

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	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

About the service

Chosen Services UK Limited is a domiciliary care agency. It provides personal care to people living in their own houses or flats. The service provided support to children, younger adults and older people with learning disabilities, physical disabilities, mental health needs and sensory impairment. 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. At the time of the inspection 12 people were using the service.

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

People using the service and their relatives had no concerns about safety. Systems were in place to protect people from the risk of abuse. Risk assessments were completed to identify and manage risks to keep people safe. Staff were trained to support people to take their medicines. Measures were in place to protect people from the spread of infection. There were enough staff to meet people's needs. Pre-employment checks were carried out to ensure staff were suitable to support people. There were procedures in place for responding to accidents and incidents.

The service carried out an initial assessment of people's needs prior to the provision of care and support to ensure their needs could be met by the service. 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 supported people to eat and drink enough to meet their needs. The service worked with other agencies to promote people's health, safety and well-being. Staff received training and support to ensure they were competent to carry out their role.

People received care and support from staff who were caring and compassionate. People described staff as, "Kind and friendly." Staff treated people in a respectful manner maintaining their dignity and encouraging independence. Systems were in place to protect people's right to confidentiality. The service was respectful of people's equality and diversity.

Care plans were person centred, included the individual needs of people, and were reviewed to reflect people's changing needs. People were supported to pursue their interests and hobbies. Information was available in accessible formats where people required this. Complaints procedures were in place and people using the service and their relatives were confident their concerns would be taken seriously and would be addressed.

People using the service, their relatives and staff, felt the service was well managed. There was an open and transparent culture. Quality assurance systems were in place to monitor the running of the service and the effectiveness of systems in place. Feedback was welcomed to ensure continuous improvement of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 13 March 2019) and there were three 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.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chosen Services UK Limited

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 supported by a second inspector, who carried out telephone interviews following the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we held about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff including the registered manager, care co-ordinator and one care worker.

We reviewed a range of records. This included three people's care records and three medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with five people who used the service and two relatives. We spoke with four care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place for people using the service and highlighted their individual risks. Risk assessments included guidance for staff on how to manage and prevent risks. For example, one person had a risk of falls and there was guidance for staff when supporting the person to mobilise to minimise the risk.
- Risk assessments were reviewed every six months or sooner if new risks were identified and were completed with the involvement of relatives and health care professionals where appropriate. When asked about risk assessment reviews one person told us, "Yes, it's all here and up to date." This meant people's risks were assessed, monitored and managed.
- Staff understood where people required support to reduce the risk of avoidable harm and the control measures to follow to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People using the service were safeguarded from the risk of abuse and systems were in place to minimise the risk of incidents of abuse.
- People told us they felt safe when being supported by staff. One person said, "I am safe, it is good." Relatives of people using the service did not have concerns about safety. One relative told us, "Yes, safe. [person using the service] would tell me if they didn't feel safe. I trust them (staff)."
- The registered manager and staff demonstrated knowledge of the safeguarding processes in place to keep people safe. One staff member told us, "It (safeguarding) is to keep clients from danger, harm and negligence. If I thought someone was being abused, I will call the manager and inform them what is happening so they can work on it, they will know what to do."
- Staff completed safeguarding training and knew how to report any safeguarding concerns. This meant systems and processes in place safeguarded people from the risk of abuse.

Staffing and recruitment

- People and their relatives told us people received care and support when they required it and they did not feel rushed. There were no concerns about the time management of their visits and people told us staff were

punctual. One person said, "They turn up on time." Another person said, "I get a call if they are running late but that is so rare, they are always on time." Relative told us staff were reliable. One relative said, "They (staff) stay for the time that they are due to stay."

- Records showed there had been no missed calls. A relative told us, "We have never had a late visit, or nobody turn up." Staff rotas confirmed there were enough staff available to meet people's needs including when they required two staff to support them. Staff told us they did not have concerns about staffing levels. Systems were in place to ensure staff absences were covered. This showed the service was managing time keeping and allocation of staff.
- Safe and effective recruitment practices were followed by the service. Checks had been carried out during the recruitment process such as employment history, references, proof of the person's identity and eligibility to work in the UK. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people. This meant the service could be assured that staff employed were suitable to provide care and support.

Using medicines safely

- Policies and procedures were in place and staff were trained to ensure safe management and administration. Medicine records showed people received their medicines as prescribed.
- People using the service had no concerns about medicines. One person told us, "They manage medicines well, they always make sure I take my medication." Relatives told us staff ensured their loved one received their prescribed medicines. A relative said, "No errors, everything has been fine." This meant systems were in place to support people with their medicines.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection and staff were aware of their roles and responsibilities in this area. People using the service and their relatives told us they had no concerns about infection control processes. They told us staff wore personal protective equipment (PPE) when supporting them with personal care or meal preparation
- The service provided staff with PPE including gloves, aprons and hand sanitising gel.
- Records confirmed staff completed training in infection control and the use of PPE. This meant process were in place and followed by staff to prevent and control the risk of infection.

