

Choices Home Care Limited

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Inspection report

Whitby Court
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Huddersfield
West Yorkshire
HD8 8EL

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

About the service

Choices Homecare is a domiciliary care agency providing personal care to people living in their own homes in Kirklees, Wakefield and the surrounding areas. At the time of this inspection, the service was providing care to 99 people and there were 66 staff members. 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.

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

People and relatives told us they felt safe with the care provided and were complimentary about the way in which care was delivered.

The provider completed person centred assessments and care plans were updated in response to changes. Some aspects of the recording of medication, risk assessments and care plans required further detail, but this was not found to have impacted on people using the service and the provider immediately addressed the issues found.

Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Individual and environmental risks had been assessed to minimise the risk of harm to people and staff during care visits. There was after-hours support to assist staff when working on their own and out of office hours.

The registered manager had processes for monitoring visits and were using a computer-based monitoring system to monitor whether staff were visiting as planned.

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.

People received support to maintain good nutrition and hydration and their healthcare needs were understood and met.

People and family members knew how to make a complaint and they were confident that their complaint would be listened to and acted upon quickly.

The service was going through organisational changes and the provider had developed plans to manage and communicate these changes to people and staff. There was a clear vision about the quality of care the provider wanted to provide and there was an open and person-centred culture in the organisation. Staff told us the provider was a considerate employer and staff retention was good.

The provider had identified improvements were required in their quality assurance processes and were working to implement the necessary changes.

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 Good (published in 5 January 2017).

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

Choices Home Care 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

This inspection was conducted by one inspector.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested and received feedback from other stakeholders. These included the local authority safeguarding team and commissioning team and Healthwatch Kirklees. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with five people using the service and three relatives of people using the service. We spoke with nine staff members; this included the nominated individual, head of care, registered manager, care service manager, care coordinator and carer workers. We received feedback from one healthcare professional who regularly worked with the service. We looked at care records for five people using the service including medicine administration records. We looked at training, recruitment and supervision records for three staff. We also looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

After the inspection

We exchanged emails with the registered manager for additional evidence and updates on the actions being taken by the provider following this inspection. This information was used as part of our inspection.

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 remained the same requires improvement. This meant some aspects of the service were not always safe.

Using medicines safely

- Medicines management systems were mainly well organised and people were receiving their medicines when they should. We found improvements were required in the recording of people's medication records (MAR) and in making sure that information on the medication care plans matched the information on MAR sheets. We discussed with the registered manager about the specific issues found in some people's records and these were addressed immediately.
- The provider was conducting regular medication audits and these showed that most issues found were followed up, for example, when there were gaps in recording. However, we also saw instances where further follow up was required. For example, we could not be sure one person had received their pain patch as prescribed due to gaps in recording. We discussed this with the registered manager and care service manager; we were reassured with their response in addressing this issue.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly by the provider.
- The nominated individual told us of their plans to implement an electronic medication system to improve the safety of the care provided in this area. Feedback from commissioners indicated that the service had "recently been involved in some medication work to develop guidance for providers."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider was completing relevant risk assessments to people's care this included risks to people's individual safety, well-being and environmental risks. These assessments generated plans that guided staff on how to support people against ongoing risks.
- However, we noted that some risk assessments required further detail. For example, the registered manager told us that one person using the service was known to scratch themselves which could cause skin damage. They told us this person was regularly seen by the district nurses and what they had done to manage this risk but this information was not in this person's risk assessment. Another person was being supported by staff with shopping and, at times, with financial transactions and there was not a specific risk assessment or care plan in relation to this. We saw records of financial transactions and receipts were being kept and audited. We discussed these issues with the registered manager and care service manager and after our visit they showed us evidence that the relevant information had been added to people's risk assessments and care plans.
- People reported that staff usually arrived on time and did not miss care visits. The provider was using an electronic monitoring system that generated alerts if the care visits were not completed in the scheduled time, which promoted good time keeping and enabled the provider to act promptly if required. This system also operated during out of office hours.

- Our conversations with staff showed they knew how to safely deal with accidents and incidents such as a medical emergency and were confident that any concerns raised would be acted upon by management. The registered manager showed us how they monitored any accidents and incidents happening to staff and people and actions had been taken when appropriate.
- One healthcare professional told us "From my experience, risks are managed very well and Choices have systems in place to risk assess service users and to keep their own staff as safe as possible."

Systems and processes to safeguard people from the risk of abuse

- People using the service felt safe with the care provided. Relatives also told us their loved ones received safe care. One relative said, "Yes, very safe, I am very pleased [with the service]".
- Staff demonstrated a good knowledge of the types of abuse, the safeguarding procedures and who to inform if they had any concerns or concerns had been raised to them.
- The provider had policies and procedures in place in relation to safeguarding and whistleblowing. We reviewed the provider's safeguarding log and in addition with our conversations with the registered manager we were assured that appropriate steps had been taken, when required, to protect people from abuse, neglect or harm and the relevant authorities contacted.

