Care Quality Commission

Choice Care Services Limited

Choice Care Services Limited

Inspection report

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Ratings

Overall rating for this service	Requires improvement
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?	**Requires improvement**

Overall summary

The inspection took place on 13, 14, 16 and 22 October 2015 and was unannounced. The service was last inspected on 5 August 2014 and was found to be meeting the legal requirements we inspected against.

Choice Care is a domiciliary agency which is registered with the Care Quality Commission to provide personal care for people in their own home. The agency operates in the Washington and Gateshead areas. At the time of our inspection 41 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had breached regulation 12 of the Health and Social Care Act 2008. This was because medicines records did not accurately account for individual medicines given to people. Where people had

Summary of findings

medicines to help with specific medical conditions, care plans and risk assessments did not contain personalised information to ensure people received these medicines safely.

You can see what action we told the provider to take at the back of the full version of the report.

We received positive feedback from people using the service and their family members about the care people received. One person said, "I am perfectly happy with them." One family member described their relative's care as "very good" and "very caring." People were treated with dignity and respect. One person said, "They always take me into consideration, always involving me. They allow me the dignity of hanging onto one or two things. I am involved in choices. It is what keeps me going."

People told us they had no concerns about safety. One person said, "I feel extremely safe." People received their care from a skilled, reliable and consistent staff team who knew their needs well. One person said, "We have the same girls so we have a routine worked out." They added, "Staff stay the full time, we never feel rushed. They have stayed over their time if something needs doing." Another person said staff were, "Pretty much reliable. If I needed them they would come out and help me. They wouldn't just leave me to wait for the next call." They went on to say, "They turn up on time, they have never really been late. If they are late they ring me first to let me know."

Staff had a good understanding of safeguarding adults and whistle blowing including how to report concerns. Staff were confident concerns would be dealt with appropriately. One staff member said, "They would look into it, they deal with whistle blowing."

Potential risks had been assessed when the person started using the service. Assessments identified the measures needed to manage the risks.

Recruitment and selection procedures were followed to check new staff were suitable to care for vulnerable adults. Care records contained details of regular checks to make sure any specialist equipment people used was safe.

Staff told us they were well supported to carry out their caring role and received the training they needed. One staff member commented, "Very much so, I am very supported in all areas." They went to say they had, "Appraisal, one to one with [manager's name]. I enjoy coming in for one to one. There is an open door policy." Another staff member said, "[The registered provider is] supportive of training, my training is up to date." Records confirmed training, supervision and appraisal were up to date.

People were asked for their consent before they received care. They confirmed they were in control of their care. One person said, "I am in control so I can choose to go anywhere." Another person said, "It's about what we want and need." Another person said, "[Staff] always ask me first." Another person commented, "One thing I will say about Choice Care is they always ask me are you sure there is nothing else you need." Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people to make decisions. Communication care plans provided prompts for staff to use when communicating with people so that they received consistent support.

Staff supported people to have enough to eat and drink. Care plans identified the support people needed with eating and drinking including their food and drink preferences. People were supported to access healthcare, such as from GPs and community nurses.

People and family members were involved in developing and reviewing care plans. One person said, "We are involved in the care plan and deciding what went in." People had their needs assessed before and after they started using the service. Care records contained a 'brief life history' about the person.

People told us staff listened to them and responded to their wishes. One person said, "If there are any problems we ring the office and it is sorted. There were times when we needed earlier appointments for hospital and it was no problem. Sometimes we need very early care, this is dealt with without any problems."

People knew how to complain and told us they would feel comfortable raising concerns. The service user guide provided people with information about how to complain. One person said, "If we have problems we ring the office and we find them absolutely fantastic. We are aware of the complaints [procedure] but not needed to."

Summary of findings

People, family members and staff told us the registered manager was approachable. One person told us about a time when they had a problem. They said, "[The registered manager is] absolutely fine. We had a lot of problems. We met her every week until they were sorted."

