

Choices Care Ltd

Choices Care

Inspection report

4A South View Road
Walton
Peterborough
Cambridgeshire
PE4 6AG

Tel: 01733572572
Website: www.choicescare.org

Date of inspection visit:
28 June 2016
30 June 2016
01 July 2016
05 July 2016

Date of publication:
27 July 2016

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

Choices Care is registered to provide personal care to people in their own homes in the Bedfordshire and Leicester areas. At the time of our inspection 21 people were receiving personal care from the service.

This announced comprehensive inspection was undertaken on 28 and 30 June and 1 and 5 July 2016. We gave the service 24 hours' notice of our inspection.

There were two registered managers in place. However, during this inspection one was on extended leave. 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 Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager had an understanding of the formal process involved should people being supported by the service lack the mental capacity to make day-to-day decisions. Staff were able to demonstrate a sufficiently robust understanding of the MCA. This meant that any decisions made on people's behalf by staff would be in their best interest.

Records were in place for staff to monitor people's assessed risks and support and care needs. Plans were put in place to minimise people's identified risks and to assist people safely whilst supporting their independence.

Arrangements were in place to ensure that people's medicines were administered safely. People had their nutritional and hydration needs met. People, who required this assistance, were supported to contact and access a range of external healthcare professionals to maintain their health and well-being.

People said that staff respected their choices about how they would like to be supported. People were supported by staff in a respectful and caring manner. Staff promoted people's privacy and dignity.

People's care and support plans gave guidance to staff on any individual assistance a person required. Records included how people wished to be supported, and what was important to them. These records documented that people and/or their appropriate relatives had been involved in this process.

There was a sufficient number of staff to provide people with safe support and care. Most people experienced punctual care calls.

Staff understood their responsibility to report any suspicions of harm or poor care practice. There were pre-employment safety checks in place to ensure that all new staff were deemed safe and suitable to work with the people they supported.

Staff were trained to provide care and support which met people's individual needs. The standard of staff members' work performance was reviewed during supervisions, spot checks and appraisals. This made sure that staff were confident and competent to provide the required care and support.

The registered manager sought feedback about the quality of the service provided from people who used the service and their relatives.

Staff meetings took place and staff were encouraged to raise any concerns or suggestions that they may have had. Quality monitoring processes to identify areas of improvement required within the service were in place. However, although a record documenting the administration of people's prescribed medicines was kept. These records showed that improvements were needed by staff around the accurate recording of people's medicine administration. These improvements required had not always been identified during the provider's quality monitoring checks.

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.

People's care and support needs were met by a sufficient number of staff.

People's medicines were managed and administered as prescribed.

Staff were aware of their responsibility to report any concerns about suspicions of harm that people may experience.

Checks were in place to make sure that only staff who were suitable to provide care for people were recruited.

Is the service effective?

Good ●

The service was effective.

Staff were aware of the key requirements of the Mental Capacity Act 2005 (MCA) and the provider was acting in accordance with the principles of the MCA.

People's health, nutritional and hydration needs were met.

Staff were trained to meet people's support and care needs.

Staff had supervisions, spot checks and appraisals to make sure that they delivered effective care and support.

People were assisted with external healthcare appointments when needed.

Is the service caring?

Good ●

The service was caring.

Staff were respectful and caring in the way that they supported and engaged with people.

Staff respected and promoted people's right to privacy and

dignity when delivering their personal care.

Staff encouraged people to make their own choices about things that were important to them to assist people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were planned and reviewed to make sure they met their current needs.

There was a system in place to receive and manage people's suggestions or complaints.

Is the service well-led?

Good ●

The service was well-led.

Audits were undertaken as part of the on-going quality monitoring process to identify and make improvement.

Accurate records of people's prescribed medication were not always kept. Audits undertaken did not always identify all these areas of improvement required.

There were two registered managers in place.

People who used the service and their relatives were able to feedback on the quality of the service provided.

