

Mrs Elizabeth Jane Horne

# WrightChoiceCare

## Inspection report

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Date of inspection visit:  
03 June 2016

Date of publication:  
28 July 2016

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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?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

At the last inspection on 7 January 2016, the service was in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 Safe Care and Treatment, Regulation 19 Fit and Proper Persons employed, Regulation 11 Consent, Regulation 18 (2) Staffing, and Regulation 17 Good Governance. The service was rated inadequate and placed in special measures.

This inspection took place on 3 June 2016 and was announced.

WrightChoiceCare provides care and support to people living in their own home. The registered provider supports people with a range and variety of complex needs. They provide support to children and younger people with physical disabilities and / or learning disabilities and autism. They also offer support to older people some of whom live with dementia. The service is a family run business; the registered provider manages the service. They employ an assessment officer and a staff coordinator who form part of the management team. The management team also deliver care and support. The service operates in Wistow and the surrounding villages.

During this inspection we found the provider was no longer in breach of the previously identified regulations and had made improvements to the service and the care people received.

The service does not have a registered manager. This is because the service is run by a sole provider who is in day to day control of the service and therefore, it is not a legal requirement to appoint a separate registered manager.

Risks to people were identified and risk management plans were put in place to mitigate the risks and reduce the risk of avoidable harm. People, relatives and relevant professionals were, where required, involved in the development of these.

Medicines were now safely managed, staff had received up to date medicines training and underwent various competency checks before they administered people's medicines.

Recruitment processes were safe. Reference checks had been sought and provided for all members of staff.

Staff training had been provided and the registered provider had carried out competency checks to ensure staff had the skills and knowledge required to deliver safe and effective care.

The service was following the principles of the Mental Capacity Act (2005) and we were given examples of how staff sought consent on a routine basis. Training and support had been provided to staff. Staff now understood the legislation and how this applied to people who used the service.

Arrangements for quality assurance and leadership within the service had improved.

People told us the service was flexible and responsive. People told us the fact that it was a family run business made a difference to them and they felt valued by staff and the management of the service. The service is located within a small community and we saw some individual touches such as visiting people in hospital, supporting people to interact with their local community and looking after people's animals which are positive aspects of local care.

Care was provided by a consistent team of care staff who people knew and trusted. People received a copy of their staff rota and so knew who would be visiting them in advance.

People told us they were supported to enjoy nutritious meals. The service referred people to health care professionals as required and worked with them to ensure people's needs were met.

Staff described a supportive culture and they said staff morale was good.

People and their relatives, where appropriate, were involved in the development and review of their care plan. People told us they could speak with the registered provider or member of staff if they wanted any aspect of their care to change and this was accommodated. People knew how to make a complaint; however, they told us they had not needed to.

The registered provider had ensured the management team had time away from delivering hands on care to ensure the service was well-led. They had developed quality assurance systems to audit the care provided to people. Record keeping was robust.

Whilst we have seen significant progress we need to see consistent good practice over time, therefore we will continue to monitor the service and return to monitor the improvement and review these areas again at the next inspection.

## 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 yet to demonstrate that it was consistently safe over time.

Previously identified breaches in regulation are now met so this domain is no longer rated as inadequate. However, in order for this domain to be rated as good we need to see consistent good practice over time, therefore we will return and review these areas again at the next inspection.

Risks to people were identified and risk management plans had been developed to reduce avoidable harm. Medicines were safely managed.

The service had sufficient staff to meet people's needs and people told us they had a stable, core team of staff who they knew and trusted. There were effective on call arrangements in place.

**Requires Improvement** ●

### Is the service effective?

The service was yet to demonstrate that it was consistently effective over time.

Previously identified breaches in regulation are now met so this domain is no longer rated as inadequate. However, in order for this domain to be rated as good we need to see consistent good practice over time, therefore we will return and review these areas again at the next inspection.

Staff had access to a range of training and had regular supervision. Staff told us they felt well-supported.

Staff and the management team adhered to the principles of the Mental Capacity Act 2005. Staff obtained people's consent before they delivered care.

The service linked with health care professionals to ensure additional support was provided if required

**Requires Improvement** ●

### Is the service caring?

Good ●

The service was caring.

People told us they were well-cared for. All of the feedback we received about people's experience of care was positive.

Staff ensured people's dignity and privacy was respected and the registered provider ensured people met their support staff before care commenced.

Care staff were enthusiastic about their roles and people described trusting relationships with them.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were developed in conjunction with the person. They were detailed and provided clear direction for staff.

Reviews of care were meaningful and people's views on their experience of the service were sought.