There were some systems in place to check people received good care. One person said, "The senior comes in to ask whether we are happy." These included spot checks and other ad hoc checks. Medicines audits were not done consistently or in a timely manner so that issues relating to medicines management were identified and dealt with quickly. A more structured approach to quality assurance was being implemented.

People were consulted regularly about their experience of the service they received. One person said, "They send questionnaires out, I occasionally fill them in." People and family members consistently told us they did not receive feedback from the registered provider following the consultation.

Summary of findings

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. Medicines records did not always support the safe management of medicines.

People received their care from a reliable and consistent staff team. Recruitment and selection procedures were followed to check new staff were suitable to care for vulnerable adults.

Staff had a good understanding of safeguarding adults and whistle blowing, including how to report concerns. Potential risks had been assessed when the person started using the service.

Is the service effective?

Good

The service was effective. Staff were well supported and received the training they needed. Records confirmed training, supervision and appraisal were up to date.

People were asked for their consent before they received care. Staff had a good understanding of MCA and their role in supporting people to make decisions.

Staff supported people to have enough to eat and drink. People were supported to access healthcare.

Is the service caring?

Good

The service was caring. We received consistently positive feedback from people and their family members about the care the service provided.

People said they were in control of their care. They were asked for their consent before receiving any care.

People told us they were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. People and family members were involved in developing and reviewing care plans. Care plans were detailed and personalised to people's individual needs.

People had their needs assessed before and after they started using the service. Care records contained a brief 'life history' about the person.

People told us staff listened to them and responded to their wishes. People knew how to complain and told us they would feel comfortable raising concerns. The service user guide provided people with information about how to complain.

Summary of findings

Is the service well-led?

The service was not always well led. The service had a registered manager. People, family members and staff told us the registered manager was approachable.

A more structured and timely approach to quality assurance was required to identify and deal with issues in a timely manner. Medicines audits were not done consistently.

People were consulted regularly to gather their views about the service. People and family members said they did not receive feedback following the consultation.

Requires improvement 

Choice Care Services 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 13, 14, 16 and 22 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

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

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also spoke with the local authority commissioners for the service and the clinical commission group (CCG).

We spoke with eight people who used the service and four family members. We also spoke with the registered manager, one senior care workers and three care workers. We looked at the care records for four people who used the service, medicines records for four people and recruitment records for five staff.

Requires improvement

Is the service safe?

Our findings

Medicines records did not support the safe administration of medicines because they did not accurately account for all of the medicines administered to people. The registered provider operated a specific medicines system, where some medicines were sealed together in individual compartments according to the times they should be taken. Staff then administered them at the relevant times. Other medicines, such as Warfarin, were not included in the compartment with the other medicines and were administered separately. We saw from viewing people's medicines administration records (MARs) there was only one signature recorded on the MAR for each administration. This was to confirm that all medicines had been given at that time. The medicines due to be given at each administration were listed on the MAR but staff did not sign individually for each medicine to confirm they had been given. This meant that medicines records did not evidence the right medicine had been given to the right person at the right time.

Some people had been prescribed medicines, such as Warfarin, to deal with specific medical conditions. Although care plans referred to this medication, they did not provide staff with detailed information about how to support the person to take this medicine safely. For example, administration of warfarin requires particular care due to variable doses with different coloured tablets for different doses. There are also other specific requirements for administering warfarin such as taking the medicine at the same time each day and with water. This level of detail was missing from care plans and related records. For instance, medicines risk assessments also did not make reference to Warfarin or the controls required to ensure people took this medicine safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had no concerns about safety. One person said, "I feel extremely safe." Staff also said they felt people were safe and described why they felt this. For example, staff said they made sure doors were locked when they left people's homes and put things away so they wouldn't fall over things. One staff member told us risk assessments were carried out. They told us they encouraged people to contact the office if they were worried or their circumstances changed.

Staff had a good understanding of safeguarding adults including how to report their concerns and potential warning signs. For example, a person suddenly becoming withdrawn or changes in their behaviour. Staff members said they would report concerns to the manager. Staff were aware of the registered provider's whistle blowing procedure. They told us concerns would be dealt with appropriately. One staff member said, "I am confident the manager would be straight on to it." Another staff member said, "They would look into it, they would deal with whistle blowing." All of the staff we spoke with said they had never needed to use the whistle blowing procedure during their employment with the registered provider.