Staffing and recruitment

- People told us they were usually supported by a team of regular care workers. One person said, "At the moment I have two regular carers with alternate days, they are very good."
- The provider had introduced a continuity audit to monitor how many care workers were involved in delivering care to people to make sure they were monitoring continuity in care received by people.
- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place. The process assured the provider employees were of good character and had the qualifications, skills and experience to support people using the service.
- The provider demonstrated a high retention rate for staff and offered career progression opportunities. Staff told us they enjoyed working for Choice Homecare. One staff member said, "It is a challenge, I am enjoying it."

Preventing and controlling infection

- People were protected against the risk of infections. Staff had completed training in infection control and food hygiene and told us protective equipment was made available such as alcohol gels for disinfection and gloves. People told us staff used the equipment appropriately which helped to protect people against risks of cross contamination.

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 good. At this inspection this key question has remained 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

- The provider carried out an assessment of people's needs and preferences at the start of their care package. This ensured the service was able to meet people's needs and that there was clear guidance for staff to follow in relation to risks to people's care, preferences and routines.
- The assessments we reviewed showed these were person centred and highlighted people's desired outcomes. People told us they knew they had a care plan and that this was reflective of their preferences. One relative told us, "To start with [the care package], the manager did a visit, we discussed what was needed and then if there are any changes, I have rang through and [registered manager] made the changes to the care plan."
- People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. People's communication requirements were assessed and included in their care plans.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills and knowledge to provide appropriate care. One person said, "They [staff] understand me well." One relative commented, "Yes [staff have the skills], they have been really helpful in suggesting things that could make it easier for [relative] and for me as well."
- Staff told us they had completed a comprehensive induction before working alone, this included training and shadowing experienced members of staff delivering care. The provider had a regular programme of training for staff; we reviewed the training matrix and staff files and we saw training was up to date. One member of staff told us they found the training "Really informative, I still carry out my notes" and added that "Shadowing really did benefit me, to see how other carers deal situations really helped me."
- Staff were supported by regular supervision and told us their supervision meetings were supportive and they were able to discuss about aspects that were relevant to their jobs. One staff member said, "[Supervisions] are brilliant, you can air your concerns and they sort it out."

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

- People told us staff supported them to maintain good nutrition and offered them choice. One person said, "I tell them what to do, they do it."
- People's dietary requirements and preferences were included in their care plans including the level of support they required. Care notes also described the support being provided around people's nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People and relatives told us they were confident that staff would contact healthcare professionals if required but most people and relatives did this themselves. One relative said, "If they have any concerns, they leave a note and I immediately contact the district nurses, this has happened on couple of occasions, and communication worked well."
- The records we looked at confirmed the provider maintained regular contact with relevant services such as GPs, social workers and district nurses.
- One healthcare professional told us, "Choices will attend any meetings I feel appropriate and will, if needs be, also support a service user at meetings and ensure the service users fully understands what is going on. Choices always follow the advice given, in my experience, and in a timely manner. In fact, I would say that Choices are one of the better providers for attending meetings and following advice."

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 with appropriate legal authority. In community services that application must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was working within the principles of the MCA. Staff had received MCA training and understood that they could not deprive a person of their liberty unless it was legally authorised. Staff recognised the importance of seeking a person's consent before providing care or support. People told staff asked for their consent and one person added, "They listen to what I say."
- Where people's mental capacity was limited the provider was assessing people's capacity to make specific decisions however further detail was required in the recording of best interest decisions. The registered manager told us they would review this.

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 good. At this inspection this key question has remained the same rating. 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 told us they were treated with kindness and respect. Comments included, "They become friends with you." One person told us how they felt well supported by a care worker during a family bereavement, "Staff were kind and considerate, carer took time to talk with me and I did not feel rushed." One relative said, "It was [my relative's] birthday last month and one carer brought [relative] a card and chocolates. It makes [relative] feel that they are friends."
- Care plans were person centred and included people's views about how they wished to be supported.
- Staff had received training on the importance of treating people with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff gave us examples of how they respected people's privacy, for example, when supporting people with personal care. Our conversations with people confirmed staff respected people's dignity.
- People's records were kept securely to maintain privacy and confidentiality in the office.
- People were supported to be as independent as possible. One relative told us how staff supported their loved one to look after a pet, which was very important to them. Other relative commented that care workers "Prompt a lot, which is good work because they are not doing it for [relative]."

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

- People's views and preferences were clearly expressed in their care plans. We saw each care file had details of people's preferred routines and people told us staff followed these.
- People had been involved in planning and reviewing their care. Records that we looked at confirmed regular reviews were taking place and involving the relevant people. One person told us, "I had visits from people who do the scheduling and discuss if there was anything that could be changed."