The service had a complaints policy which was accessible to people and their relatives.

### Is the service well-led?

Requires Improvement ●

The service was yet to demonstrate that it was consistently well-led over time.

Previously identified breaches in regulation are now met so this domain is no longer rated as inadequate. However, in order for this domain to be rated as good we need to see consistent good practice over time, therefore we will return and review these areas again at the next inspection.

Quality assurance systems had improved. However, some audits were at an early stage of development so their impact on maintaining and improving the quality of the service was yet to be demonstrated.

Record keeping was more robust.

Staff morale was good and people described a supportive culture.

Policies and procedures had been updated and provided staff with good practice guidance.

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# WrightChoiceCare

## **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 registered 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 was announced and took place on 3 June 2016. We gave the provider 48 hours' notice because the service provides care to people in their own homes and we needed to know someone would be available at the office to meet with us.

Before the inspection we reviewed all of the information we held about the service. We contacted the local authority commissioning team.

We reviewed all of the notifications we had received from the service since our last inspection. Notifications are incidents the provider has a legal duty to inform CQC about.

The inspection was carried out by one inspector.

We spoke with seven people who used the service and three relatives.

During the inspection, we spoke with the registered provider, staff co-ordinator and three members of staff. We looked at three people's care plans. We reviewed medicine administration records for four people. We looked at six staff files. We also looked at records associated with the running of a care service such as audits and management records.

We also spoke with a community nurse to gather their feedback about the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "Of course I am safe, I wouldn't have them [care staff] in my home if I didn't feel safe with them." Another person told us, "We are always introduced to the care staff before they start coming in so you know who they are. They [care staff] go out of their way to make me feel safe."

At the last inspection on 7 January 2016, the service did not have adequate risk assessments and risk management plans in place which meant people were at risk of receiving unsafe care and treatment. In addition to this, medicines were not managed safely. We saw missing signatures on medication administration records and we could not be sure people had received their medicines in line with the prescribing instructions. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found risk assessments and risk management plans had improved. Risk assessments and risk management plans had been re-written. Where appropriate these had been developed with the person's relatives and other professionals involved in their care. This ensured a full picture of the risk was identified and a clear strategy was in place for staff to follow.

The management of medicines had improved. New medication administration records (MARs) had been designed and implemented, which were easy to follow. We reviewed four people's MARs and found they had been completed correctly. One person was prescribed a pain relief patch and the provider had completed a body map and detailed guidance for staff about the prescribing instructions. We saw there was a clear record of when this had been changed and this was in line with the prescribing instructions. Since our last inspection, the staff co-ordinator had started to audit MARs on a monthly basis. This meant if any errors were identified they could be rectified in a timely manner. The medication policy had been updated following our last inspection. Staff had received medicines training and this had been followed up by competency checks which were recorded within staff files. This demonstrated the provider recognised the need to ensure staff had the skills required to safely administer medicines.

We concluded the service was now meeting this regulation.

At the last inspection on 7 January 2016, the service did not have safe systems in place for staff recruitment. The registered provider had not ensured all staff had reference checks in place prior to supporting people. This was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we saw references had been provided for all members of staff. These had been sought retrospectively for existing staff. The registered provider had a clear system in place to ensure new staff did not start work until two satisfactory references were received, with one of these being from the person's most recent employer. This meant that people who used the service could be assured the registered provider had taken reasonable steps to ensure the staff they had recruited were suitable for their role. The

registered provider had sought Disclosure and Barring Service (DBS) checks before staff started work. The DBS checks assist employers in making safer recruitment decisions by checking prospective members of staff are not barred from working with certain groups of people. We concluded the service was now meeting this regulation.

Since our last inspection, the registered provider had made two safeguarding alerts. This was at the request of the inspector following the previously identified concerns related to people receiving their medicines safely. The local authority had been satisfied with the steps the registered provider had taken to rectify these issues.

Staff had completed on-line safeguarding training and some staff had booked onto a taught course which was offered by North Yorkshire County Council. When we spoke with staff they were able to identify types of abuse and told us if they did have any concerns about people they would contact one of the management team and were confident this would be dealt with. The service had a safeguarding and whistleblowing policy which provided staff with guidance about how to raise concerns. This meant the registered provider ensured staff had received training and guidance to support them to keep people safe from avoidable harm.

At the last inspection on 7 January 2016, a member of staff expressed concerns about the on-call arrangements. The registered provider explained they had bought a mobile phone which was the dedicated 'on-call' number and that people, relatives and staff had access to this. None of the people or staff we spoke with at this inspection had any concerns about being able to get hold of the service in an emergency. One member of staff said, "There is always someone available anytime if we need advice or help."

