

Choices Nursing & Care (Lancaster) Ltd

Choices Nursing and Care Lancaster Limited

Inspection report

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13 May 2016

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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

This unannounced inspection took place on 11 and 13 May 2016.

Choices Nursing and Care Lancaster Ltd is a small domiciliary care agency which provides personal care to adults with a disability living in Lancaster, Morecambe and surrounding districts. At the time of inspection there were fourteen people who used the service. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in.

There was a registered manager in place. 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 spoke positively about the quality of service provision on offer. People told us staffing levels were conducive to meet their needs. Staff always had time to carry out their duties and always stayed for the allocated time.

People who used the service and relatives told us staff were caring and always willing to go above and beyond their duties. We observed interactions and noted people were comfortable in the presence of staff.

Arrangements were in place to protect people from risk of abuse. People told us they felt safe and secure. Staff had a knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Systems were in place for recruiting staff. However checks were not consistently applied to ensure staff were correctly vetted before commencing employment. This was a breach of Regulation 19 of the Health and Social Care Act (2008) Regulated Activities 2014.

Suitable arrangements were in place for managing and administering medicines. People were encouraged to self-administer medicines where appropriate.

People's healthcare needs were monitored and concerns regarding people's health was fed back to relevant health professionals or the person's relatives so action could be taken.

Person-centred care plans were in place for people who used the service. Care plans covered support needs and personal wishes. People and staff told us care plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Staff told us training was provided to enable them to carry out their tasks proficiently. The registered provider kept records of all staff training completed. The registered manager said they were working with

another provider to develop and improve training for staff.

People said they were supported at appropriate times to meet their nutritional needs. We saw evidence independence and choice was promoted wherever possible. Records were kept when support had been provided with eating and drinking.

Staff said they were supported in their role. People who used the service and relatives spoke highly about the management of the service and the effectiveness of the care provided.

The registered manager had a complaints policy in place which gave clear instruction on how to manage complaints. They told us they had received no formal complaints to date. One person who used the service and two relatives told us whenever they expressed any concerns they were acted upon swiftly and treated seriously.

The registered manager told us they carried out informal audits upon quality but had not kept any records to show this has taken place. We have made a recommendation about this.

You can see what action we have asked the provider to take at the back of the main report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was sometimes safe.

People who used the service told us they felt safe. They told us staff were reliable.

The provider had recruitment procedures in place but did not consistently apply these to ensure staff recruited were of suitable character.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

When people required support with medicines suitable arrangements were in place to manage these.

Is the service effective?

Good ●

The service was effective.

People who used the service told us their nutritional and health needs were met.

Staff had access to training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good ●

Staff were caring.

People who used the service were positive about the staff who worked for Choices Nursing and Care Lancaster Limited.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had

been discussed so staff could deliver personalised care.

People told us they were treated with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had a complaints system in place. Complaints were addressed and investigated in a timely manner.

Is the service well-led?

Good ●

The service was well led.

People who used the service and relatives spoke highly about the registered manager and described the service as well managed.

Regular communication took place between management, staff and people who used the service as a means to improve service delivery.

Choices Nursing and Care Lancaster Limited

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 inspection took place on 11 and 13 May 2016 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by an adult social care inspector.

Information from a variety of sources was gathered and analysed prior to the inspection taking place. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We contacted the local authority and received no information of concern.

Prior to the inspection, we received some information of concern in relation to the service provider. We used this inspection process to look at these allayed concerns.

Information was gathered from a variety of sources throughout the inspection process. We spoke with four members of staff. This included the registered manager, the care coordinator, and two members of staff who provided direct care.

We visited two people at their home, (with their consent) to seek their opinion of the service. We spoke with two relatives to obtain their views about service provision.

To gather information, we looked at a variety of records. This included care plan files relating to four people who used the service and recruitment files belonging to three staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

Is the service safe?

Our findings

Prior to carrying out the inspection, we received some information of concern in relation to how Choices Care and Nursing Lancaster Ltd carried out recruitment checks on people employed. We used this inspection process to investigate these concerns.

We looked at recruitment procedures in place to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed three staff files. We found full employment checks were not consistently carried out prior to staff commencing work. We found two applicants had gaps in their employment history and these had not been discussed and explored with the person. We brought this to the attention of the registered manager, they confirmed this was an oversight and had not been completed.

We asked to see employment records and references relating to another member of staff. The registered manager was unable to locate these records during the inspection process.

Although application forms asked people for their previous employer, references were not routinely sought from these employers. Records reviewed contained only character references for each applicant. This meant satisfactory conduct in previous employment had not been reviewed and considered. We brought this to the attention of the registered manager and they agreed this was oversight and had not been completed. The registered manager said they were going to look into an auditing system to ensure correct processes were followed prior to employing staff.

