

Choices Home Care Limited

Choices Homecare

Rotherham

### Inspection report

Office F2, Mexborough Business Centre  
College Road  
Mexborough  
S64 9JP

Tel: 01709257777

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18 November 2020  
20 November 2020  
23 November 2020

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### Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Good</b> ●
Is the service effective?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Choices Homecare Rotherham provides care and support for people living in their own homes. The provider is registered to provide care and support to people in the community. 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 our inspection the service was supporting 55 people with their personal care and support needs.

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

People spoke positively about the care provided, referring to staff as kind, caring and friendly.

People were safe and protected from avoidable harm. Individual risk assessments were in place. People and their relatives told us they felt people were kept safe. People's medicines were, in the main managed well. We found some missing signatures on one medicine administration record. This was addressed by senior managers following the inspection.

Correct infection control procedures were followed, and the service had taken additional infection control measures to minimise the risk posed by COVID-19.

Staff demonstrated a good understanding about how to safeguard people from the risk of abuse. There were enough staff to support people and they had been recruited in a way that helped to keep people safe. Staff received appropriate training, support and supervision.

Care plans were personalised and provided enough detail to inform staff how to support people. They included information about people's preferences and abilities. People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences. There was oversight of people at risk of malnutrition or dehydration. People were supported to maintain good health and have access to health and social care services as required.

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.

The service used a range of audits and monitoring tools to assess the quality and safety of the environment and care provided. The service actively engaged and sought the views of people, their relatives and staff to improve service delivery.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 20 August 2020 and this is the first inspection.

### Why we inspected

We undertook this focused inspection in line with our current methodology in the COVID-19 pandemic. We reviewed the information we held about the service. This report only covers our findings in relation to the key questions safe, effective and well-led.

### 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Choices Homecare Rotherham

## **Detailed findings**

### **Background to this inspection**

#### 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 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 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 short notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and plan to speak with people, their relatives and staff by telephone prior to our visit. This helped minimise the time we spent in face to face contact with the registered manager, staff and people who used the service.

Inspection activity started on 18 November 2020 and ended on 23 November 2020. During this time, we contacted relatives and staff via telephone and e-mail to gain their views. We asked the registered manager to send us documentation relating to the management of the service. We visited the office location on 23

November 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

#### During the inspection

We spoke with 10 people who used the service and five relatives about their experience of the care provided. We spoke with 10 members of staff including the operations director, head of care, the registered manager, care co-ordinators and care workers. We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment, training and support.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data, policies and procedures.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were in the main safely managed. People had individual medication administration records (MARs) to ensure they received their medication as prescribed. We found one person's MAR had gaps, where staff had not signed to confirm medicine was given. Following the inspection, the registered manager told us they had arranged a staff meeting, staff re-training and staff supervisions to focus on medicine administration.
- Staff had completed medicines training and there was a plan in place to ensure their competency was regularly assessed.
- People told us they received their medicines when they should, and staff recorded this so their family members could check to see if they had taken them. A relative told us, "The carers are very good at letting me know if [my relative] has run out of tablets. They will order a repeat prescription."

### Staffing and recruitment

- People and relatives told us, "The carers always attend, never one missing. They make a particular effort to be on time as [name] gets anxious if they are not there at the expected time," "It's usually the same people and I've got used to them. They are usually on time, sometimes they're a little bit late. Things happen that put them behind," and "Two carers are good, but I keep getting different ones, sometimes they're very early, sometimes they're very late."
- Two people we spoke with were concerned staff were not given enough time between appointments, and had to travel to collect Personal Protective Equipment (PPE), which meant visits were sometimes shortened.
- Staff said they were often asked to cover additional shifts. Some staff said they didn't like to refuse or felt guilty if they did. The registered manager told us, "Travel time is scheduled into all visits and the team have undergone an extensive piece of work around scheduling of calls ensuring travel time, and breaks are considered. PPE is available to collect from the office and alternative arrangements are made for any staff member who is unable to collect. Regular messages go out to the staff team regarding collection and to contact us should they need to make these alternative arrangements."
- Staff were recruited safely. Pre employment checks were carried out to protect people from the employment of unsuitable staff.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were clear about the processes they would follow if they needed to report any safeguarding concerns. One staff member told us, "I feel comfortable speaking out with any concerns I may have."
- People and relatives told us they were confident any suspected abuse would be appropriately dealt with

and told us they felt their relatives were safe in the care of the staff from Choices Homecare Rotherham. One person told us, "I do feel safe [with my carers]. I did complain about one carer who did not help me as much. One of them does everything I want, the other I had to complain about." The person added that this concern had been resolved.

#### Assessing risk, safety monitoring and management

- People were protected from avoidable risks. Assessments were undertaken by the management team for a range of risks, such as those associated with mobility, smoking, skin integrity, diet and nutrition. Risk assessment tools were used to help determine, and where possible reduce risks.
- Staff were aware of risks and took appropriate actions and followed people's care plans to ensure people were kept safe.

#### Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection. Additional measures had been taken to protect staff and people who used the service from the risk of COVID-19.
- Staff had received training in infection prevention, hand hygiene and COVID-19.
- Personal protective equipment, including face masks, was available and worn appropriately by staff. We were assured the provider was accessing COVID-19 testing for staff in line with current guidance.

#### Learning lessons when things go wrong

- Accidents, incidents and complaints were investigated thoroughly. These were reviewed by senior managers within the organisation. Analysis of these events was used as a learning opportunity to improve the service.



# 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.

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

- People's physical, mental and social needs were assessed before they started using the service. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met.
- People and relatives spoken with were satisfied with the quality of support and care provided. They made positive comments about the staff. A relative told us, "They [care staff] were very, very good at getting the insulin levels sorted out. They prompt [name] to perform a pin prick test and record the results for the diabetes nurse to review. The carers will prompt [name] to eat a biscuit if their level is low."

Staff support: induction, training, skills and experience

- Staff received the training they required to meet people's needs. For example, moving and handling and health and safety. One person told us, "They're good carers. They're well informed and they know their job."
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Due to the pandemic staff meetings, supervisions and spot checks had not always been held in line with the providers policy. However, most staff told us this was not a concern as communication was good, information was passed on via the 'Optimo Connect App' and staff were contacted by telephone if important information needed to be passed on. One staff member told us, "Yes I can call them [office staff] any time day or night and no problem is too big or small." Other staff told us they would appreciate more regular staff meetings and supervisions.

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

- People were supported to maintain a balanced and varied diet to promote their health and respect their personal preferences. There was oversight of people at risk of malnutrition or dehydration.
- A section of the care plan for each person included the support needed, to maintain a healthy balanced diet. People had been asked about, things I like, things I don't like, what I like to drink, any special dietary needs.
- One person told us, "They only have 15 minutes to make a meal so I help [preparing] where I can, and they finish it off when they come."

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

- Details of people's key healthcare contacts were recorded in their care plan such as their GP and optician.
- People were supported to attend appointments or contact healthcare professionals when required.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Staff had received MCA training. The registered manager was aware of their legal responsibilities under the MCA.
- People told us they were fully consulted in all aspects of their care and their choices were respected. This was reflected in the feedback received from relatives.
- People's care plans held signed consent forms.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- In the main feedback from people and relatives about the management team was positive. One person told us, "I'm happy with the care company. I wouldn't change them." A relative said, "I think they do a very good job in difficult circumstances. I've never gone to my [relative's] and thought: 'Why didn't you tell me about that.' I wouldn't say anything bad about the agency. If I've got anything to ask there's a number I can ring and they're more than happy to talk to me and answer my questions." Another relative told us, "On reflection it must be difficult [to arrange rotas] but there's a bloody mindedness sometimes. I can't fault the staff; it's the management that is causing the problems. Their modus operandi is wrong. It's unfair to the staff. They don't give them enough time to get between calls."
- Most staff said the registered manager and care co-ordinators were approachable and available should they need to raise any concerns. One staff member said, "I feel I can speak to any of the management team about any issues, they are responded to confidentially and taken seriously."
- Some staff felt less supported and said they did not have regular contact with managers. They cited the lack of supervision, spot checks and team meetings as the cause of them feeling unsupported. The registered manager told us, "The pandemic has caused variations to the usual schedules of staff meeting, supervisions and spot checks. Throughout the pandemic we have continued to have frequent contact with the staff teams, this includes increased phone contact, checking in when staff are receiving their PPE, providing extra support if any issues have been raised. Plans are in place to continue with the introduction of the new training and competency assessors (training buddy) when the Business Continuity Team have given the all clear for this to proceed."

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 understood their regulatory requirements and had submitted statutory notifications to the CQC, to inform us of important events such as accidents, incidents, safeguarding concerns and deaths
- Throughout the inspection the provider and registered manager were honest and open with us. They were eager to ensure processes in place kept people safe and protected from harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider were clear about their roles. Quality monitoring audits and safety

checks were completed to promote good standards and to help the service improve.

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

- An annual survey had been carried out by the provider's head office. This distinguished the feedback received by their individual care services. The results for Choices Homecare Rotherham showed the overall satisfaction of people about the service was 91%, with 100% positive feedback regarding people feeling they were treated with kindness and compassion.
- An action plan showed the areas to improve upon where percentage scores were lower, and how this would be achieved.
- A communication file showed the information provided to people and staff and included 'The Optimo News' (newsletter) This gave, "A useful re-cap on what we have achieved and implemented during the year," which included the implementation of a Business Continuity Team, and the mobile app-based method of communicating with staff.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.