The registered provider carried out a detailed risk assessment when people started using the service. This assessment considered the potential risks to people across a range of areas, such as general health, mental health, personal care, transfers and mobility, and domestic tasks. The risk assessment identified the level of risk to the person and how to manage these risks. For example, one person was assessed as at high risk due to difficulties with communication. The controls identified were for staff to observe the person's expressions and speak with 'a softly calm manner.'

People and family members told us they received their care from a reliable and consistent staff team. One person said, "We have the same girls so we have a routine worked out." They added, "Staff stay the full time, we never feel rushed. They have stayed over their time if something needs doing." Another person said staff were, "Pretty much reliable. If I needed them they would come out and help me. They wouldn't just leave me to wait for the next call." They went on to say, "They turn up on time, they have never really been late. If they are late they ring me first to let me know." Another person said, "Another thing I like about Choice Care is I have set carers for set days as far as possible." One family member said, "The majority of the time they are on time. If more than a few minutes late the service let me know. Communication is good."

Staff confirmed there were enough staff to meet people's needs in a timely manner. One staff member said, "There are enough staff, clients get care when it is planned." Another staff member said, "We do get enough time to get to the next one." One family member said, "[The service] is consistent with who is coming. If they are going to be more than a couple of minutes late staff will ring."

Requires improvement

Is the service safe?

Recruitment and selection procedures were followed to check new staff were suitable to care for vulnerable adults. We viewed the recruitment records for five staff. We found the provider had requested and received references, including one from their most recent employment. Disclosure and barring service (DBS) checks had been carried out before confirming staff appointments.

The registered provider had systems in place to ensure specialist equipment was safe for staff and people to use. Care records contained details of regular checks to confirm specialist equipment had been maintained.

Good

Is the service effective?

Our findings

People and family members told us they received their care from skilled and competent staff. One person said, "[The] staff definitely know what they are doing." They went on to tell us about how staff cared for their specific health care needs. One family member commented that staff received "regular training, including a dementia course."

Staff told us they were well supported to carry out their caring role. One staff member commented, "Very much so, I am very supported in all areas." They went on to say they had, "Appraisal, one to one with [manager's name]. I enjoy coming in for one to one. There is an open door policy." Another staff member said, "We have one to ones and supervision every month to see how we are working with the clients and ask questions on different aspects of care." Records we viewed confirmed staff had regular supervision and appraisal with their manager.

Appraisals were used as an opportunity to identify future training needs. Examples of training courses staff had completed included health and social care qualifications, dementia and mental health training. Staff confirmed the registered provider was supportive of them attending training courses. They said they received the training they needed. One staff member said, "[The registered provider] is supportive of training, my training is up to date." We viewed training records which showed training was up to date. This included moving and assisting, fire safety, first aid and medicines management.

People were asked for their consent before they received care. One person said, "[Staff] always ask me first." Another person commented, "One thing I will say about Choice Care is they always ask me, are you sure there is nothing else you need?" Another person said, "They [staff] can advise but at the end of the day it is my choice."

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had a good understanding of their role in supporting people to make decisions. Staff said they helped people to make decisions through supporting them to make choices. For example, one staff member said they would show people items of clothing to help them choose. We viewed the care plan for one person who found communication difficult. The care plan prompted staff to show the person objects so they could look at them to 'point out' their preferred one. The care plan went on to detail specific prompts for staff on what to say to the person to provide a consistent approach when supporting them.

Staff supported people to have enough to eat and drink. People had specific support plans describing the support they needed to have a healthy diet. For example, for some people this was for staff to be aware of people's preferences but to also suggest and offer healthy alternatives. For other people, staff were to encourage people to eat fresh fruit and vegetables.

People were supported to access healthcare when required. We saw from viewing people's care records that they had regular access to health care professionals, such as GPs and community nurses. We also saw staff had supported one person with mobility problems to access a specialist therapy service.

