

Choices Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Choices Healthcare Limited is registered to provide personal care to older people, people with learning disabilities and/or mental health and physical care needs in their own homes. At the time of our inspection, Choices Healthcare Ltd was supporting 104 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Information relating to people's individual risks was not always recorded to provide guidance to staff on how to keep people safe. Suitable arrangements were not always in place to ensure the safe use of medicines. People were not always informed when staff were running late. The monitoring of missed and late calls was not robust. Lessons were not always learned to ensure that the quality and safety of the care improved. Required recruitment checks were not always complete to ensure staff were suitable to work with vulnerable people. People were protected by the prevention and control of infection.

Staff received some training but had not been trained to meet the specific needs of people in continence care, pressure care or diabetes management. Staff completed an induction and received supervision and spot checks of their practice. People were supported with their nutritional needs and received ongoing healthcare support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice, however people's capacity to make decisions in relation to medicines administration had not been assessed and recorded.

Though people using the service and their relatives said staff were caring and kind, our findings did not always suggest a consistently caring service. People were asked for their views on the service through reviews of their care and quality monitoring visits, however the action taken in response was not always documented to evidence improvement. People's privacy and dignity was maintained, and their independence encouraged.

The management of concerns and complaints was disorganised and did not always address the concerns raised. People using the service and those acting on their behalf were not always confident that their concerns would be listened to, taken seriously and acted upon. Some care plans contained contradictory or limited information on how to support the person, however staff knew people well. Staff received training in death, dying and bereavement.

Although audits were completed on the care provided, these were not always effective in demonstrating that improvements had been made. The registered manager had not notified the commission of events that

occurred within the service. Staff were positive about the registered manager and felt well supported.

We have made a recommendation the implementation of the Accessible Information Standard.

Rating at last inspection

The last rating for this service was Good (published 25 July 2017).

Why we inspected

This was a planned inspection.

Enforcement

We identified three breaches in relation to the managerial oversight of the service, staffing and the management of complaints.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme and to check that improvements have been made. If we receive any concerning information we may inspect sooner.

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 safe findings below

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our safe findings below.

Requires Improvement ●

Choices Healthcare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. There were 104 people receiving a service at the time of inspection.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 14 October 2019 and ended on 9 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff and the care co-ordinator, the deputy manager, registered manager and director. We visited three people to talk with them and observe the care they received. We received

feedback from three healthcare professionals. We reviewed a range of records which included six people's care records and medicines records. We looked at three 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.

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 good. At this inspection, this key question has deteriorated to 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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong; Using medicines safely

- Some risk assessments were in place but lacked guidance for staff to follow. For example, two people required a hoist for transfers. There was no guidance about how to attach the sling to the hoist, or how to support the person safely during the process. One person had diabetes and there was no information about the risks to the person of having diabetes and how to manage these to keep the person safe.
- Staff were aware of their responsibility to safeguard people from abuse, however, where safeguarding concerns and complaints had been raised, lessons were not always learned to ensure the quality and safety of the care improved. Since the last inspection, concerns had been raised by the local authority regarding the management of pressure care. Despite this, one person had recently developed a breakage in their skin and there was no risk assessment in place to provide information on the measures required to reduce the risk of the breakage getting worse such as ensuring regular fluids and regular repositioning. Staff had also not received training in this area.
- Staff members were provided with medicines training to ensure they were able to support people with their medicines; however, medicines were not always managed safely. Some medicine records had not been signed by staff to confirm if the person's medicines had been administered and two people did not have a medicines risk assessment or clear guidance for staff on how to administer the person's medicines.
- Key details such as the medicines people were taking, and any possible side effects were not included within the medicines risk assessment. The assessment did not provide any information on the risks or the actions staff should take. For example, if they made an error during medicine administration.
- Where people received medicines 'as and when required' and could be given a variable dose, there was no guidance provided on when to administer one tablet and when to administer two. This placed the person at risk of receiving too much or too little medicine.
- Audits of medicines were completed; however, these were not always effective in demonstrating people received their medicines as prescribed or in making improvements. In July 2019, 29 records were audited, and ten records had gaps with no explanation recorded. In August 2019, 34 charts were audited and 15 continued to have gaps with no explanation recorded. The medicine records for one person for August 2019 could not be located. It was not documented which people's charts had been checked to ensure all charts were audited to ensure medicines were being administered safely and there was no record of the reasons for the gaps or evidence improvements were being made.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate effective oversight and continuous improvement of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had held a meeting with staff and their competency was being assessed regarding the accurate recording of medicines administration to encourage improvement in this area.