Learning lessons when things go wrong

- Policies and procedures were in place which guided staff on recording and reviewing incidents.
- There had been no accidents or incidents since the last inspection. However, there were systems in place to learn lessons following incidents including reviews of incidents and discussions at staff meetings. Peoples risk assessments were updated to prevent reoccurrence of incidents where appropriate.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection the provider had not always obtained consent before providing care in line with MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Mental capacity assessments had been carried out to determine if people had capacity to make decisions. People's records were updated when these assessments took place and when they needed support from representatives to make decisions.
- People and their relatives told us staff sought consent prior to providing care or support. One person told us, "They always let me know what they are going to do, what they are doing, when they are going to reposition me or clean me, they tell me before they do it."
- Staff received training on the MCA and were aware of the principles. Staff explained ways in which they sought consent.

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

- People's needs and choices were assessed to achieve effective outcomes for their care and support. Records showed the initial assessment covered needs associated with sensory impairment, personal care, nutrition, medicines, mental health, specific health conditions, communication, mobility and moving and handling.

- Initial assessments were carried out before people began using the service to determine if the service could provide the support to meet their needs. People and their relatives spoke positively about the assessment process. One relative told us, "The assessment was done at the hospital; they liaised with chosen services, they all met here at hospital the day [person using the service] came out and home."
- The service completed reviews of people's needs every six months. Reviews were carried out sooner if people's needs changed to ensure people received the right level of support.

Staff support: induction, training, skills and experience

- People using the service and their relatives told us they thought staff were well trained. One person said, "Certainly, well trained. Very well mannered." Another person told us, "They know what they are doing."
- Staff were supported and completed a programme of on-line and face to face training sessions to effectively perform their roles. Staff confirmed they attended training and told us they found this useful.
- Care files and staff records confirmed spot checks were carried out. A spot check is a senior member of staff observing care staff when they support people to check their performance. Staff were positive about the process and told us they felt supported.
- Staff told us they were supported by their line manager to fulfil their role. Staff had supervision meetings to enable them to discuss any issues they may have and goals for their development. One staff member said, "I get a lot of support and my supervisions." Staff told us staff meetings took place regularly. Records showed staff meetings took place monthly or sooner if specific issues needed to be discussed.
- Records confirmed staff completed an induction course when they began working at the service and their competency was reviewed. This included training and shadowing a senior member of staff. Staff were positive about the induction process and the support they received when they began working at the service. This meant staff developed the required skills before providing care and support to people.

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

- People were supported with maintaining nutrition and hydration and their preferences were met.
- Care plans detailed care and support people required and their likes and dislikes regarding food and drink. This included any special dietary requirements and when meals needed to be eaten at specific times to manage people's health condition. Staff maintained records of people's nutritional intake and encouraged a healthy diet.
- People and their relatives had no concerns about maintaining a balanced diet. One person said, "That (meal preparation) is exactly what they do; they do this very well." People told us staff prepared the meals and snacks they liked and gave them choices at each mealtime. A relative told us, "[Person using the service] can be picky about what they eat so (staff member) went out and re-did a shop of supplies. That isn't part of the job, but they go above and beyond."

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

- Records showed the registered manager and staff worked with other health professionals to ensure people had access to the services they required to maintain their health. One person told us, "The district nurses visit, it works well with the carers."
- Relatives commented positively about communication between the service, health professionals and themselves. They told us they were kept informed of any changes to their loved one's health or well-being.
- Records showed the service worked with health and social care professionals to ensure people received the support they required.
- Care plans included the contact details of people's next of kin, their GP and other health and social care professionals. This meant staff could contact them easily if the need arose. Staff were aware of what to do in a medical emergency.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their relatives told us staff were caring. One person said, "They (staff) are kind and caring." Staff were allocated to support the same person where possible. The registered manager explained this helped to build relationships. One person told us, "We have had continuity of the same people (staff) visiting."
- Staff gave examples of how they built relationships with people using the service and their relatives. They told us they read care plans and built a rapport with people through common interests. The registered manager and care co-ordinator told us they communicated often with people and their relatives to build a rapport with them. One person told us, "They (management team) speak with my [relative] to update them." A relative told us, "They (management team) update anything and tell me about any updates."
- People's equality characteristics were covered in the initial assessment. Staff respected people's equality and diversity and people were protected from discrimination within the service. Staff told us people were treated equally and people should not be discriminated against protected characteristics. The registered manager told us, "We don't discriminate. There is no difference in the level of service we give to each person." However, the opportunity to seek information about people who identified as lesbian, gay, bi-sexual or transgender (LGBT) was not clear in care files.
- We discussed this with the management team who explained this was discussed during the initial assessment but not always documented in the care plan. The registered manager gave assurances care plans would be updated to include this information.

