keep people safe were effective. Risks associated with people's healthcare and support needs had been reviewed. Staff had up to date and detailed guidance of how to manage and mitigate risks.

Medicines management followed best practice guidance and new and improved medicines audits and monitoring systems had been introduced. Whilst there had been no accidents or incidents since the last inspection, the provider had implemented a new system that would enable a review and learning from any events that occurred.

Recruitment processes had been reviewed and a robust recruitment procedure introduced. All staff had pre-employment checks completed, this included a criminal record check to ensure they were suitable to work with vulnerable people.

Staff training and support had been improved upon. Staff had received mandatory training the provider had identified as required. Action were ongoing to ensure staff became fully compliant with all training requirements. Staff received opportunities to discuss their work, training, and development needs.

The staff rota confirmed how staff were deployed to meet people's individual needs. Staff recruitment was ongoing, and staff shortfalls were covered by the management team.

Infection prevention and control practice did not fully reflect best practice guidance. Where shortfalls were identified, these were raised with the provider and immediate action was taken. Staff had access to sufficient stock of personal protective equipment to reduce the risk of infection spread. Staff undertook weekly testing for COVID-19 and the provider had a system to monitor this.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The provider's new and improved systems and processes enabled a person using the service, to have choice and control of their care and support.

At the time of the inspection, there was not a registered manager in place. The day to day management and responsibility for the service was with the nominated person and a director.

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 Inadequate (published 30 June 2021) and there were multiple breaches of regulation.

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

At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since the last inspection. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Office (Your Choice Care Ltd) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Office

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was 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. The service did not have a manager registered with the Care Quality Commission. This means the provider is 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 would be in the office to support the inspection.

Inspection activity started on 24 November 2021 and ended on 29 November 2021. We visited the office location on 24 November 2021 and provided inspection feedback on 29 November 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection and reviewed the last inspection report. We sought feedback from the local authority and received feedback from two social workers. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided to themselves and their relative. We spoke with two members of care staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a director for the service.

We reviewed a range of records. This included two people's care records and medicine records. We looked at several staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including quality assurance checks and training records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included information relating to policies and procedures, communication procedures and audits and checks. We also received information on follow up actions taken by the provider. We invited additional care staff to provide feedback about working for the service.

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 Inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection, the provider had not ensured people received safe care and treatment due to poor risk assessments, unsafe medicines management and a lack of systems and processes to learn lessons when things went wrong. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of the legal regulation.

- Risks associated with people's health and care needs had been reviewed. Guidance for staff of how to mitigate known risks were detailed and up to date. Staff were knowledgeable about how to meet people's care needs. For example, one person had recently been diagnosed as being diabetic. Staff understood how to support the person safely and effectively, guidance was clear and informative.
- A person who used the service spoke positively about staff's skills and knowledge in meeting their and their relatives care and support needs. Comments included, "The manager is very good, strong, has good staff expectations and standards. I couldn't get better care."
- Staff were positive about the improvements made. Staff comments included, "Guidance is up to date and the manager checks we are competent in the care and support we provide."
- People received their prescribed medicines safely. New and improved medicines management processes had been introduced. This included regular audits and checks to ensure medicines were managed safely. The provider's medicine policy was being further developed to ensure it fully reflected best practice guidance.
- Staff had received required medicines training and their competencies in administration and medicine procedures had been completed and were ongoing.
- Incident management processes had been introduced. This included how staff were expected to respond to an incident such as how to record and report what had occurred. This enabled the management team to review and monitor incidents for any lessons learnt to reduce reoccurrence.

Staffing and recruitment

At the last inspection, the provider had not ensured staff were suitable for their roles or that recruitment

processes were safe. This was a breach of Regulation 19(1) (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of the legal regulation.