This was a breach of Regulation 19 of the Health and Social Care Act (2008) Regulated activities as the registered provider had failed to have suitable systems in place to ensure staff employed were of suitable nature for the role.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a regulated activity within health and social care. Staff told us they were unable to commence work without receipt of a valid DBS.

We looked at how safeguarding procedures were managed by the registered provider. We did this to ensure people were protected from any harm. Staff were able to describe different forms of abuse and were aware of the system to report any safeguarding concerns to management.

We asked staff about their understanding of whistleblowing. Two staff spoken with were not fully aware of this terminology but had an understanding of the need to report any concerns externally if no satisfactory action was taken by the registered provider. We saw the organisation had a whistle blowing policy but staff told us they were not aware of this. We discussed this with the registered manager and they agreed to look into these claims.

We looked at staffing arrangements in place to ensure people received the support they required. The care

coordinator said four staff had recently left the company. They explained staff had left due to personal circumstances. This had led to them being short staffed. At the time of inspection, there was three members of staff with permanent contracts and a further, 'six or seven' staff on casual contracts. The care coordinator said this was due to the nature of domiciliary care. We were told the director of the company had taken responsibility for this and was currently recruiting additional staff.

People who used the service were happy with staffing levels and the reliability of staff. One person said, "They always come. I've never had to complain." A relative said, "Staff go to the end to cover any shifts. They never let me down."

One relative said in their experience staff turnover within the company was high. They said they felt this was down to the nature of the work, rather than the organisation themselves. They praised the way in which the registered provider managed staff turnover and the way in which staff were supervised at the outset of their employment.

We asked people about missed or late visits. People who used the service and relatives all said the registered provider was reliable and missed visits never occurred. People told us staff were courteous and would ring if they were going to be late. The registered manager said staff who worked in the office and on call were trained to provide direct personal care as well as administrative tasks. This enabled them to carry out personal care if they were required to do so in an emergency. People who used the service and relatives told us they received support from familiar staff who knew them well. This promoted consistency of care.

We looked at how the registered provider managed medicines for people who required support. When people could self-administer they were supported to do so. People were encouraged to have their medicines pre-dispensed using a blister pack system from the pharmacy. We noted staff recorded in daily records when medicines had been given by staff. The care coordinator told us they were just in the process of changing systems and were beginning to implement Medicines Administration Records (MAR) sheets for all people who required support with medicines. When people required assistance with creams and ointments we noted body maps were in situ to direct staff as to where creams were to be applied. This promoted effective care and treatment.

We noted risk assessments were in place to manage risk. Environmental risk assessments were carried out by management before support was provided to people to ensure the environment was safe for people to work in. When people were at risk of falls we noted a falls risk assessment was in situ.

The registered provider had a system in place for reporting accidents and incidents. We saw evidence of one accident involving a person who used the service and a staff member. The accident was reported immediately to management and was investigated by a senior member of staff. The registered provider acted diligently offering an apology to the person and their family member.

Is the service effective?

Our findings

Two relatives we spoke with praised the effectiveness and knowledge of the staff. One relative said, "[Staff member] called me recently to say they were concerned about my [relatives] health. They felt they needed intervention. I took this seriously as they manage my relative's condition well."

Individual care records showed health care needs were monitored and action taken to ensure health was promoted. Assessments were in place to assess people's safety, mental and physical health. We noted assessments and care records had recently been reviewed for all people who used the service. One staff member told us they had been involved in implementing new care plans as a means to improve service delivery. They said they spent time with each person reviewing their care needs.

A relative told us their loved one's health needs had deteriorated over the past eighteen months and the service provider had reviewed the person's care needs accordingly. They said they were consulted with and involved during the review process.

We asked the registered manager how they ensured people were supported to maintain good health. The registered manager said staff monitored the health of people and would seek advice and guidance from other professionals if they were concerned. They said they had regular contact with the District Nursing teams of some of the people they supported.

People told us they were supported with diet and nutrition where appropriate. When people required support at mealtimes staff were allocated to assist them in a timely manner. One person who used the service said staff always considered their independence and encouraged them to be involved as much as possible in food preparation. We noted when staff had been involved in supporting people at meal times records were maintained to reflect this.

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.

We spoke with staff to assess their working knowledge of the MCA. Staff were aware of the need to consider capacity and what to do when people lacked capacity. We were advised at the time of inspection, all people supported had capacity to make their own decisions. One staff member said, "We respect that people with capacity can make unwise decisions. If we were concerned about changes to behaviour and people we would alert the appropriate person." The care coordinator said if any person was deemed as lacking capacity this would be included on their care plan.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. The care coordinator told us staff were expected to complete mandatory training in order for

them to carry out their role. Staff told us they had the required training. We looked at records belonging to three members of staff. All staff had completed training in first aid, safe handling of medicines, infection control, moving and handling, safeguarding of vulnerable adults.