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

- People were supported to be involved in their care. Care plans were completed with family members when people needed additional support to express their views. One person said, "They do update my care plan, it's in my home and they always keep me updated."
- Staff had a good understanding of the care needs of people they supported and were able to tell us about people's likes and dislikes and the support they needed. People and their relatives told us staff knew them well and the support they required.
- Relatives told us the service responded well to preferences and requests regarding people's care and support. Relatives gave examples of how staff responded to ensure their family members preferences were acted on. For example, if they needed to change times when they were having visitors at home.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy was maintained. For example, staff told us they ensured doors and curtains were closed before providing personal care to people. Relatives told us their family

member was treated respectfully and their dignity maintained. One relative said, "If we are going out, we get out clothes the night before, [person using the service] has a choice, and they [staff] dress them, and they feel treated with dignity."

- People were encouraged to maintain their independence as much as possible and to develop their abilities in some areas of their care. "One person told us, "There is a not a lot I can do but what I can do, they talk to me and encourage me, and they treat me as an individual person who has my own support needs. I am an independent person and they respect that."

- The service had a policy on confidentiality that made clear staff were not permitted to share information about people unless authorised to do so. One staff member told us, "We don't discuss with anyone unless it is with management. Information is all locked away at the office." Confidential records at the service were stored securely to promote people's confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were detailed and contained information to guide staff on the care and support needs of each person. Daily records were maintained so it was possible to monitor care, and support was provided in line with people's assessed needs.
- Care plans contained details and instructions for staff regarding how people liked their care and support carried out. Plans were reviewed to ensure changes to people's preferences were reflected.
- Staff knew people well and were able to give examples relating to people's preferences when providing care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Initial assessments and care plans detailed information about people's communication needs and instructions for staff. The service provided information to people in accessible formats. For example, all information for people using the service was available in large print if people required this. The service also accessed interpreting services where necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue interests and maintain links with the community and their family members. Care plans showed details of people's hobbies and preferences relating to social activities.
- The service signposted people and supported them to join local groups to prevent social isolation and ensured people were ready in a timely manner for visits and social engagements.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People using the service and their relatives received information about complaints at the start of using the service.
- People told us they had not needed to complain. Relatives told us when they had raised concerns the service had responded. One relative said when they had raised a concern, "They (service) sorted it out immediately, I was really impressed."

- Staff were able to explain how complaints were dealt with. The management team told us complaints were viewed as a way of improving the service. Records showed the service had not received any complaints since the last inspection.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to ensure that systems and processes were operated effectively to assess, monitor and improve the quality of care provided by the service. This was a breach of regulation 17 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had systems in place to monitor the quality of the service and to improve service delivery of care and support.
- The provider asked for the views of people who used the service and their relatives and they were acted on. The service contacted people and their relatives to seek their views on the service delivery. One person told us, "[Registered manager] has been to see me a couple of times; very nice." A relative said, "Sometimes the supervisor has called me on the phone to ask questions and we had a survey recently given to us by the carers."
- Regular audits were carried out by the registered manager and care co-ordinator to ensure the service was being delivered safely. They regularly reviewed care plans, risk assessments, daily records, medicines records, spot checks and health and safety checks. The service worked towards completion of an action plan when shortcomings had been identified

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

- The culture of the service was positive and people achieved good outcomes.
- People using the service told us it was well managed and that staff and the registered manager were approachable. One person told us, "[Registered manager] is easy to talk to, very supportive." Another person said, "The staff are very polite and knowledgeable." Relatives gave positive feedback about outcomes achieved by people using the service due to the culture and staff approach. One relative said, "There is nothing I can think they could do better."
- There was an open and transparent culture and staff spoke positively about the registered manager and care co-ordinator, describing them as being friendly and professional.
- The registered manager spoke positively about the staff team and the contribution they made to the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was aware of their responsibilities and of their duty to notify the Care Quality Commission (CQC) of significant events. They told us there had been no such events since the last inspection and we found no evidence to contradict this.
- The service had a clear management structure and staff were aware of who to contact regarding issues or concerns. Staff had access to a range of policies and procedures to guide them in their role.

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

- The service engaged with people and their relatives through telephone calls and correspondence. People and their relatives were positive about engagement and involvement with the service. Telephone surveys were carried out every three months. We looked at records of this and found people were satisfied with the service provided. At the time of the inspection a satisfaction survey form had been sent to people using the service.
- Staff meetings took place every three months and staff were encouraged to discuss any issues they might have during meetings. They told us they felt listened to and involved. This meant staff were able to communicate with each other, share information and contribute to the running of the service.

Working in partnership with others

- The service worked in partnership with other agencies such as health and social care professionals, to ensure people's health conditions and support needs were well managed.
- The registered manager told us they worked with other agencies to develop practice. This included working with providers in a neighbouring borough, health and social care professionals, and subscribing to professional and training organisations to access best practice.