Good

Is the service caring?

Our findings

We received positive feedback from people using the service and their family members about the care people received. One person said, "I am perfectly happy with them." One family member described their relative's care as "very good" and "very caring." Another family member commented, "Excellent as far as I am concerned. They go far and beyond, do a lot for [my relative]." A third family member said, "Staff will bend over backwards to do what you want."

People were cared for by staff who knew them well. One person said, "We have had the girls so long now. They know certain things need to be done on a morning and certain things on a night." Another person commented, "[Staff] know my needs well." Another person said, "I have been with them a long time." Another person said, "They absolutely know my needs well. I had the same girl for a long time. They never send anybody in without having met first." Family members confirmed staff had a good understanding of their relative's needs. One family member commented, "They [staff] all know what [my relative] needs now. They know [my relative] well. They are lovely towards [my relative]." Another family member said, "They all know [my relative's] needs. There is a care plan if anyone new comes in."

One staff member said, "[New] staff are always introduced to people first, we never go in cold." People confirmed this happened. One person said, "If they want to bring someone [staff member] new, they come in with one of the girls first." Staff said, "[Support plans] include likes and dislikes, such as how they like their cuppa."

People described how they looked forward to their visits from the care staff. One person said, "We always have a little chat. She is friendly." Another person said, "She is spot on, she comes in and has a chat with me. [Staff member's name] is great. She has a similar sense of humour to me. I like it when it works like that."

People said they were supported to be in control of their care. One person said, "I am in control so I can choose to go anywhere." Another person said, "It's about what we want and need." Another person told us, "I tell them what to do." Family members said they were involved in decisions relating to their relative's care. One family member commented, "We feel in control. Differences of opinion are discussed. They are very receptive to views."

People were treated with dignity and respect. One person said, "They always take me into consideration, always involving me. They allow me the dignity of hanging onto one or two things. I am involved in choices. It is what keeps me going." Another person said, "We feel at ease with staff. We are treated with respect always." Another person told us, "I am on good terms with each and every one of them." Another person commented, "[Staff are] kind and caring. They have a good sense of humour but always do what they need to do and have a laugh at the same time." One family member said, "Everyone [staff] that goes to the house relates very well with [my relative]. Care plans gave specific guidance for staff to follow to promote people's dignity and respect. This included prompts for staff to close the curtains, cover people with a warm towel and for staff to talk to people at all times to explain what they were doing.

Staff had a good understanding of how to provide care in a respectful and dignified manner. They gave us practical examples of how they delivered care to achieve this. This included allowing people to do as much for themselves as possible, standing outside while people were using the toilet and keeping people covered up as much as possible.

Good

Is the service responsive?

Our findings

People told us the registered provider listened to them and responded to their wishes. One person said, "If there are any problems we ring the office and it is sorted. There were times when we needed earlier appointments for hospital and it was no problem. Sometimes we need very early care, this is dealt with without any problems." One family member said, "[Choice Care Services] was small enough to provide a person centred service and large enough to be flexible. They are very responsive in an emergency. The girls are proactive in suggesting changes." Another family member said, "If I need to alter a few things they do try their best to oblige."

People were assessed prior to the service starting to ensure registered provider was able to meet their needs. Care records contained a 'service user profile' providing background information about each person. This included details of their next of kin, emergency contacts and GPs. A more detailed assessment was carried out when the person started to receive a service from the registered provider. This included information about the person's care needs, including any spiritual or religious needs they had. Each person had a 'brief life history' recorded in their care records detailing where they were born, their preferred name, family details and their likes and dislikes.

The information gathered during the initial assessments was used to develop detailed, personalised care plans. These covered a range of identified needs, such as social, emotional, personal care, mobility and nutrition. Care plans described exactly how each person wanted to be supported including specific preferences they had. For example, one person preferred female carers only.