- Staff recruitment procedures ensured as far as possible only suitable people were employed. New staff employment procedures had been introduced and this reflected best practice guidance. This included checks on any gaps in employment, identity checks and interview questions to explore the candidate's appropriateness to fulfil the role.
- Recruitment checks on all staff currently employed at the service had been completed, this included obtaining references and criminal record checks.
- We reviewed two new staff recruitment folders, these staff had not commenced their role due to the provider waiting for reference and criminal checks. Records confirmed the provider was using their new processes effectively as explained to us by the management team.
- Staff received ongoing training and support to enable them to provide safe and effective care. Staff had completed mandatory training the provider expected and the compliance for all training to be completed was at 75 percent. Action was being taken to support staff to complete the required training. Staff supervision processes had been introduced to enable staff to discuss their work and development needs.
- Staff confirmed they received opportunities to discuss their work and they were positive about the support and guidance they received. Comments included, "I've had two or three meetings with the manager to talk about my work, they are very supportive, always available to speak with."

Systems and processes to safeguard people from the risk of abuse

At the last inspection, the provider did not have systems in place to ensure people were protected from abuse and the risk of abuse, including ensuring staff knowledge and skills were up to date. This was a breach of Regulation 13(1) (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of the legal regulation.

- People were protected from abuse and avoidable harm. Staff had received safeguarding training. The provider had liaised with the local authority to ensure their safeguarding policy and procedure reflected the local multi agency procedures.
- A person who used the service told us they had no concerns about safety and spoke highly of the staff that supported them.
- Staff were knowledgeable about their role and responsibilities of how to protect people and how to respond to any safeguarding concerns. Comments included, "If I noticed any unexplained bruising or saw any changes that were different with the person, I would report this to the manager. I also know I can report direct to the local authority and you CQC."

Preventing and controlling infection

- Staff had received required infection control training. However, we noted a staff member was wearing false long nails. This is an infection control and safety issue, we raised this with the provider who followed this up with the staff member.
- Care staff were seen to be wearing personal protective equipment (PPE) as per best practice guidance and

government expectations during the COVID -19 pandemic. However, a director was seen not to be wearing a face covering and was not exempt from wearing one. We raised this with them, and they agreed going forward to follow government guidance.

- Staff had a good supply of PPE and were participating in weekly routine COVID-19 testing and the provider had a tracker to monitor this.

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 Inadequate. At this inspection this key question has now improved to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection, the provider had failed to ensure effective systems were in place to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of the legal regulation.

- At the time of the inspection, there was not a registered manager in post. The nominated individual (NI) told us they were planning to submit their register manager application. Following the inspection site visit, the NI confirmed they had started the application process.
- Since the last inspection the provider had reviewed and improved their systems and processes used to assess and mitigate risks and monitor quality. Improvements included staff recruitment processes, staff training support and development, medicines management, guidance for staff in care plans and risk assessments was more detailed. Policies and procedures had been either reviewed or were being updated to ensure they reflected best practice guidance.
- The provider had sought support and guidance in the improvements made at the service from recognised health and social care organisations. This included Skills for Care and using NICE guidelines - evidenced based recommendations for health and care in England.
- The provider had an ongoing action plan to support them to continue to improve the service. Improvements had been made in all required areas and there was sufficient evidence that breaches in regulation identified at the last inspection had been met. However, further time was required for new and improved systems and processes to become fully embedded and sustained. The recruitment of staff was a priority to reduce the frequency the management team were having to cover care shifts.
- People received care and support that was person centred and achieved positive outcomes. Since the last inspection, the provider had supported staff to develop their knowledge and awareness in empowering people to have greater choice and control of their care. Staff spoke positively about the people they cared for and demonstrated a good understanding of their individual care and support needs.

- An external professional provided positive feedback on how well staff enabled a person to lead an active and full filling life. Comments included, "Yes, staff promote independence and all social care and health outcomes are being achieved."

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 was aware of their responsibilities under the duty of candour to be open and transparent in the event of something going wrong.
- A health care professional was positive in how the management team shared information. Comments included, "The management team are extremely good at keeping me informed of what is happening. I get immediate response, when I request anything."
- The management team continued to show commitment, transparency and honesty in their plans in further developing the service.

Working in partnership with others

- The management team had developed positive partnerships with external health and social care professionals.
- Care records confirmed referrals and contact with health and social care professionals were made in a timely manner. Recommendations made by external partners were acted upon.
- Positive comments were received from external social care professionals about the leadership, skills and knowledge of the nominated person. This included examples of their joint working to achieve positive outcomes for people.