Mrs Patricia Momoh

Choose 2 Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Choose 2 Care Choose is a domiciliary care agency. It provides personal care to people living in their own houses and flats across the Nottinghamshire area. It currently provides a service to nine adults. Not everyone using Choose 2 Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

People's experience of using this service and what we found
People's care plans were limited in the information provided. Risk assessments did not always include actions for staff to take to reduce the risk of potential harm to people.

The service needed to improve their implementation of the Mental Capacity Act 2005, we found people were not supported to have maximum choice and control of their lives and the staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We found people were safe from the risk of abuse. Safeguarding policies and procedures were being followed correctly by trained staff. Information was shared with the local authority safeguarding team and with us.

Recruitment processes were in place to make sure, that people were protected from staff being employed who were not suitable. Staff had been trained in areas which were deemed as essential by the registered manager.

Quality monitoring systems provided an oversight of the service to demonstrate the service was effectively managed and improving.

Rating at last inspection and update:
The last rating for this service was requires improvement (report published 9 January 2020) and there were multiple breaches of regulation. A warning notice was issued due to the breaches found. The provider completed an action plan following the warning notice to show what they would do to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of the warning notice.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection. We carried out an announced comprehensive inspection of this service on 19 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in the areas of; ensuring people using the service gave their consent

to treatment, safeguarding service users from abuse and improper treatment, ensuring the provider employed fit and proper persons to work with vulnerable adults.
We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Choose 2 Care on our website at www.cqc.org.uk.

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?

Requires Improvement

The service was not always Safe.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement

The service was not always Well-Led.

Details are in our Well-Led findings below.

Choose 2 Care

Detailed findings

Background to this inspection

The inspection
We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met on the specific concerns we had about maintaining accurate records in respect of each service user, decisions taken in relation to the care and treatment provided for people, people being placed at risk due to unsafe staff recruitment processes, a failure to safeguard people, a failure to apply the principles of the Mental Capacity Act 2005 and the governance of the service and oversight of the service.

The overall rating for the service has not changed following this focused inspection and remains Requires Improvement.

Inspection team
This inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to eight 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.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 February 2020 when the inspection was announced. We visited the office location on 25 February 2020.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections. We contacted Healthwatch for information held on their database about the service. 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 all of this information to plan our inspection.

We reviewed a range of records. This included eight people's care records and daily records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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. This meant 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.

We have not changed the rating of this key question, as we have only looked at the part of the key questions, we had specific concerns about.

Assessing risk, safety monitoring and management

● We reviewed risk assessments and found that care planning for people remained incomplete in parts. Although some improvements were found; the registered manager showed us they were in the process of updating care plans onto their new electronic system for people using the service. We found the care plans remained lacking in person centred information. We found a lack of risk assessments, and Mental Capacity Assessments not completed for people who may live with reduced cognition or dementia.

● There was a lack of person-centred end of life care planning or discussions with people and their relatives which would reflect people's wishes, beliefs and requirements for their palliative care needs.

● Documentation relating to working with health and social care needed inclusion in people's records to ensure they were reflective of people's needs and requirements. Regular reviews were needed to ensure they were current and accurate. This information remained lacking in some people's care and support plans. The registered manager told us they were in the process of updating care plans for people using the service onto their new electronic system.

● Each person's care records included risk assessments detailing risks associated with the person's environment, care and treatment and other factors. We found the risk assessments remained incomplete and lacking in detail following the previous inspection, they had not been reviewed or updated for people. The records did not always include clear actions for staff to take to keep people safe and reduce the risk of harm. For example, we saw no evidence that risks from falls were assessed and clear guidance for staff on how to support those people had been fully considered.

Systems and processes to safeguard people from the risk of abuse

● The registered manager had attended safeguarding referrer training with the local authority and showed a clear understanding of their responsibility in this area. With the exception of one member of staff, all the remaining members of the staff team had been retrained in safeguarding adults. The local authority safeguarding team had been notified of incidents and the registered manager had taken appropriate and effective action to protect people using the service from the risk of harm. The incidents that met the threshold had been notified to us.

● We found an improvement in the recording process for these incidents, and there was evidence of learning being shared with the staff team during minuted meetings.

● The registered manager had purchased an electronic monitoring system to provide an overview and analysis of incidents. This enabled them to look for themes and trends in order to improve service delivery.

Staffing and recruitment

● The registered manager had made improvements to ensure that staff recruitment practices were now safe and robust. The registered manager kept clear records of the recruitment process. We found Disclosure and Barring Service (DBS) information, had been robustly risk assessed for people moving to this country for work. Interviews now probed information provided on the application form, for example gaps in employment, or discrepancies in dates. References were verified, and clearly showed the identity of the person writing the reference. References were always taken from the most recent employer. This meant that the provider could be assured that fit and proper persons had been employed to deliver the service.

Learning lessons when things go wrong

● The recording process for these incidents had been improved and was now more robust, we saw evidence of learning being shared with the staff team by the registered manager.

● The registered manager was using the electronic management system to perform an analysis of incidents or late calls to look for themes and trends to improve service delivery.

Requires Improvement

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 as Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served regarding concerns we had relating to the governance and leadership of the service and the monitoring and improvement of the quality and safety of the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The registered manager had failed to ensure that copies of people's records stored within their office accurately reflected the records kept in people's homes. This made it difficult for us to evidence whether the care being provided for people was effective due to the records not being updated.

At this inspection we found the registered person had failed to ensure they provided an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided as evidenced above and within the Safe domain of this report.

This was evidence of a continued breach of a failure to meet Regulation 17 HSCA RA Regulations 2014 Good Governance.

- The registered manager had improved their governance of the service. They had implemented a more robust quality monitoring and governance system using an electronic management system. This gave them oversight of the service and highlighted areas requiring improvement in relation to staffing, recruitment, safeguarding, medications and incident recording.

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

- We found that the registered manager now understood their legal requirements to ensure the CQC were informed of all notifiable events that occurred at the service. We discussed this with them during the inspection.
- We saw that duty of candour had been acted upon when it should have been. There was a process in

place for addressing complaints in an open and candid way, which we saw that the registered manager had done. The recording method used by the registered manager for this was now more robust. The registered manager had improved their documentation for this, had ensured that all parties were informed of the outcomes, and had shared learning on this amongst the staff team.

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

- The registered manager involved people using the service by seeking their views through questionnaires, phone calls, and management visits to people's homes.
- The feedback the registered manager had received from people in the service's quality monitoring questionnaires showed that people were happy with the quality of the care provided. We discussed this with the registered manager. They told us they were recruiting new staff and looking at developing the service moving forwards.

Working in partnership with others

- The registered manager explained they were still in the process of building up a network of health and social care contacts locally. They outlined their plan for growth and how they were hoping to work with local health, social care and voluntary services to build their service, without over stretching their current staffing resource.

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

- The registered manager conducted regular meetings and training sessions with the staff team this included in groups and on a one to one basis, listening to the views of staff.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to ensure they provided an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. They had failed to apply the principles of the Mental Capacity Act 2005.