We noted from one person's records, the person had a health condition that required staff to be trained to manage this. We looked at staff training records and noted staff did not have the appropriate training records for supporting this. We asked the registered manager about this. They confirmed they had a training qualification that allowed them to teach and they had provided this training in house to staff. We asked the person's next of kin about staff knowledge in managing this health condition and they were satisfied staff were appropriately trained.

The registered manager said they were currently looking at ways to improve training for staff and were looking at implementing a nationally recognised certificate for staff. They said they were working in conjunction with another service provider to develop and improve their training programme.

The registered manager was updating their own nursing knowledge at the time of inspection.

We spoke with a member of staff who had been recently employed to work within the service. They told us they were supported on visits and shadowed experienced members of staff at the beginning of their employment. The staff member said they were happy with the support they received at the outset of their employment. They had received two supervisions during their induction process and praised the support from the care coordinator stating, "They are always there at the end of the phone."

We spoke with staff about supervision. Staff confirmed they received regular supervision. Staff said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions.

Is the service caring?

Our findings

People were complimentary about staff providing care. One person said, "Staff become my friends. They treat me with respect." And, "Staff respect me; they will do anything I ask."

Relatives commended the caring attitude of staff. One relative said, "Some companies couldn't care less; Not Choices Nursing and Care Lancaster, they really care." Another relative said, "They are very caring and will go above and beyond to sort things out."

Staff told us the organisation was a caring one with high values. One staff member said, "Obviously we keep it professional, but some people we look after are more like friends."

The registered manager praised carers currently working for the organisation and the relationships staff had developed. They said, "People we care for are like friends to them all. They have time to sit and talk with people."

The care coordinator said they tried to skills match staff to people so that positive relationships could be formed. They explained they knew the clients well and were aware of what skills and qualities people looked for in staff. They tried to identify these qualities in staff so they were compatible with people they supported. Staff said they were encouraged to have a regular caseload of people they visited so that relationships could be built and maintained. This promoted continuity of care and created satisfaction.

We observed interactions between two staff members and two people who used the service. People were relaxed and comfortable in the presence of staff. We observed staff laughing and joking with the people receiving the service. One person spoke highly of the relationship they shared with the staff member. One member of staff turned up on shift with a take away treat for the person they were supporting. The person who used the service said they often spent time at the beginning of the visit eating together and chatting.

A staff member spoke fondly of the people who used the service. They said they would not knowingly leave a person in need, even if this meant working over their allocated visit time. They said, "I would never leave a person if they are unhappy. I don't want to leave an old person unhappy in their own home."

We saw evidence paperwork had been reviewed recently to make it more person centred. Completed daily records demonstrated staff knew people's likes and dislikes and ways in which people liked to be supported. One staff member said, "I know if [person using the service] is stressed. I just give them a wink to see if they are okay. If they are okay, I know they will wink back."

We observed a staff member knocking before entering a person's home. This showed us staff members respected people's personal space and privacy. One person who used the service said staff always considered their personal space and staff worked in a sensitive manner when working in their home. The person said, "If I ask them to leave they respect this."

We asked staff how they ensured they privacy and dignity was maintained. One staff member told us they always ensured they closed doors when providing personal care to people, unless people expressed otherwise. The staff member was aware of promoting confidentiality and not speaking to people about personal matters in public. The care coordinator said, "We try to promote dignity and respect in every aspect of care."

Is the service responsive?

Our findings

People who used the service and relatives praised the responsiveness of the service. One person said, "I am thrilled to bits with Choices Nursing and Care Lancaster Ltd. I have had other agencies before but I was never happy with them."

One relative said, "We have had some disastrous services over the time but Choices Nursing and Care Lancaster Ltd are great. They react quickly." And, "If anything goes wrong, they will stay until it is sorted."

We spoke with one member of staff who told us, "We are a very approachable company. One person who uses our service told us they felt like a number with another company. That doesn't happen here. The level of individual care is great."

We looked at care records belonging to four people who used the service. We were told pre-assessment checks were carried out by the care coordinator and registered manager prior to a service being provided to a person.

The care coordinator said they had recently undertaken a large piece of work to change care planning systems to make them more person-centred. The care coordinator said they wanted to personalise records for each person. The new system incorporated best practice person centred tools to develop the care record. Care records were person centred and contained detailed information surrounding people's likes, preferences and daily routines. This highlighted key points of their likes, dislikes and important factors to consider when supporting them. Peoples consent was sought throughout the care planning process.

