

Choices Home Care Limited

Choices Homecare

Inspection report

Brooke's Mill Office Park
Unit 18, S6/S7, Armitage Bridge
Huddersfield
HD4 7NR

Tel: 01484608700

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07 February 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Choices Homecare Limited is a domiciliary care service, providing personal care and support to people living in and around Huddersfield. Not everyone who used the service received personal care. 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. On the day of inspection, 31 people were receiving the regulated activity of personal care.

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

We found improvements were needed in some aspects of managerial oversight and governance of the service. Staff supervision had fallen behind and had not been carried out in line with the provider's policy. Audits and checks of care records and medicines records had not always been completed. This meant some errors with medicines records had not been identified and people had not received their medicines as prescribed.

People and their relatives told us they felt safe using the service. There were enough staff available to meet people's needs at their requested time. The service had a robust recruitment process which ensured suitable staff were employed. Staff followed correct infection control practices.

People and their relatives were complimentary of the care provided by Choices Homecare Limited. They told us they were supported by kind and patient staff who helped them maintain their independence.

People's needs were assessed before they started using the service and the information was used to devise their care plans. New staff received a induction programme and all staff had completed a range of training which gave them the skills and knowledge to care for people in their own homes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Rating at last inspection

The last rating for the service under the previous provider was good, published on 26 July 2019.

Enforcement

We have identified a breach in relation to the governance of the service. 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 from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Choices Homecare

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 07 February 2023 and ended on 20 February 2023. We visited the location's office on 07 February 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We gathered feedback from the local authority. We used all this information to plan our inspection.

During the inspection

During the inspection we looked at a variety of records, including 3 care records and risk assessments and 2 staff recruitment files. We also looked at records relating to the management of the service, including policies and staff training and supervision records. We spoke with 7 people who used the service and 3 family members on the telephone. We talked to the registered manager and the group operations manager. We emailed 4 care assistants for their comments about the organisation.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Using medicines safely

- Records completed by care staff indicated people may not always have received their medicines as prescribed. For example, one person was prescribed paracetamol for pain relief. Paracetamol can potentially cause harm if it is given more frequently than every 4 hours. We found on several occasions the time gap between doses had been recorded as less than 4 hours.
- Monthly medicines audits had not always been completed. This meant the incorrect administration of paracetamol had not been identified.
- The provider took immediate steps after our inspection to ensure staff left a minimum 4 hour time gap between doses of paracetamol. In addition, the recording of the time of medicines administration was improved, so that it accurately reflected the time medicines were given. The provider also improved their medicines auditing process to ensure it was more thorough. We will review this at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving care and support from staff. One family member told us, "Initially mum wasn't too keen to have a stranger coming into the house. Within one week she was happy. She does feel safe, and the staff are very friendly."
- The provider had processes in place to protect people from the risk of abuse and neglect.
- Staff had received training in safeguarding adults. Staff knew how to recognise signs of abuse or neglect and who they should speak to if they had any safeguarding concerns.

Assessing risk, safety monitoring and management

- People's care records contained up-to-date risk assessments and support plans that covered their personal and health care needs. They included risks assessments for moving and handling, preventing falls, using a catheter and managing finances. These provided staff with guidance on the actions they needed to take to keep people safe.
- Environmental risks in people's homes had been checked to ensure staff were safe to work there.

Staffing and recruitment

- Pre-employment checks, including a Disclosure and Barring Service (DBS) and references had been completed to ensure people recruited to the service were suitable. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people at the times they wished. People told us staff were punctual

and stayed for the required length of time. Comments included, "They are always on time. They have just enough time to chat to you. They are all very easy to talk to." and, "They stay as long as needed."

- As far as possible people received support from a regular team of care staff. One person told us, "For three years now, I have had regular staff coming to me. They are very good." Another person said, "They can change at the last moment if someone calls in sick, which can happen on a regular basis."

Preventing and controlling infection

- Staff had completed training in infection prevention and control.
- All staff used personal protective equipment (PPE) when carrying out personal care.
- People we spoke with confirmed staff wore PPE appropriately.

