

The Caring Choice Ltd

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Inspection report

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Date of inspection visit:
07 May 2019
08 May 2019

Date of publication:
30 May 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

The Caring Choice Limited is a domiciliary care service which provides personal care to adults with a range of support needs in their own homes.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided. The Caring Choice Limited was providing personal care to thirty five people at the time of the inspection.

At the last inspection on 7 and 8 November 2018 we found the service to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13, Safeguarding service users from abuse and improper treatment; Regulation 12, Safe care and treatment; Regulation 18, Staffing; Regulation 17, Good governance; Regulation 16, Receiving and acting on complaints; Regulation 19, Fit and proper persons employed. The overall rating for the service was Inadequate and the service was placed in Special Measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that significant improvements had been made and it is no longer in breach of the regulations, rated as Inadequate overall or in any of the five key questions. Therefore, this service is now out of Special Measures.

People's experience of using this service:

People's medicines were now managed safely, however we recommend the provider and manager refer to current guidance regarding providing information for care workers on what each person's medicines are prescribed for, and guidance on when a person may need their 'as and when required' (PRN) medicines.

Staff were now provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through regular supervisions and an annual appraisal. However, the manager did not receive formal supervision or have an annual appraisal. The provider told us they would start doing this.

We saw people or their representative had signed their consent to receive care and support from the service on their care records, however there was no evidence on file that the nominated person had the legal authority to do this. We recommend the provider and manager consult current guidance on how best to ascertain and record this information.

Every person now had a care record in place which reflected the person's current health and social care needs. The provider and manager agreed further work was required on people's care records to ensure all the information recorded was person-centred.

People had the same group of care staff visiting them at home. However, some people told us they would like to know in advance who would be coming each day. The provider and manager they told us they would email or post people their staff rota the week before, if requested.

There were now systems in place to monitor and improve the quality of the service provided. People were asked for their opinion of the quality of the service via review meetings. Staff were asked via regular team meetings and an employee satisfaction survey. These systems need to be further developed and sustained over time.

There were enough staff available to ensure people's care and support needs were met. The registered provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

There were systems in place to recognise and respond to any allegations of abuse. Staff had received training in this area.

People were consulted and listened to about their care and support needs. People were supported to have maximum choice and control of their lives.

People were supported to eat and drink to maintain a balanced diet, where required. People were supported to maintain good health and have access to health and social care services as required.

Positive and supportive relationships had been developed between people, their relatives, and staff. People told us they were treated with dignity and respect.

People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences.

There were systems in place to respond to complaints. People told us they knew how to complain, and the manager and senior care staff were responsive to any concerns they raised.

The provider had recently purchased a comprehensive set of policies and procedure relating to all aspects of service delivery. Staff could access these via an app on their mobile telephones or look at paper copies held in the office.

Rating at last inspection:

At the last inspection the service was rated Inadequate (report published on 11 January 2019).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

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

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 not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

The Caring Choice 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care 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. It provides a service to adults with a range of support needs, including people living with dementia and people with a physical disability.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Notice of inspection:

This inspection was announced, which meant the provider was given 48 hours' notice of our inspection visit. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us.

Inspection site visit activity started on 7 May 2019 and ended on 8 May 2019. We visited the office on both days to meet with the provider and manager, and to review care records and policies and procedures. On 7 May 2019 we also spoke with care workers visiting the office. On 8 May 2019 we also visited people receiving a service and their relatives at home.

What we did:

Due to the timescales of this inspection we did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before this inspection we reviewed the information we held about the service, which included correspondence we had received, and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury.

Before this inspection we contacted staff at Healthwatch Sheffield and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield contracts and commissioning service.

During the inspection we spoke with four people who used the service and two of their relatives. We met with the provider and manager. We spoke with five members of care staff. We spent time looking at written records, which included seven people's care records, six staff personnel files and other records relating to the management of the service.

Is the service safe?