People and family members were involved in developing and reviewing care plans. One person said, "We are involved in the care plan and deciding what went in." Another person told us their care plan gets reviewed "every 12 months. I always know if anything needs to change so I can ring the office anytime." One family member said they were involved in developing [their relative's] care plan. They went on to say the care plan was, "Extremely detailed, we sign off on them. They don't put them in place until they are signed off. The care plan had been revised a number of times." We mostly received good feedback from people and family members about care plans.

One person told us staff supported them to go out and about in to the local community. They said they had been on numerous outings with staff. They went on to say they were supported with their weekly shop, having a coffee and a chat.

People and family members knew how to complain and told us they would feel comfortable raising concerns. The service user guide provided people with information about how to complain. One person said, "If we have problems we ring the office and we find them absolutely fantastic. We are aware of the complaints [procedure] but not needed to use it." Another person said, "If I was unhappy I would go to the supervisor or management staff. I have never needed to complain." Another person commented, "I cannot fault them at all." One family member said, "I wouldn't hesitate to raise concerns. I could ring or go to the office. It is never a problem." Another family member said, "I can't think of anything to complain about. I can't fault them." We viewed the complaints log. There had been three complaints and 21 compliments logged between January 2015 and the date of our inspection. One complaint had been resolved to the satisfaction if the complainant. The other two complaints were still under investigation.

Family members told us the registered provider worked with them and people using the service to resolve any issues. One family member said they had made a complaint in the past. They said the registered provider had been "very responsive." They added they were, "Happy with how it was resolved, it was dealt with." Another family member told us that they had some problems in the past. They said, "Choice care worked very hard to resolve them."

Requires improvement

Is the service well-led?

Our findings

The service had an established registered manager. They had been registered with the Care Quality Commission since 25 January 2011. People, family members and staff told us the registered manager was approachable. One person told us about a time when they had a problem. They said, "[The registered manager is] absolutely fine. We had a lot of problems. We met her every week until they were sorted." Another person said, "The managers are very nice." Another person said, "I get on well with everybody in the office. They are very approachable and if they can help they will help." One family member said, "If we want to talk to them they come straight out. We have a proper discussion and chat." One staff member commented, "Really approachable, I can go to them anytime."

Staff had opportunities to give their views through attending regular staff meetings. Minutes we viewed showed some of the meetings had been themed around particular topics to raise staff awareness of important information. For example, safe handling of medicines, safeguarding and hand hygiene or reminders about care practice expectations, such as the timely reporting of concerns to senior staff. Monthly newsletters were sent out to staff to share important information about the service. The registered provider also carried out consultation with staff. The feedback received following the last consultation in July 2015 was positive.

The registered provider had some systems in place to check people received good care. One person said, "The senior comes in to ask whether we are happy." The registered provider had a system of spot checks to check people received good care. A senior care worker said, "One senior has spot checks as a [specific] role." They went on to tell us if they identified any concerns a further spot check was carried out to check for improvements. For example, improving communication between people using the service and staff members.

Medicines audits were not done consistently or in a timely manner. We viewed the records of previously completed medicines audits. We found these had not been carried out between July 2015 and October 2015. This meant that there was a risk that issues relating to medicines management may not be identified and dealt with quickly enough.

The registered provider had recently developed a structured approach to quality assurance. This was not yet fully operational at the time of our inspection. As the process was in the early stages of implementation it was too early for us to assess the effectiveness of the procedure.

The registered provider carried out regular consultation with people using the service to check on the quality of their care. People and family members confirmed they received these questionnaires. One person said, "I tell the carer what to put." Another person said, "They send questionnaires out, I occasionally fill them in." One family member said the registered provider "welcomed feedback." We viewed the feedback from the most recent consultation. Nine questionnaires had been returned with most giving positive feedback. People were asked to rate the service on a scale from '1' (excellent) to '5' (poor). Eight out of nine people gave a score of '1' or '2' when asked whether they were happy with the registered provider's services. All nine people felt they got on with their care assistants and found their care assistants were on time. People and family members consistently told us they did not receive feedback from the registered provider following this consultation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems operated by the registered provider did not support the safe management of medicines. Regulation 12 (2) (g).