People we spoke with told us they always received a rota in good time so they knew which care staff would be coming into their home. In addition to this, people and their relatives told us that because of the small size of the organisation, they had a consistent team of care staff who they knew and trusted. People told us care staff were punctual and if they were ever running late they received a telephone call to let them know. This meant the registered provider ensured people were kept informed about who would be visiting them to provide their care.

In order for a domain to be rated as good we need to see consistent good practice over time, therefore we will continue to monitor the service and return to review these areas again at the next inspection.

## Is the service effective?

### Our findings

People told us they received effective care and support. One person said, "The care staff understand the support I need and work with me to ensure this is provided." One relative said, "Things have improved for us, communication is better and all of the staff have completed the training they need to be able to support [Name]. I feel much more confident in the team of staff who are providing support."

At the last inspection on 7 January 2016, we found there were a lack of formal systems in place to ensure staff received up to date training and regular supervision. Although staff told us they had received 'on the job training', we did not see evidence that staff competency had been assessed. Supervision and training should be in place to ensure staff have the skills and knowledge to deliver effective care to the people. This was a breach of Regulation 18 (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we saw the registered provider had made significant improvements in supporting their staff team via training and supervision. Staff had completed a variety of on-line training which included key subjects such as; medicines, infection control, moving and handling, Dementia, Autism and the Mental Capacity Act 2005. The staff co-ordinator had developed a training matrix which ensured they could keep a track of when staff training was due.

Staff told us they received the support they required to deliver effective care. One member of staff said, "I have had a lot of support from the management team. I was introduced to all the people I would be supporting. I have completed on-line training and they've observed my practice and are always available if I need any help or advice."

In addition to mandatory training, one member of staff told us the registered provider was supporting them to complete their National Vocational Qualification (NVQ) level three in Health and Social Care. A member of staff said, "I've completed all of the standard training and can go on additional training if I want."

At this inspection, we saw records of staff competency checks. This meant that following on-line training, the management team ensured staff were competent to carry out their roles. For example, care staff had received on-line medicines training. Following this, care staff were observed administering medicines by a member of the management team and this was recorded within staff files. Once deemed competent, staff were able to administer people's medicines independently.

In addition to this, staff had spot checks and supervised visits. These followed a set template and checked a variety of areas which included staff respecting people's rights and wishes, whether they were polite and considerate and whether they were wearing the correct uniform. These checks were recorded within each member of care staff's file. This meant that the registered provider ensured staff were able to apply the training they had received and delivered support in a caring and effective way.

Staff had access to regular supervision. Supervision is an opportunity for staff to discuss any training and development needs, any concerns they have about the people they support, and for their manager to give

feedback on their practice. The registered provider had not provided the assessment officer or the staff co-ordinator with the opportunity to have formal supervision, although we were told that informal supervision occurred on a regular basis. The registered provider agreed to ensure this was provided on a more formal basis.

We concluded the service was now meeting this regulation.

At the time of our inspection, the staff co-ordinator had sent out appraisal documents for staff to consider. Staff appraisal had not been completed, however we saw evidence these were booked to take place.

At the time of our last inspection on 7 January 2016, we found staff had not received training on the Mental Capacity Act 2005 and were not consistently applying the principles of this legislation. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

At this inspection, we saw the registered provider had taken steps to ensure staff were working within the principles of the Act. We saw evidence people had signed to give their consent to care within the care plans we reviewed. Care staff sought consent from people before delivering care. A relative told us, "Sometimes he refuses care. The staff are really good, they'll try later or will leave me a note if, for example, he wouldn't have a shave." This demonstrated staff understood the need to seek consent from people before delivering care and respected people's decision to refuse care. All staff had completed MCA training.

We concluded the service was now meeting this regulation.

People told us care staff provided them with support to maintain a nutritious diet. One person explained they had put on half a stone, following a recent hospital admission, and they were happy with the support care staff were providing to help them gain some weight. They told us, "The carers make me my breakfast and tea and on a Friday they bring me fish and chips from the shop nearby. The dietician is happy with the progress I've made."

A community nurse we spoke with said, "Communication is good. If the care staff are worried about anything, they will leave us a note. They had shared concerns about a person's weight loss and skin condition so we know if they are worried about someone they will raise this with us."

While we are satisfied that a previously identified breach in regulation is now met, there are some areas where further improvement is needed or planned changes have not yet been completed. Also, in order for a domain to be rated as good we need to see consistent good practice over time, therefore we will continue to monitor the service and return to review these areas again at the next inspection.