Choices Care

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 28 and 30 June and 1 and 5 July 2016, and was announced. This was because we needed to be sure that the registered manager and staff would be available. The inspection was completed by one inspector and an expert-by experience. An expert by experience is a person who has personal experience of working with or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete and return a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning. We looked at other information that we held about the service including information received and notifications. Notifications provide information on important events that happen in the service that the provider is required to notify us about by law.

We telephoned and spoke with one relative and four people who used the service. We spoke with the director, registered manager, branch manager, an administrator/ care worker and two care workers. We also received feedback about the quality of the service provided from a representative of Leicester City Council contracts and assurance team, a contracts officer of Central Bedfordshire Council, and a senior care standards monitoring officer in Bedford Borough Council.

We looked at four people's care records, five staff recruitment files and the systems for monitoring staff training and development. We looked at other documentation such as quality monitoring, feedback surveys, staff meeting minutes, compliments, complaints, and medicine administration records.

Is the service safe?

Our findings

Prior to the inspection a concern that staff were expected to work long hours was received. However, one staff member said, "I choose to work the hours I work...if I am asked to work and I say no, this is respected." Another staff member confirmed they did not feel under pressure to take on more work than they wished to do so.

People using the service and their relatives had mixed opinions about the times of their care calls and staff punctuality. One person told us that, "[Staff] will sometimes ask if the care call can be earlier and we try to be flexible like them [staff]... they are generally on time and they will let us know if they are running late, we have never been let down. They [staff] don't rush me to get away though. They stay the full time." Another person said, "I've used them quite a while, a couple of years. There was some mix up about times early on, about when they called and it could be late or at different times in the morning, but that has now settled down." However, a third person told us that staff were, "Mostly on time," but sometimes did not arrive until 11am for their breakfast call, which was not their choice.

We saw that each person's needs had been assessed and recorded in their care plan. The registered manager said that this was used to determine how many staff a person required to assist them with their care and the time each care call should be. Documentation showed that there were enough staff available to work to meet the number of care hours contracted /commissioned.

People who used the service and a relative told us that they or their family member felt safe using the service. This was because of the support and care that was provided. One person said, "I've had no accidents with them so yes, it's safe."

Staff said that they had undertaken safeguarding training and records we looked at confirmed this. Staff demonstrated to us their knowledge on how to identify the different types of harm and report any suspicions of this or poor care practice. Staff told us what action they would take in protecting people and reporting such incidents. This included external agencies they could contact to report poor care practice. We saw information, on how to report suspicions of harm, was available for staff on a communal notice board in the office to refer to if needed. This showed us that there were procedures in place at the service to reduce people's risk of harm.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and said that they were confident to do so. This meant that staff understood their roles and responsibilities in protecting the people they supported.

People had individual risk assessments undertaken in relation to identified support and care needs. Individual risks identified included, but were not limited to; infection control; moving and handling; prescribed medication; fire safety; environmental risks; mobility; and nutrition. The risk assessments detailed how much support staff should give to a person whilst maintaining and encouraging their independence. Care plans had documented prompts and guidance for staff about any risks identified. Staff

told us about the people they supported who were assessed to have risks, and the actions they took to make sure that these risks were minimised.

However, we noted that people's food and fluid charts did not record the exact amount eaten. This meant that detailed monitoring records were not always kept in response to the person's assessed risk.

People had environmental risk assessments of their home as a prompt for staff. This showed that there was information for staff in place to assist people to be evacuated safely in the event of an emergency.

People said either they managed their medicines themselves or a relative supported them with this. Staff who administered medicines told us, and records confirmed, that they received training and that their competency was checked during 'spot checks'. We saw that records of administration were kept and care records documented who was responsible for the collection of people's medication.

