Choice Homecare Limited

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## Inspection report

67 Baring Road
London
SE12 0JS

Date of inspection visit:
26 April 2016

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02 June 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This announced inspection took place on 26 April 2016.

Choice Homecare Ltd is a domiciliary care agency providing personal care and live-in staff to people in their own homes. At the time of this inspection the service was providing support to 13 people. The service had a registered manager. 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.

People receiving a service were safe. Staff understood their responsibilities to recognise and report abuse because they had received safeguarding training and followed the provider's safeguarding policy. People had detailed risk assessments in place to protect them from avoidable harm. People received their medicines safely and the provider operated a recruitment and selection process that ensured people were safe to work with potentially vulnerable adults.

People received care and support effectively delivered by staff who had on-going training and who were supervised by the registered manager. Staff and the registered manager understood and upheld people's rights in relation to mental capacity legislation. People had access to healthcare services as and when they needed them and their nutritional and hydration needs were met.

People were treated with respect and dignity by staff who were caring. People were pain free and treated with compassion as they approached the end of life.

People received personalised care following an assessment of their needs. People were involved in developing their care plans and enabled to engage in activities they chose. The provider gathered the views of people and their relatives and used these to improve the service.

The service was well-led by an experienced registered manager. The service collaborated with healthcare professionals to meet people's needs and made timely referrals to specialists for their input. There service used a number of quality auditing processes to continuously improve the service they delivered.

## 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

People were safe. Staff were trained in safeguarding procedures and knew how to identify signs of abuse.

Staff assessed people's risks and plans were made to mitigate them.

People were supported with the level of staffing they required. Staff were vetted for experience and suitability.

People were supported to receive their medicines safely and as prescribed. Staff were trained in medicines administration.

Accidents and incidents were recorded appropriately and analysed to prevent them happening again.

### Is the service effective?

Good

The service was effective. People were supported by skilled and knowledgeable staff.

Staff were supported by the registered manager and received training and supervision.

The manager and staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and promoted people's choice and decision making.

People were supported to eat and drink well.

People were supported with the involvement of healthcare resources as their needs required.

### Is the service caring?

Good

The service was caring. People were treated with dignity and respect by staff who were caring and supportive.

People's independence was promoted and positive relationships developed.

People were supported to have a dignified and pain free death.

## Is the service responsive?

Good

The service was responsive. People received comprehensive assessments of their needs and were involved in creating and reviewing the detailed care plans to meet their needs.

People were supported to pursue the interests and hobbies and the activities people engaged in were individualised.

The provider gathered feedback from people and their relatives, analysed the information and used it to improve the service.

People understood the complaints process and felt confident that complaints would be properly handled.

## Is the service well-led?

Good

The service was well-led. The registered manager ensured that there was effective communication throughout the organisation.

The service worked in partnership with other providers and healthcare professionals to ensure people's needs were met.

The quality of service delivery was subject to frequent and robust quality assurance measuring and the information obtained used to improve service provision.

# Choice Homecare Ltd

**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 announced inspection took place on 26 April 2016 and was undertaken by one inspector and one 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. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure that staff were available to meet with us. This meant the provider and staff knew we would be visiting the agency's office before we arrived.

Prior to the inspection we reviewed the information we held about Choice Homecare Ltd including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with the registered manager and care coordinator. We reviewed documents relating to people's care and support. We read eight people's care records, risk assessments and medicines administration records. We looked at documents relating to staff and management. We read five staff files which included pre-employment checks, training records and supervision notes.

We read the provider's quality assurance information and audits. We looked at complaints and compliments from people and their relatives.

Following the inspection we spoke with two people, three relatives and three staff. We also contacted five health and social care professionals for their feedback.

Good

# Is the service safe?

## Our findings

People and their relatives told us they felt safe with their live-in carers and visiting staff. One person told us, "Yes, definitely safe." People were safe because staff providing care and support understood their role in recognising signs of abuse and neglect and their responsibility to report it.
The provider ensured that all staff received training in safeguarding people.

People were protected because staff knew how to safely deliver care in line with their assessments. The registered manager carried out risk assessments which detailed how to protect people from avoidable harm. Care records documented people's risks in relation to their health and wellbeing. For example, one person's care records noted that when they were obviously tired their risks of falling when in the community were increased. Care records contained guidance for staff to be alert to the person's level of awareness and what increased vigilance entailed. In another example, a person's risk of falls was reduced with the use of walking aids. This meant staff took action to reduce people's risks of avoidable harm.

People received the hours of support necessary to meet their needs and keep them safe. People were supported by live-in staff and additional staff assisted with care tasks that required two people. They also covered break periods and leave time for live in staff. The time for which people could be left without a carer had been assessed. Records showed that some people were safe for up to an hour without their live-in staff because risks were controlled by the use of assistive technology. For example, some people used alarm and alerting systems. Other people were assessed to be unsafe if alone for any significant period. We read that staff supporting people who required a continuous care presence were relieved by colleagues for planned breaks or the services of local domiciliary agencies were commissioned for that purpose. This meant people received the level of staff support required to keep them safe.