Our findings

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

Requires Improvement means: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and recruitment

- At the last inspection on 7 and 8 November 2018 the provider was in continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed. This was because we found appropriate references, and disclosure and barring service (DBS) checks were not always obtained to demonstrate staff were fit and proper persons to employ in care. A DBS check provides information about any criminal convictions a person may have.
- During this inspection we found recruitment practices were safe. We looked at the recruitment files for six members of staff, four of whom had been employed since the last inspection. We saw each file now contained the information required to confirm the applicant's suitability in previous relevant employment. This meant the provider was no longer in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.
- There were enough staff employed to meet people's needs in a timely way. People's care and support needs were assessed by the manager or senior care workers to identify the amount of support they required prior to the service starting.
- People and their relatives told us care workers stayed the full amount of time allocated to each call. Comments included, "Yes, [care workers] always stay as long as they should, sometimes longer if needed" and "They [care workers] always stay as long as they should and do what they need to do."

Using medicines safely; Assessing risk, safety monitoring and management; Preventing and controlling infection

- At the last inspection on 7 and 8 November 2018 the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because the provider had not ensured systems were in place to ensure medicines were managed or administered in a safe way, and had not ensured staff providing care to people had the competence and skills to do so safely, and had not assessed the risks to the health and safety of people receiving care. During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.
- The provider continued to use an electronic medicines administration record (MAR) for each person assessed as needing support with their medicines. People's MARs were then accessed by staff via their mobile telephones. Staff should initial a person's MAR to confirm when they have given the person their medicines or record a reason why not. Care workers' mobile telephones needed to be connected to the internet in order for people's care records to be updated with any changes. As this was not always possible until the care worker returned to their own home, the manager had introduced paper MARs into people's homes. Care workers were now expected to complete both the electronic and paper versions.

A relative we spoke with told us this was a significant improvement as they now knew their relative had received their medicines as prescribed.

- All the MARs we looked at in people's homes had been fully completed. The manager undertook monthly audits of people's electronic MARs. We saw where any issues had been identified these had been recorded and resolved.
- Some people required time critical calls. For example, when medicines need to be taken at a certain time to ensure optimum efficiency. We saw time critical calls were clearly identified on care worker's rotas.
- Care staff told us they had received training in medicines administration as part of their induction and had yearly refreshers, as a minimum. The training matrix we looked at confirmed this to be the case.
- There was a system in place to ensure annual checks of staff competency in supporting people with their medicines. We saw evidence of the checks taking place on staff files.
- People's medicines were now managed safely, however we recommend the provider and manager refer to current guidance regarding providing information for care workers on what each person's medicines are prescribed for, and guidance on when a person may need their 'as and when required' (PRN) medicines.
- Risks to people and care worker's health and safety were now assessed.
- The provider used an electronic system to record people's care and support needs, which staff could access via their mobile telephones. In addition, every person had a copy of their care record in their own home and a paper copy was also held securely in the office. We saw people had risk assessments on their care records. These identified any risks to the person, such as sensory impairments. There was guidance for staff on what action to take to reduce the risks. People also had external and internal risk assessments completed regarding their premises. This was to identify any risks to care workers, such as ramps or uneven flooring.
- Staff told us they always had access to personal protective equipment (PPE), such as plastic aprons and gloves. We saw supplies were also kept in people's homes. People and their relatives told us care workers wore PPE when supporting them with personal care.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- At the last inspection on 7 and 8 November 2018 the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. This was because the systems and processes in place to keep people safe were not always effective. During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.
- The training matrix showed us all staff had completed training in safeguarding. Staff we spoke with confirmed they had received training in safeguarding. They were able to tell us what possible signs of abuse could look like and how they would respond. They were confident any concerns they raised with the manager would be taken seriously and dealt with appropriately.
- The provider had up to date safeguarding and whistleblowing policies and procedures. This meant staff were aware of how to report any unsafe practice.
- We checked whether we had received any safeguarding concerns about the service since the last inspection. No concerns had been raised, however we saw the manager had a system in place to record and investigate any future safeguarding issues.
- There were systems in place for staff to report any accidents and incidents electronically. The manager investigated each incident and put in place any actions that could reduce the risk of repeat events. We saw the manager kept a paper record of all accidents and incidents, and a copy was held on the person's paper file in the office. This enabled the manager to keep an overview and identify any common themes.

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.