Staffing and recruitment

- Some recruitment checks had been completed on new staff before they joined the service to check their suitability or competence to work with vulnerable people, however these were not always complete. Two staff members had gaps in their employment and there was no evidence these had been explored at interview. There was also no record of some of the interview questions or responses given to demonstrate these staff members were of good character, despite this being one of the staff member's first role in care. This was not in line with the organisation's selection and recruitment policy.
- Feedback from the local authority, from people and relatives spoken with and from concerns raised showed some people had received late and missed calls. One person said, "They [Choices] are not very good on times. Sometimes they stay for the time they should and sometimes they don't." One relative said, "More communication is needed when there is changes to visit times. Some staff will either arrive too late or too early which means [person] staying in bed too long or having to wait for a long period without having their continence pad checked."
- People were not always contacted if staff were running late. Two people told us their morning visit was over two hours late and no-one from the office had contacted them to let them know the reason or the time they could expect a carer to arrive. They had only been informed when they called the office to report no-one had turned up. This placed the health and wellbeing of the person at risk of developing pressure ulcers. The inspector contacted the service to raise their concern and made a safeguarding referral to the local authority.
- One professional said, "Choices missed lots of care calls mainly in August – at least three tea time calls. I tried to challenge them [Choices] and raised a safeguard, but I did not get a good response from them."
- The service used an automated checking system [CM2000] which enabled the local authority and the registered manager to know when a member of staff arrived and left a care visit. The local authority expects providers to be 90% compliant with this system to ensure visits can be effectively monitored, however Choices compliance at the time of inspection was less than 50%.

The registered manager told us the reason for this was some people were not on the phone, however records showed this was only four people. Despite the recent recruitment of a staff member to record and monitor calls, this had not resulted in improvements. There was not an effective system in place to monitor calls were on time or when visits were missed to enable the management team to act as required.

People did not always receive a consistent and reliable service from staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- People were protected by the prevention and control of infection and staff received training in infection control.
- Personal protective equipment such as gloves and aprons were available for staff to use as required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection, this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments of people's needs were mostly completed prior to them receiving a service, however two people had been discharged from hospital for re-enablement support and to improve their mobility, however there was no information about how to achieve this outcome. One person was to be encouraged to use a rotunda stand. There no mention of this equipment in the person's risk assessment or any information on how staff should support the person to use it within their care file.
- Despite the lack of information, staff knew people's needs well. One staff member said, "I know people very well. For example, one of the people on my round likes a very early morning call so they can have breakfast before the district nurse comes to do their insulin."

Staff support: induction, training, skills and experience

- Staff completed training in subjects including first aid and dementia care, however we received feedback that the training was not always effective. On relative said, "We don't always get the same staff and people with dementia need continuity and the same faces. The teatime and evening calls seem rushed and these staff don't talk to [relative]. People with dementia need to be told what is happening. I can't make the evening carers understand this."
- Formal training in subjects such as pressure care, diabetes, catheter and stoma care was not provided or recorded on the training matrix. The registered manager told us guidance and instruction was provided by senior staff members. One staff member had not been confident in changing a night bag and had required support from another staff member. This resulted in another staff member having to attend the visit and a delay to the care which would not have occurred if the staff member had been trained, confident and competent.

The registered manager reviewed the training and on the second office visit, training in continence care, pressure care and diabetes had been sourced for staff to complete.

- Staff completed an induction on joining the service included shadowing a more experienced member of staff to gain experience and knowledge of the people they would be supporting.
- Spot checks and observations were completed on staff practice. One staff member said, "I have had a lot of training and also have the care co-ordinator coming out to observe my practice and if I am doing something wrong, they tell me straight away."
- Staff received supervision where they could discuss their performance and felt the management team were supportive. One staff member said, "I have found Choices healthcare to be very easy to work for and

they are always very supportive. We get regular supervision and every time we pop into the office and speak to the manager they are always willing to listen to us and make changes if possible."

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 when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People were encouraged to make day to day decisions. Staff checked people gave consent before they provided any support.
- Staff understood the principles of the MCA. One staff member said, "MCA is to always presume everyone is capable and able to make a decision."
- Capacity assessments were in place for some decisions such as personal care, however capacity assessments were not in place for decisions such as taking medication.

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

- Where needed, staff supported people to eat and drink enough to keep a balanced diet.
- Staff had a good understanding of people's individual needs. One staff member said, "[Person] is at high risk of choking so all of their food has to be softened and we assist them with eating. They also have two scoops of thickener in their fluids." Staff recorded how well the person had eaten and the food they received.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, this was communicated to the management team and referrals made for additional support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Although people using the service and their relatives commented staff were kind and caring, our findings did not suggest a consistently caring service due to missed and late calls and ineffective complaints management as outlined within the safe and responsive sections of this report.
- People and their relatives were mostly complimentary about the care they received. Comments included, "I am happy with the care. I still haven't got a regular carer and I never know who is coming but the carers are kind and caring;" And, "I am quite happy with Choices. I am happy with the carers I get." However, one relative said, "[Person] is mentally sharp and needs stimulation but I don't feel [person] gets that. They also forget to put [person] hearing aid in."
- Staff received training in equality and diversity. People's protected characteristics such as age, disability, religion and ethnicity were detailed within their care plans.