People were protected against risks associated with their care being delivered by unsuitable staff. The registered manager ensured people's safety by conducting appropriate pre-employment checks. Staff were required to submit an application with the names of two referees and details of their employment history before attending an interview at which their care and support knowledge were tested. Staff details were checked against criminal records and barring lists prior to working with people.

People received their medicines safely. Care records detailed the support people required to take their medicine. For example, one person's records showed that they managed their medicines independently whilst another person required prompting. One person's records showed they were prescribed a medicine which can present risks to health unless stringent procedures are followed. We read that this person's medicine was administered by a district nurse. This meant people received the level of support they required to take their medicine safely. Medicine's administration records were completed correctly and audited by the registered manager.

People were protected from the preventable transmission of infection because staff delivered personal care wearing personal protective equipment. For example, staff wore gloves when they supported people to bathe or shower. Records showed that all staff completed infection prevention and control training and

their knowledge was tested by the manager.

The safety of people's home environments were assessed before they received care and support to reduce avoidable harm. For example, trip hazards were identified and mitigated. Staff received training to support people to use their mobility aids. This meant people were supported by staff to mobilise safely.

The registered manager analysed accidents and incidents. We saw examples of root cause analysis of incidents and read that information was shared to increase awareness among staff as part of a risk management strategy to reduce the likelihood of recurrence.

Good

# Is the service effective?

## Our findings

People and their relatives told us that support was delivered by capable and competent staff. One relative told us, "It's an excellent service and we're delighted with them."

People received support from staff who were trained to meet their needs. The provider commissioned a range of training packages for staff. Training was delivered in classroom settings as well as on line. We saw that each training session was followed by knowledge assessment in the form of a written test that confirmed staff understanding of the training material. Care training included infection control, moving and handling, dementia awareness and safeguarding. The registered manager ensured staff attended refresher training when it was needed. This meant staff had up to date knowledge and their skills were reviewed and enhanced.

Newly employed staff shadowed experienced staff to observe how they delivered care and support to people. During this period new staff received induction training which included health and safety, communication skills, first aid and safeguarding adults. A member of staff told us, "My induction was thorough. I knew what was expected of me and how to do it to a high standard." This meant when new staff began working with people they were capable, confident and familiar with their needs.

People were supported by supervised staff. The registered manager arranged regular one to one meetings with staff to discuss people's changing needs. For example, we read how the registered manager gave guidance on how to accurately complete ABC (antecedent behaviour and consequence)forms. ABC forms are care records in which staff describe people's presentation of problematic behaviours and factors surrounding incidents. These are analysed by healthcare professionals to examine a person's behaviour and to produce guidelines for staff on how to meet people's behavioural needs safely and effectively. This meant that supervision was used to ensure staff had the skills and underpinning knowledge to support people.

The registered manager supported the personal development of staff. We read that staff were encouraged to enrol onto longer term certificated courses. For example we saw some staff had completed the a certificate in the principles of dementia, a diploma in health and social care and a certificate in diet and nutrition. This meant people were supported by staff who were learning best practice over protracted periods of time.

People were supported to have their individual communication needs met. People's comprehension and expressive communication had been assessed prior to receiving a service and again when their needs changed. Staff had clear guidance in care records detailing how to support people's communication. For example, one person's care records stated, "[Person's name] wears a hearing aid and needs speaker to raise their voice." In another example, care records informed staff that "patient repetition is needed to reduce anxiety."

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS). The MCA protects people who may lack the capacity to

make decisions and to ensure that any decision made in relation to their care, support and treatment are made in their best interests. DoLS ensure that people who lack capacity are treated in the least restrictive manner. None of the people receiving a service from Choice Homecare were subject to DoLS.

People were supported to eat their preferred foods in sufficient quantities so as to maintain good health. People's eating choices were noted in care records. For example, we read that one person "likes to eat a little but often", whilst another person, "likes to have a late breakfast." People's preferred dishes were recorded in care records. For example, one person's favoured meals were cottage pie and casseroles. What people ate and drank was also recorded. For example, one person's records noted they had mashed sweet potatoes and butternut squash for lunch. This meant people's nutritional intake was monitored and their preferences catered for.

People were supported to access the healthcare resources that their needs indicated were required. For example, records showed referrals to and on-going input received from the memory clinic, falls clinic, mobile dentists, diabetic nurses and the stroke rehabilitation team. This meant changes in people's needs were met with a timely and appropriate response.

Good

# Is the service caring?

## Our findings

People and their relatives told us the staff supporting them were caring. One person told us, "I feel comfortable with the carers and able to tell them what I need and how I want things done." A relative told us, "They genuinely care about us and are concerned about us, that is what they do well. The main thing is that they are supportive."