Requires Improvement means: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- At the last inspection on 7 and 8 November 2018 the provider was in continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because the provider had failed to ensure staff received appropriate training, professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform. During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.
- We found care staff were now being provided with regular supervisions and an annual appraisal. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The manager told us they felt supported by the provider, however, they did not receive formal supervision or have an annual appraisal. The provider told us they would start doing this. The provider told us they had joined a home care forum for their own learning and support.
- The staff files we looked at confirmed care workers had completed an induction. The induction included mandatory training in areas such as, safeguarding, and moving and handling. New care workers also shadowed more experienced members of staff before becoming part of the staffing rota.
- Ongoing training was provided for staff. The manager was qualified to deliver training about supporting people living with dementia, and a senior care worker was qualified to deliver training about supporting people with their medicines. All other training was purchased by the provider from a private company. This was classroom style training sessions held for staff at the local library. We saw staff training was predominantly up to date. Not all new staff had completed The Care Certificate, however they were in the process of doing so. The Care Certificate is an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Three members of staff had missed recent update training due to leave or other work commitments. This training was in the process of being rearranged for them.

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.
- We checked and the service was working within the principles of the MCA.

- At the last inspection on 7 and 8 November 2018 we recommended the registered provider considered providing training for staff on the MCA. During this inspection all staff we spoke with confirmed they had now received training in this area. Staff were aware of the importance of involving people in making decisions about their care and support. Staff files contained certificates confirming care workers had completed this training.

- We saw people had signed their consent to receive care and support from the service on their care records. It was recorded when people needed support with decision making, however there was no evidence on file that the nominated person had the legal authority to do this. We recommend the provider and manager consult current guidance on how best to ascertain and record this information.

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

- The care records we looked at showed people were supported to access health and social care professionals, where required. Key contact details were included in people's care records.

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

- The manager told us people were visited at home to assess their care and support needs to ensure The Caring Choice Limited could provide an appropriate service. A care plan was then developed with people which included their support needs and personal preferences.

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

- Some people receiving a service from The Caring Choice Limited required support to eat and drink. We saw people's food and drink preferences were recorded in their care records along with the type of support the person required. Staff we spoke with had a good knowledge of people's preferences and requirements.

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.

Good means: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- At the last inspection on 7 and 8 November 2018 we found people's privacy was not always respected. This was because the provider shared a reception area with a non-regulated service. During this inspection we found all confidential records were now locked away in the manager's office, which was separate to the reception area. Staff we spoke with understood the need to respect people's confidentiality.
- Everyone we spoke with confirmed staff treated them with dignity and respect. A relative told us, "The staff are always very respectful."
- Staff were able to tell us what it meant to treat people with dignity and respect, and were able to give examples of how they would do this. For example: closing doors and shutting curtains before providing personal care; Explaining to people what they were going to do and gaining consent before continuing.
- People and their relatives told us they took part in regular reviews of their care and support needs, and were involved in decisions about any changes. We saw records of reviews taking place on people's care records.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us the service was caring. Comments about the staff were overwhelmingly positive. One person told us, "They [staff] are very, very caring. The Caring Choice is a good name [for the service]." Where feedback was recorded on the care records we looked at this was also always positive about the staff.
- People also told us about staff going 'the extra mile' for them. For example, one person told us they had some equipment delivered in the morning and staff had come back in the afternoon to check it was set up and working properly. This person did not usually have an afternoon call. They were very appreciative of this extra support.
- Staff spoke kindly about the people they supported and clearly knew them, and their likes and dislikes very well. Staff told us they enjoyed their jobs. Comments from care workers included, "This is the best company I have ever worked for, they are really clear on the standards of care expected from staff" and "I love my job. People always seem happy to see us, it is brilliant to see smiling faces. We are like one big happy family."
- We looked at whether the service continued to comply with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race. Our observations of care and conversations with staff, people and relatives showed us the service was aware of the need to treat people fairly and to promote people's rights.

Is the service responsive?