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

- People were asked for their views on the service through reviews of their care and quality monitoring visits took place to check people were happy with the care they received. Some action points were recorded; however, records could be further developed to evidence when actions had been completed and improvements had been made.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was respected, and staff were patient when providing care.
- Feedback from one person stated, "Staff have adapted to my changing needs as I been getting more confident again from my fall and they are prompting me and encouraging me to be more independent."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Most people had a care plan outlining the care they required, however some care plans contained contradictory information or limited information on how to support the person. For example, one care plan stated the person could feed themselves, however elsewhere in the plan it stated staff were to support the person to eat. One staff member said, "I have enough information to do the job. If the care plan is up to date, then it tells you what you need to know but sometimes people have preferences which aren't written in the care plan."
- When people's needs changed, this had not always been updated in the care plan. One person's mobility had recently deteriorated, and they were now using a hoist, however this information had not been updated on the manual handling assessment.
- People's oral healthcare needs were covered briefly in their care plans; however, these could be more detailed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was not aware of the AIS. Although there was some evidence to demonstrate information was provided in line with this standard, this was inconsistent and required further development. Where it had been highlighted that one person would like staff to talk loudly and clearly, call out on arrival and speak clearly so they knew who the staff member was, this was not recorded in the care plan. One person had commented that their eyes were not good and apologised for any mistakes in the survey they completed. The registered manager had not recognised this as a need and the survey was not available in larger print.

We recommend the service consults guidance to ensure people's needs are met in line with the AIS.

Improving care quality in response to complaints or concerns

- People using the service and those acting on their behalf could not be confident their concerns would be listened to, taken seriously and acted upon. One relative said, "I requested a copy of the complaints procedure but never received it. I have not heard anything from Choices about my concerns." Another relative said, "I have tried to raise concerns, but it doesn't seem to do much. It's easier for me to stay there while they do the care. I don't get any feedback when I raise concerns. They don't phone or come and see

me to explain."

- The complaints system required further development. Some responses to the complaints made were not logged or available and the responses that were given to those who complained did not always address the issues.
- Where concerns were received, these were not all logged in the same place. For example, safeguarding concerns, formal complaints, informal complaints and missed or late calls were all logged in different ways. This made it difficult to track complaints and to effectively monitor for any themes or trends and ensure the service continuously improved.
- We received feedback that investigations and action taken following complaints made about Choices had to be repeatedly chased by the local authority.

Complaints were not always managed effectively. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- Staff received training in death, dying and bereavement.
- At the time of the inspection, the service was not providing care to anyone who was at the end of their life. Should this be required, the service would work with other healthcare professionals to ensure a dignified and pain-free death that is as comfortable as possible.
- People's end of life care plans required development as people's wishes were not always documented.

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 good. At this inspection, this key question has now deteriorated to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was not always well-managed and not all people using the service received consistent positive outcomes as covered within this report.
- Although some auditing processes were in place to check the quality of the service, these had not been effective in demonstrating the service continually improved. Where concerns had been identified, action plans did not always identify who was responsible for completing the actions or timeframes within which the actions should be completed so these could be monitored. Where one audit had highlighted some people had no care plans, there was no evidence this had been addressed and these were now in place. The registered manager told us they knew what they needed to do, however it could not be demonstrated improvements were being made.
- Systems required improvement to ensure information could be easily located. Some records and information were not easily accessible including responses to complaints and medicines records.
- The service did not effectively monitor safeguarding concerns for themes and trends to ensure reflective practice. Where safeguarding concerns were raised, there was no information as to what the concerns were, or what action was taken to prevent any re-occurrence and positive outcomes for the people being supported. The registered manager told us this was a, "Work in progress."
- There was a lack of oversight to ensure that notifications were made to the commission. The registered manager had not notified the commission of events that occurred. Notifications are required by law to ensure the commission can monitor the service and ensure people are receiving safe care.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate effective oversight and continuous improvement of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager did not always meet their responsibility under duty of candour. Responses to concerns and complaints did not always contain an apology and a written record of the complaint and the response was not always available.

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

- Surveys were sent out to people to gather views on the service provided. Where actions were identified, there was no evidence these actions had been addressed. The questions on the next survey sent out were different, so it was not possible to monitor if improvements had been made. There was no system in place to communicate to people and their relatives how feedback received about the service led to improvements being made.
- The staff team were positive about the support they received from the registered manager. One staff member said, "I have found the company to be very supportive and always there for us." Another staff member said, "We get regular supervision and every time we pop into the office and speak to the registered manager, they are always willing to listen to us and make changes if possible."
- Compliments about the service included, "I cannot put into words how lovely the carers are and they have never once grumbled about anything. It has been a privilege having them in my home," And, "I just wanted to express my appreciation for all your support and understanding through a very challenging time. Someone you trust and believe has your best interests at heart is invaluable when you are reliant on them."
- Team meetings and senior management meetings were held to discuss any concerns and to provide updates to the staff team.

Working in partnership with others

- The service worked with others, for example, the district nurses, GPs and the local safeguarding team to support care provision.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints Systems were not effective in ensuring that people's complaints were managed effectively. 16(2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to demonstrate effective oversight and continuous improvement of the service. Some risks to the health and safety of people using the service had not been assessed or recorded. 17(2)(a)(b)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People did not always receive a consistent and reliable service from staff. 18(1)