Staff said, and records confirmed, that pre-employment safety checks were carried out prior to them starting work and providing care. Checks included references from previous employments. A criminal record check that had been undertaken with the disclosure and barring service, photographic identification, proof of current address, and any gaps in a staff members previous employment history had been explained. These checks were in place to make sure that staff were of a good character and that they were deemed suitable to work with people who used the service. However, in one out of three staff records we looked at, we saw that one person's gap in their previous employment record had not been formally documented.

Is the service effective?

Our findings

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. We spoke with the registered manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The registered manager told us that during this inspection no one being supported by the service lacked the mental capacity to make day-to-day decisions. This meant that there had been no requirements to make applications to the Court of Protection.

Staff said, and records showed, that staff had training on the MCA. One staff member said, "Everyone is assumed to have capacity, it is decision specific. Some people can make decisions on certain things and not others...[decisions will then be made in a person's] best interest." Another staff member told us, "The MCA assesses a person's capacity to be able to make decisions for themselves." Staff demonstrated that their knowledge about the MCA was understood as they were able to tell us how people could be supported in their best interest. This understanding meant that any decisions made on people's behalf by staff would be in their best interest.

The majority of people we spoke with told us that they or their relative managed their own meals and drinks. Where people were supported by staff with the preparation of meals and drinks, they told us that they had no concerns. One person said, "They [staff] make me breakfast, I have the same every day but that is my choice."

We saw that Choices Care had adopted the Care Certificate which is a national induction programme tailored to develop staffs' knowledge and skills. Staff said that when they first joined the service they had an induction period which included mandatory training and shadowing (accompanying) a more experienced member of staff. Staff also had a face to face supervision meeting after their probation period to review how they got on. This was until they were deemed confident and competent by the registered manager to deliver effective and safe care and support. One person told us that new care workers sometimes accompanied their main carers during their care call. This, they said was a nice way to be, "introduced."

Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people needed. This was confirmed by the record of staff training undertaken to date. Training included, but was not limited to; the MCA/ DoLS; dementia awareness; person centred care; medication; safeguarding; first aid awareness; moving and handling; infection control; food hygiene and fire safety. One person said, "They do seem well trained and the senior care staff know what they are doing." Staff members told us they enjoyed their work and were supported by the management team. Staff said they attended staff meetings and received formal supervision, spot checks on their competency, and appraisals to review their skills and develop their knowledge. This meant that staff were supported to

develop the necessary skills to perform their work effectively.

People told us, and records showed, that staff supported them to contact or visit external healthcare professionals if needed. One person confirmed to us that, "If they [staff] have spotted anything they will get me the nurse...I had a [health concern] that was becoming sore and this needed attention...yes, it prevented things from getting worse." Another person told us that staff had on occasion supported them to visit a healthcare professional. This meant that staff supported people to contact external healthcare professionals when required.

Is the service caring?

Our findings

People who used the service and their relative had positive comments about the care provided by staff. One person said, "The carers are smashing...very nice, very caring." Another person told us, "The carers are excellent...so far it's working well." A relative said, "They [staff] are good when they talk to [family member], they recognise her moods [caused by health condition] and help hold it all together."

Staff told us how they respected people's choice about how they wished to be assisted. This was confirmed by people we spoke with. One person said, "We decided what we wanted and they [staff] came in at the start of the care and they have respected our choices from the start. The care plan was put in place during my last days in hospital and Choices [Care] have now discussed this all with us."

People's care records showed that staff had taken time to gather the information about the outcomes that people wanted to achieve; for example to maintain their independence as appropriate. These were then taken into consideration when planning all aspects of their care. Care reviews took place to make sure that people's care and support plans were up-to-date and met people's current needs. One person said, "I was involved in the setting up of my care plan." Records we looked at documented that people, and/or their appropriate relatives were involved in the agreement of people's plans of care.

We were told that staff supported people in a caring and respectful manner. One person said, "I can have some banter with the staff. We have a good rapport and [staff member] lets me do as much as I can...the care staff are always polite and respectful."