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 good. At this inspection this key question has remained the same rating. 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 told us staff respected their choices and the provider responded to changes requested. One person told us "They are pretty good, they do what I want." Other person said, "When they came the last time, they changed the [time of the care] visit because I asked them to, it was my decision." We reviewed information that showed the provider was responsive to people's requests, such as changing the staff member who supported them. One healthcare professional told us, "In my experience Choices [homecare] are one of the best providers of care to service users with complex needs."
- People's care records were designed in a person-centred manner and reflected a person-centred approach to care. These included personal information about people, their routines and relevant people involved in their care.
- We found some care plans required further detail in relation to the care provided. However, in our conversations with the registered manager, care service manager, staff and people we were reassured this was a recording issue and had not impacted on the care delivered because people had a regular team of care staff who knew them well and any changes were communicated. After the inspection, the registered manager showed us evidence that relevant information had been added to these care plans.

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.

- The service was working within the AIS. The registered manager told us how they made information available to people in different formats to facilitate communication, if required. For example, one person had a dual sensory impairment and information in large print had been made available to them. The registered manager also told us they had used Braille services in the past and could use it again, if required.

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's care plans indicated how their relatives and other professionals, such as care agencies, were involved in their care and responsible for specific care tasks such as medication.
- The provider was supporting some people with accessing the community and being involved in leisure activities or activities of daily living. One person told us how staff supported them with their shopping and with going out for a meal.

Improving care quality in response to complaints or concerns

- People and relatives told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on. One person told us, "[If I had concerns] I would speak with [care service manager], I have [their] phone number, [they] would act on concerns." One relative told us of one instance when there had been a "personality clash" between their loved one and a staff member and "They tried to address it, [registered manager] kept me informed, I was happy with how the issue was dealt with."
- The provider had policies and procedures in place to manage complaints, concerns and compliments. We reviewed how this was being managed by the registered manager and found it to be appropriate.

End of life care and support

- The provider was not caring for people at the end of their lives at the time of this inspection. Most staff had received training in this area.

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 good. At this inspection this key question has remained the same rating. 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; 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 relatives consistently told us they were satisfied with service and told us about the positive impact it had on their lives. People told us, "I think they are a good lot of girls, I am very grateful." Relatives commented, "I have been so relieved and delighted with Choices, they have reassured me a lot and show me what I am doing right, so helpful." and "It is very well managed, they very quickly built up a good rapport with [relative] and know [relative's] needs, [relative] is very much seen as an individual for all the carers, not just another call." One healthcare professional told us, "I find they go over and above to ensure that their service users are cared for, safeguarded and protected."
- There was an open culture within the service. Staff told us that the managers were supportive, that they could raise concerns with them and they were listened to. One staff member said, "There is always someone to help me, everybody is very nice."
- The provider was responsive and open with the inspection process; they quickly acted on recommendations and demonstrated a willingness to continuously learn and improve.

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

- The provider was going through organisational changes. New staff roles, processes and paperwork were being implemented with the goal of improving the quality of service.
- We reviewed the provider's overall quality assurance systems and these provided a good oversight of the service with regular audits on medication, care records, continuity of care and relevant aspects of service delivery being discussed at the management level. During this inspection, we found some improvements were required in the level of detail of records related with people's care. The registered manager told us about the ongoing work they were developing to improve this.
- The provider carried out regular spot checks to oversee staff performance and to check the quality of care and people's experiences. This ensured accountability.
- People and relatives felt the service was well managed. They were complimentary about the staff and the management team.

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

- There were systems in place for gathering the views of people using the service. This included regular

review meetings and a survey. The registered manager told about actions taken after the results of the last survey; these included "A number of phone calls made to service users following the return of the surveys with specific issues such as not being informed of time changes being addressed and resolved."

- We received mixed views in relation to communication with the office staff. People said, "There is only one complaint, the telephone is not good, it goes to an answer machine and it makes it difficult for me to leave a message," and "I just rang [them] up to have an early call and I got it, [they] rang me back, that was good." Relatives said, "[The registered manager] is always at the end of the phone, really good communication." We shared this information with the provider and they told us they had recently changed their telephony services to make it simpler for people to use but would review it again following this feedback.
- There were systems in place to ensure effective communication with staff including staff meetings. Records we looked at showed staff meetings were being held regularly and relevant issues were discussed.
- Staff had completed training in equality and diversity. The provider showed evidence of supporting people with protected characteristics and adapting the service provision for people with sensory impairments and physical disabilities.

Working in partnership with others

- Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team such as GP, social workers, district nurses and commissioners of people's care. One healthcare professional told us, "I have always found my dealings with the management at Choices and staff to be very good."
- The management were involved in several learning and development stakeholder forums such as the local care provider forum and an event about using technology in care.