Care plans were detailed and addressed a number of topics including managing health conditions, personal hygiene, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. Each care plan had been given a review date within the short term. The team leader advised these dates were set according to people's needs. One staff member told us if people's needs changed and the care plan was no longer appropriate they could inform a manager and the care plan would be amended accordingly.

The registered manager showed us a recently implemented daily record log for each person and advised they had introduced this to improve on standards of written care notes. The registered manager said care notes were audited by management and concerns identified within care records were discussed with staff.

People we spoke with had no complaints about the service. People were encouraged to speak out if they were unhappy with their care. Feedback included, "I told them I was unhappy with my care once and I was very happy with the way I was responded to."

Relatives we spoke with said they had never had to raise any formal complaints. One relative said, "I have never had to complain formally. I have had some concerns but the organisation was ahead of me in dealing with it."

We saw evidence within individual care records that people who used the service were given as a complaints procedure detailing their rights to complain as part of their service user guide. This gave clear instruction to people informing them who to complain to and their rights.

Staff told us they were aware of the complaints procedure and would inform the registered provider if people complained.

Is the service well-led?

Our findings

People who used the service and relatives told us the service was well-managed. One person who used the service described the registered manager as a "Right nice chap." One relative we spoke with described management systems as "effective."

People praised the registered manager. We were told the registered manager was not afraid to carry out hands on care when needed.

The registered manager said they focussed upon providing a quality service and to do this they have restricted growth to ensure the service provided was to a suitable standard. The registered manager was aware of their limitations and said they would not be afraid to turn down work if they felt the organisation did not have the skills to support a person.

The registered provider said they were committed to continuous improvement and were working proactively to improve service delivery. They said they had recently invested in new technology to monitor staff attendance and had carried out a restructure of the organisation. The registered provider was undertaking a recruitment drive to attract new staff in order to meet demand of the service. The registered manager said, "We want to be big, but we are taking our time."

Staff were given guidance about their roles and responsibilities. One staff member told us, "We know where we are and what we are doing." We saw evidence when staff were not meeting their responsibilities action was taken to improve work standards.

Staff working for Choices Nursing and Care Limited described communication as good. One staff member said, "Management are always there to listen."

Communication with staff occurred through a variety of channels. Care staff told us they had regular team meetings to discuss any relevant information. Staff said they were kept informed by phone calls and through regular contact with the office staff. One staff member said if staff could not attend team meetings, managers offered them support through a one to one meeting to discuss the meeting. A manager told us, "Any concerns, I would try to resolve straight away. I wouldn't wait for the team meeting."

The care coordinator said they took part in senior management meetings held with the registered manager and director.

Although communication between staff and managers was described as good, staff expressed concern about lack of access to policies and procedures. Staff said they were aware they may be available but did not know how to access them. We spoke to the registered manager about this and they said policies and procedures were available and have been updated and reviewed. We saw evidence that policies and procedures were in place. The registered manager agreed to look into these concerns raised by staff.

We recommend the registered provider reviews accessibility of all documentation to ensure staff are aware of documents and how to access them.

We asked the registered provider about quality audits. They told us at present due to the size of the organisation audits occurred informally. The registered manager said they had oversight of all care records and would look at care records on a monthly basis to ensure they were accurate and up to date. The registered manager said they would discuss any highlighted concerns with the care coordinator as soon as any concerns were identified. The care coordinator confirmed the registered manager undertook audits and said, "[Registered Manager] oversees all files. He is ultimately responsible for checks." The registered manager said they were going to look into reviewing systems for auditing standards within practice to ensure a clear evidence trail is maintained.

The registered manager had an open and transparent way of working. They said, "We aren't fantastic all the time. We make mistakes and we learn from them." We saw evidence in one person's records that when a mistake had been made, staff were open and honest and apologised for their actions.

We saw evidence of partnership working. The registered provider attended provider forums to keep themselves up to date. The registered manager showed evidence of documentation relating to membership of other partnership agencies, which they referred to and consulted with to ensure good practice was achieved.

The registered provider said they informally sought views of people involved in receiving a service on a frequent basis. They said due to the size of the organisation and the frequent contact held between management and people who used the service it had not been necessary to complete any formal surveys. The care coordinator said, "People are forthcoming with their views. We listen and act upon them."

We spoke to a relative who told us they were frequently asked for feedback about service delivery. This showed the registered provider was committed to listening to relevant parties as a means to make improvements within service delivery.

The registered manager said they were supported by one of the directors of the company. They said the director worked in the office alongside the staff team and provided support and guidance to the management and staff. Staff praised the support and knowledge of the director.

The registered manager advised they were looking at reviewing their role within the organisation. They were currently developing a business continuity plan with the director for this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider failed to ensure recruitment procedures were established and operated effectively to ensure that person's employed were of good character</p> <p>19 (2) (a)</p>