Staff were able to demonstrate their knowledge of the different ways they would support a person with their personal care whilst maintaining and promoting their dignity and privacy. This was confirmed by the people we spoke with. One person said, "Yes, they [staff] do respect our privacy as well. They know what I want." Another person told us that always knocked on their door before entering the premises. This meant that staff were aware that they needed to promote the dignity and privacy of people they assisted.

Is the service responsive?

Our findings

People were involved in the assessment of their care and support needs. The provider ensured that people's individual needs could be met by the staff and the service. One person confirmed to us that, "It was [named staff member] who has got in touch with us at the outset...they saw us at home when Choices [Care] took over. I've wanted to do lots myself and [staff] now let me go to the bathroom myself if I want to help increase my ability...I'm treated as an equal." A support and care plan was written using the assessment to provide prompts for staff on the support and care the person needed.

Staff told us, and we saw, that reviews of people's records were carried out. This ensured that people's care and support needs remained up to date and provided guidance for the staff that supported them. One person said, "Yes, from time to time they've checked it [care plans] all out with me." Staff confirmed that if they felt that the care and support plans needed updating to reflect people's current needs, they contacted the office based staff and said that this would be actioned.

People's support and care plans detailed how many care workers should attend each care call. The plans provided information so that staff understood how people wished to be supported during the care call. Staff had completed daily notes detailing the care and support that they had provided during each care visit. We saw samples of detailed notes which were held in the service's office.

People told us that that they knew how to raise a suggestion or complaint should they need to do so. One person talked us through an example of a concern they raised that was listened to and resolved for them. We asked staff what action they would take if they had a concern raised with them. Staff said that they knew the process for reporting concerns. Records showed that complaints received had been responded to, investigated and where possible resolved to the complainant's satisfaction. We also noted that Choices Care had received compliments for the service they had provided to people.

People said they did not often require the support of staff to maintain their links to the local community. One person told us, "We are [religious faith named] and go to [religious service] most days...they [staff] respect this and that [on those days] we need a later care call...one evening it went on quite late and when we got back [staff] were still waiting for us and did not fuss...I did not feel like a naughty boy." This meant that staff supported people, where needed, with their links with the local community to promote social inclusion.

Is the service well-led?

Our findings

Arrangements were in place to monitor and audit the quality of the service provided. These audits included, but were not limited to; people's daily notes and medicine administration records. We saw that audits had found where improvements were required and that actions to be taken were recorded and being worked on. However, we found that not all areas had been picked up during these audits. For example, a sample of medication administration records that had been audited had not identified the gaps in these records. These gaps of people's medicine administration meant that accurate records were not always kept.

People who used the service and their relative had positive opinions about the quality of communications with office staff. However, one person said, "They could be a bit better organised at the office. They generally do know about us when we call but they are not as clued up as they could be about timings and things. The office staff run the [care] staff a bit ragged leaving them not enough time to do the job as they would like."

There was a registered manager in place. They were currently being supported by care and office staff.

We saw that the registered manager sought feedback about the quality of the service provided from people using the service and their relatives. Improvements noted included times of people's care calls, and we saw the actions taken by the provider to try to resolve these improvements to people's satisfaction.

Staff confirmed that their role was to give people the best care they could. They told us that the registered manager promoted a culture that looked to improve the service provided. One staff member said, "Our values are person centred care."

During this inspection we were shown evidence that the provider had been nominated for the Great British Care awards 'carer new comer award'. Choices Care were also nominated and finalists for the following 'care employer awards'; 'registered manager award'; 'care team award' and 'care trainer award.' This showed us the provider and staff had received external commendation and recognition for their work and commitment in the home care industry.

Staff said how they could make a suggestion to the registered manager and feel listened to. They gave us examples of this and how their suggestions had been implemented. This, they said, helped make them feel supported. One staff member said that the office staff, "Were there for you if you needed to chat." Records we looked at staff confirmed that staff meetings were held. We saw that these meetings were also used as opportunities to update staff on the service provided, service development, and people's care and support needs.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC in a timely manner.