## Is the service caring?

### Our findings

All of the people we spoke with were positive about their experience of the care provided by the service. One person said, "They're [care staff] brilliant, they go out of their way to do things for me. I've had other care agencies in the past and they [WrightChoiceCare] are the best I've ever had." Another person said, "It's the first time I've had to have carers. They're very good, very nice. I couldn't meet anyone nicer." A relative said, "[Name] speaks warmly of the care staff who come in, that means a lot."

The registered provider or another member of the management team ensured all new staff were introduced to people before their support started. This ensured people knew who would be supporting them. People and relatives we spoke with confirmed this was routine practice. One person said, "Staff were introduced to me before they started, so I knew who was coming. I find all of the carers have been friendly."

People we spoke with told us how important it was that the service was a small, family run organisation. They described feeling the service was 'personal' and of feeling 'part of a family.' One person said, "I feel part of a family, nothing is too much trouble. I can call them and they are here. Because it's a family business you get to know them [management team] well. Even though it has expanded, I still feel like I'm getting a personal service and attention. I know it's a business but they genuinely care." A relative said, "We chose them because they are a small family business, they come in and spend time with [Name] it's so important to her to have that social contact. They're her lifeline really and go above and beyond."

People told us care staff respected their dignity and privacy. One person said, "The carer's make sure it's private when I'm getting washed and dressed. They pull the curtains on and make sure the door is closed."

All of the care staff we spoke with were enthusiastic about their roles. Staff said they would be happy for their relative to be supported by this service, if they needed this type of care. One member of staff said to us, "I really enjoy working here. People are happy and get really good support; we work hard to make sure people get support which is personal to them." Another member of staff said, "The company has a good ethos, they look for empathic staff and we always make sure people receive a high standard of care."

One person told us care staff supported them to be involved in their local community. They said, "Three of the care staff who support me live in the same village, they encourage me to take part in community events and keep me connected with what is happening. They support me to be a parent and to be involved in activities at school." They said the care staff provided, "emotional as well as physical support" and described them as, "brilliant."

The registered provider offered flexible support which took into account the wider needs of the individual and what was important to them. For example, one person had gone for a short stay in a care home whilst their family were on holiday. The registered provider had agreed for the person's dog to move in with them until they came home.

## Is the service responsive?

### Our findings

People received care which was responsive to their needs. People we spoke with told us they had been involved in planning and reviewing their care and we were told by relatives they were also involved, where appropriate. One person told us the registered provider had visited them whilst they were in hospital to make sure they could continue to support them when they returned home. They said, "[Owner's name] and the carers came to see me in hospital; they understood the support I needed to get back home. They met with my daughter as well and we all talked about what I needed from the carers." A relative told us, "Mum's care plan was developed with us based on her needs."

Assessments of people's needs were completed before the support was arranged. This meant the registered provider considered whether they were able to meet people's needs and they then tried to match people with support staff.

Since our last inspection on 7 January 2016, we saw care plans had been updated. They contained more detailed guidance for staff about the care people required along with information about people's likes and dislikes. The registered provider had completed 'pen portraits' with people. These documents provided staff with information about what was important to each person. For example one read, '[Name] likes to know what is going on and is very sociable. [Name] likes to talk to carers about day to day topics.'

A relative told us the service was good at updating them about any changes and always shared concerns. They said, "The care staff and [owner] have always been really good at sharing concerns, they'll either ring me or leave me a note, even if it is just that he's not his usual self."

People's care and support was reviewed by the registered provider on a regular basis. Since the last inspection on 7 January 2016, a review template had been introduced. This document asked people to give their views on whether the care provided was meeting their needs and whether there had been any changes to their support needs. In addition to this, it asked people to comment on whether the care staff respected their confidentiality and the appearance and time-keeping of care staff. This meant people were offered the opportunity to give feedback on the practical elements of their care as well as their experience of support staff.

One person told us their review took place over a week, and staff worked with them to identify times when they were feeling more able to contribute to the process. They explained how important this was because it meant they could be actively involved in the review and development of their care plan. One person said, "We go through my care plan together and review how things are going. I'm happy with the care I receive and I wouldn't want to go anywhere else."

The service had an up to date complaints policy which was provided to people when they first started to use the service. The service had not received any complaints since our last inspection.

People told us they knew how to complain but everyone we spoke with had said they had not needed to. In

addition to this, the registered provider told us they and the management team visited people in their homes, to deliver care, on a regular basis and would check with people how they were getting along and whether they had any concerns.