Our findings

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

Requires Improvement means: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection on 7 and 8 November 2018 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because the registered provider had not maintained an accurate, complete and contemporaneous record in respect of each person. During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.
- All the people we visited at home had a paper copy of the latest version of their care record in their home. We saw every person in receipt of a service also had a copy held in the office, as well as electronically.
- Care records we looked at contained a summary at the front of what support was required by the person at each visit. We saw these reflected the support needs people told us they had. They would be easy to follow for a new care worker unfamiliar with the person.
- The main part of people's care records identified what support was required, if any, in each area of daily living, such as, mobility, mental health, and religious and cultural needs. In some care records there we found there was little, if any information about people's social history, likes and dislikes. Where there was, this information was not always person centred. For example, one person's social history was recorded as a list of their medical conditions. We spoke with the provider and manager about this. They agreed further work was still required on people's care records to ensure they were person-centred.
- At each visit staff completed an electronic record of key tasks undertaken on their mobile telephone. They also used their mobile telephones to scan a barcode which recorded their arrival and departure times We checked planned times against actual visit records for April 2019 and found there was no evidence of short calls or calls planned between people without any staff travelling time assigned. Our conversations with people, their relatives and staff confirmed this.
- Relatives told us care workers did not always turn up on time. The records we looked at for April 2019 did show care workers were up to twenty minutes late on occasion. One relative told us, "They [care staff] never fail to turn up, but they can vary in time." Another relative told us, "I would like them [care staff] to always turn up on time, but I understand there are emergencies. They do ring if they are going to be late."
- People and their relatives told us they had the same group of care staff visiting them at home. However, some people told us they would like to know in advance who would be coming each day. We spoke with the provider and manager about this and they told us they would email or post people their staff rota the week before if requested.
- Where people had been assessed as needing assistance to support their health and wellbeing they were supported and encouraged by care staff to undertake different activities.

Improving care quality in response to complaints or concerns

- At the last inspection on 7 and 8 November 2018 the provider was in breach of Regulation 16 of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints. This was because complaints had not been recorded and were not acted upon. During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- We saw the manager now had effective systems in place to respond to people's complaints.
- We saw the provider had an up to date complaints policy and procedure in place. This was available to people in the service user guide, which was held in people's care records in their own homes. People told us they knew how to complain and they would ring the office if they had any problems. One person told us, "I only have to ring and [name of manager] would come and sort it."
- We saw the manager now had a system in place to record complaints, their response and the outcome. The manager had received one complaint since the last inspection. This had been made on the person's behalf via the local authority. We saw this had been responded to appropriately. The local authority contracts officer confirmed they had received the information they required to respond to the complainant.
- The service met the Accessible Information Standard as we saw the provider had systems in place so people with a disability or sensory impairment were given information in a format they could understand.

End of life care and support

- The service was not currently caring for people who were at the end of their life. However, the provider and manager told us staff would receive training and support with this, if required in the future.

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.

Requires Improvement means: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At the last inspection on 7 and 8 November 2018 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because the provider did not have systems in place to monitor the quality and safety of the service. During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.
- Throughout this report we have made a number of recommendations and agreed actions with the provider and manager. These have been regarding medicines management, care records, support for the manager and quality monitoring processes. These improvements need to be developed and sustained over time before the service can be rated as Good.
- Quality monitoring and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The provider had audits in place. The manager showed us recent audits of people's electronic MAR charts and care records. Where issues had been identified we saw actions had been taken to rectify them.
- The provider had recently purchased a comprehensive set of policies and procedure relating to all aspects of service delivery from a private company. The company kept these under review and emailed updates to the provider to ensure they reflected current legislation and good practice guidance. Staff could access these via an app on their mobile telephones or look at paper copies held in the office. We spoke with provider and manager about checking each policy and procedure to ensure they accurately reflected the service provided, and what people and staff can expect from the service.
- The manager told us they were in the process of applying for registration with CQC. Throughout this inspection people, relatives and staff offered positive feedback about the manager. Comments from staff included, "I feel 100% supported. I can always talk with [Name of manager]", "[Name of manager] is so supportive, does anything I need and I can always use on call support if needed" and "[Name of manager] is absolutely amazing, big improvements have been made to the service."

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

- At the last inspection on 7 and 8 November 2018 we found there were no formal systems in place to gather views of the service, such as satisfaction surveys or quality assurance telephone calls to people and their relatives. During this inspection we saw some completed 'Customer review forms' on people's care records.

People's comments were positive about the service. The manager told us these will be completed with each person at the three monthly reviews of their care and support needs.

- Staff told us they attended regular team meetings. We saw agendas from these meetings and staff told us they could talk to the manager about what was discussed if they had been unable to attend. The manager agreed they would also start taking notes from these meetings and sharing them with staff.
- The provider had recently sent out an employee satisfaction survey. We saw there had been a high return rate and the responses were all complimentary about working for the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

Working in partnership with others

- The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.
- Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, providers have a legal duty to display the ratings of CQC inspections prominently in both the office and on their website, if they have one. We saw found the provider had met this requirement.
- The manager liaised with other health and social care professionals to discuss changes and updates to people's care and support needs.