People were supported to develop positive relationships with the staff providing their care and support. A relative told us, "We have a relationship with them. It's not like they are breezing in. They take time to ask us how we are and what we need." We read in care records that the type of television programming people enjoyed viewing and the support they required to do so was noted. For example, we read, "[Person's name] likes to watch the news and current affairs programmes and discuss the contents [with staff] afterwards."

People were supported to maintain the level of independence they wanted to. Care records contained clear guidance on how to manage people's personal hygiene whilst maintaining their dignity. For example, during personal care people were supported to use a perching stool when washing the upper part of their body whilst staff washed their lower half. This meant people had control over how they received personal care

People were treated with dignity and respect. Respect and compassion were evident in the wording used in care records. For example, we read in one person's care records, "When [person's name] gets agitated and anxious, gently hold [person's] hand and reassure [them]." In another example, One person's communication assessment described them as being "eloquent."

We read that people approaching the end of their lives were supported to access the palliative care team to ensure they were pain free. Advice was sought from speech and language therapy for guidance on nutrition and hydration. When people had experienced a rapid deterioration in their health staffing levels had been adjusted to ensure that people's needs were met and their dignity maintained. For example, one person received the support of two staff so they were never alone or in distress as they neared the end of their life.

Good

# Is the service responsive?

## Our findings

People had their care and support needs assessed before Choice Homecare Limited delivered a service. People's needs were assessed to ensure that staff could provide the care they needed. Areas of assessment included people's health, mobility, communication, risks and social needs.We read that an environmental assessment of a person's home's included the measured distances from people's bedrooms to bathrooms. This enabled staff to plan with people how to safely support their mobility. For example, following an assessment the service recommended to one person that they change the layout of their home to maintain their ability to mobilise independently. This meant that assessments were personalised, promoted independence and managed risks.

People were supported to have reassessments when their needs changed in order to ensure their needs were appropriately met. The service made referrals to healthcare professionals when changes in people's health were observed. One person's care records noted a change in their support requirements at night time. The service responded by reorganising how night time care was provided to include a sitting service. This meant that people received care and supported adapted to meet their changing needs.

People participated in the production of their care plans which were regularly reviewed. One person told us, "I have a care plan. I had a review only recently. They discuss with me anything that needs setting up or changing. My son is also involved." Care records indicated when people preferred support with activities. For example, one person's records noted that they tended to be tired in the afternoon and so preferred to be supported in the community in the morning.

People chose the activities they engaged in. Activities were highly personalised. For example, we read how staff supported people with baking, playing cards, jointly doing crosswords, word searches, bird watching, flower arranging and watering plants and church outings. This meant people's support was personalised.

People and their relatives shared their views about the service. The provider alternated the methods by which feedback was gathered annually from people. The 2015 survey was conducted independently and published on-line by a third party organisation. Comments included "the care is warm, affectionate and thoroughly professional" and, "Always helpful and polite." The previous year the provider had sent out surveys to people. The registered manager analysed responses in surveys and questionnaires and took action. For example, in response to requests for greater clarity the provider redesigned invoices. This meant the provider used the information from people about their experiences to make improvements to the service.

People understood the complaints procedure and said they would feel confident that a complaint would be addressed appropriately. The provider had a complaints policy which detailed how complaints would be dealt with including the time frame for written responses.

Good

# Is the service well-led?

## Our findings

The service had a registered manager. People and their relatives knew the registered manager and praised her and the service she led. One relative told us, "We have been consistently satisfied with the staff and the service."

People were supported by a registered manager who provided good leadership to staff. Staff shared their views about improving the delivery of care and support in supervision sessions and to the team in meetings. The registered manager undertook an annual survey of staff views and used these to make improvements.

The registered manager promoted effective communication throughout the organisation. Senior staff held daily meetings in the office to discuss service delivery and a newsletter was distributed monthly. In addition to organisational updates the newsletter served as an information resource. For example we saw two articles had been written, one entitled "Why keeping active is essential to boost strength, stamina and balance" and another "Bowel cancer awareness." Each issue contained a recipe suggestion. For example, Lamb chops with griddled courgette, Greek salad and bruschetta.

The registered manager reviewed care records and risk assessments regularly to ensure they were based upon the most up to date and accurate information. Accidents and incidents were monitored and analysed to identify causes and prevent their recurrence.

The service worked in partnership with other agencies. The provider commissioned the services of local domiciliary care agencies to provide respite care. Ongoing links and joint working had been developed with a number of healthcare teams. For example, the service collaborated with rehabilitation teams to support people who had strokes. The registered manager, who is a qualified occupational therapist, worked in partnership with local counterparts to assess people who required support. This meant the quality of care people were receiving was enhanced by the involvement, assessment and guidance of healthcare specialist.

The registered manager carried out a programme of regular audits which checked the quality and safety of the care and support being provided. Quality monitoring included spot checks and observations of staff providing support. Office based staff made frequent phone calls to people and their relatives to obtain their views about the impact of care being provided. The provider used the findings from their audits to drive improvements.

The registered manager understood their responsibilities of registration with the Care Quality Commission and notified us of important changes affecting the service.