Learning lessons when things go wrong

- There was a system in place for the recording and monitoring of any accidents, incidents and complaints.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff completed an induction and training programme when they joined the service. This included mandatory training and a period of shadowing until staff felt competent to support people unsupervised.
- Staff had not received supervision meetings with the management team in line with the provider's supervision policy. However, staff told us they felt supported at work. The registered manager told us they were in the process of ensuring all staff were up to date with their supervision meetings.
- All care staff had been observed carrying out their care tasks to ensure they were competent.

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

- An assessment was carried out prior to a person being taken on by the service. This ensured staff were able to meet their care and support needs at a time that was suitable to them.
- Care plans and risk assessments had been devised using this information and were regularly reviewed to ensure they were up to date.

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

- Staff prepared meals for people or helped them to make their own meals, when this was part of their care plan.
- Staff had completed training in 'food safety'. This provided them with information and guidance about good food hygiene practices.

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

- People's care records described their health needs and any support they received from healthcare professionals.
- The service had good working relationships with a range of external organisations such as people's GPs, district nurses and pharmacists.

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 MCA 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.

- People told us the staff respected their views and asked for their permission before providing care and support.
- People's care records contained signed consent forms which showed people had agreed to their care.
- Staff had received training in the MCA and in dementia awareness.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The overall feedback we received from people was very positive. One person told us, "I'm extremely happy."
- Everyone said staff were kind and patient with them. One person said, "The regular ones [staff] are lovely."
- Care plans described people's individual daily routines, cultural needs and any particular preferences. These provided staff with clear information to follow.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be independent. People we spoke with confirmed this. One person told us, "A few months ago, I couldn't dress myself, but now thanks to them, I can." One family member said, "They [staff] encourage her to do things. She's had bad falls and she sits most of the time. They encourage her to come to the kitchen and choose what she wants. They encourage her to walk while waiting. I thanked the carer for that last week. The doctor said that mum was doing much better – thanks to the carer."

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

- Staff supported people to make their own decisions and choices about their care wherever possible.
- People and family members could use the secure electronic customer portal to view care plans, staff rotas and visit notes.
- People told us they were contacted to provide feedback about the service. One person said, "They ring me on a regular basis." Another told us, "They ask me on the phone, and every so often someone will come round."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care in line with their needs, choices and preferences.
- People had care plans which described how they wished to be supported. Those we reviewed were detailed and contained information about what was important to the person.
- Staff accessed care plans on their mobile devices. Where people needed support with specific medical conditions, such as support with a catheter, information in their care plans was available for staff to follow.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and any support they needed.
- One person required the service newsletter to be in a larger print. However, this had not been provided. We spoke to the registered manager about this who assured us this could be provided in future.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process to be followed if a complaint was received. We reviewed a recent complaint and saw the appropriate action had been taken.
- People we spoke with knew how to make a complaint and told us the service was easy to contact.

End of life care and support

- At the time of the inspection no one supported by the service was receiving end of life care. However, the registered manager told us this was something staff could provide, in conjunction with community health services.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- We found improvements were needed in some aspects of oversight and governance of the service.
- Monthly audits of medicines records had not always been completed. This meant incorrect time gaps between doses of medicines had not been identified prior to our inspection.
- Management checks of care records had not been consistently carried out.
- Staff supervision meetings and annual appraisals had not been completed in line with the provider's supervision policy, over the past year. However, staff told us they felt supported by the management team and were listened to.

Systems to assess and monitor the quality and safety of the service and not been used effectively and consistently. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager took immediate steps to start to address the issues we identified during our inspection.
- The service used a 'live' call monitoring system which enabled the registered manager and office team to monitor visits and check they had been completed.

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

- People and their relatives were positive about the service they received.
- The registered manager was knowledgeable, and keen to develop the service further. For example, they were considering recruiting car drivers to transport care staff who did not drive, to their visits. This would provide greater flexibility for the staff and for the service.
- There was an on-call system which enabled people who used the service and staff to access management support outside office hours.
 - The registered manager was aware of their responsibility under the Duty of Candour.
 - The registered manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

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

characteristics; Working in partnership with others

- The provider worked in partnership with community health and social care professionals and external agencies, including local authorities, GP's and district nurses.
- People told us they were happy with the way the service kept in touch with them.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure consistent oversight of the service. Improvements were needed in staff supervision, auditing and medicines management.</p>