One person said, "I have no complaints, but if I was worried about anything I'd ring [name of registered provider] and I know they'd sort it." A relative we spoke with said, "I've not had any major concerns. I had spoken to [assessment officer] about a few things and these were resolved. In fact they were dealt with, with great discretion." Another relative said, "I'm confident [Name] would tell me if there were any concerns or go directly to the owner, we've never had to do that but I'm sure any issues would be resolved quickly." This demonstrated people and their relatives were confident the registered provider would act appropriately to investigate and resolve any concerns or complaints. The registered provider had received a number of compliments and thank you cards from people and their relatives.

## Is the service well-led?

### Our findings

At the last inspection on 7 January 2016, we found the management team were providing 50 hours per week of hands-on care. This meant there was limited time to ensure the service was well-led. We found there was a lack of quality monitoring which meant we could not be assured people received the care they needed. In addition to this, record keeping was poor and key discussions with health and social care professionals were not recorded. The lack of management oversight of staff training meant that, despite having a small team, they had not ensured their staff were kept up to date and could not be assured they delivered care based on good practice guidance. The lack of recorded competency checks meant 'on the job' training which had been provided had not been validated. This left people at risk of receiving unsafe care. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the registered provider explained they had employed additional care staff to ensure the management team could reduce the hours of 'hands on care' they provided. The registered provider had taken on more of the management tasks required within the service, with the support of the staff co-ordinator. The registered provider explained, following the last inspection, they went through the report and identified shortfalls. This information was then used to develop an action plan and there was a record of priorities for improvement with details of action taken. This meant the management team could focus on delivering the required improvements and ensuring the service was well-led.

At our last inspection on 7 January 2016, the registered provider had recently introduced an electronic system called 'Care Planner'. However, this was not being utilised fully as the management team were still developing their knowledge of system. At this inspection, we found this was now being used as a system to record and monitor people's care. There were clear records of discussions with health and social care professionals which meant people's changing needs were recorded and responded to. The system enabled the registered provider to send messages to staff including routine updates and more urgent information about changes to individual's circumstances. Staff had access to this system, via their mobile phones, and could also send messages back to the registered provider. This meant there were more robust systems in place for the transfer of information and improved communication.

At our last inspection on 7 January 2016, the registered provider explained they did not complete any formal quality assurance checks. This meant there were no systems in place to identify problems or rectify them. At this inspection, we found the registered provider had set up a variety of audit tools to assess the quality of the service provided. Medicines were now audited monthly. This included checking people's medication administration records (MARs) to ensure they had been completed correctly and without any gaps. The registered provider had developed a 'self-audit' which linked through to the fundamental standards. The fundamental standards are the standards below which care must never fall. However, these systems were at an early stage. Their ongoing impact on maintaining safety and quality needs to be monitored over time.

The registered provider explained they used the 'Care Planner' to audit individual care plans. The assessment officer would complete them on the electronic system and they would then be 'signed off' by the registered provider. This meant new, or updated assessments, were checked to ensure their accuracy.

The registered provider completed staff competency checks. They ensured staff had up to date training and this was now being monitored via a training matrix. This meant the registered provider had systems in place to ensure staff had the skills required to provide good care.

We concluded the service was now meeting this regulation.

Following the last inspection, the provider had completed a customer satisfaction survey. People were asked a variety of questions which included; How would you rate your care and what things would you like to change? Sixteen surveys had been returned and all of the feedback recorded was positive. One person had written, "I would recommend WrightChoiceCare to anyone needing care within their home." Another read, "I find the care I receive is first class, nothing is too much trouble for the staff or the company." The registered provider explained they intended to complete the customer satisfaction survey annually.

One member of staff described the service as being well-led. They told us, "I'm very impressed with how the organisation is run. Everything I was told would happen before I started has done. We are introduced to each person before we start delivering care. [Registered provider] has been very supportive."

A staff manual had been developed which contained updated policies and procedures for staff. These were based on up to date legislation and good practice guidance. The provider ensured staff had worked through the policies and we saw evidence staff had signed to say they had read and understood them. This meant the provider had ensured staff had access to up to date good practice guidance to support them to deliver good care.

The assessment officer had enrolled on a National Vocational Qualification (NVQ) level five in health and social care. This showed a commitment by the registered provider to supporting staff to develop their knowledge and to keep up to date with good practice developments.

While we are satisfied that a previously identified breach in regulation is now met, there are some areas where further improvement is needed. Also, in order for a domain to be rated as good we need to see consistent good practice over time, therefore we will continue to monitor the service and return to review these areas again at the next inspection.