

Choices Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 2 March 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed.

We also wanted the registered manager to ask people who use the service if we could contact them. The service is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to 19 people who were living in their own homes.

There was a registered manager who was present during our inspection. 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.

People were supported by staff who had received training in how to recognise signs of abuse. Staff were aware of their responsibilities with regard to reporting any concerns and maintaining people's safety. Risks to people were assessed and updated on and the provider had systems in place to make sure staff had access to the most up to date information regarding people's needs.

For those people who were supported to take their medication, systems were in place to ensure this was done safely. Systems were in place to ensure people were supported by sufficient numbers of staff who had been recruited safely. Staff felt well supported in their role and benefitted from an induction that equipped them for their role.

Staff received regular training and specific training was sourced to ensure staff were equipped to meet people's particular health care needs. People had warm and caring relationships with the staff who supported them and described them as kind and caring. People were treated with dignity and respect, were involved in the planning of their care. People's care needs were regularly assessed and reviewed. People felt listened to and their views were sought on the quality of the care they received.

There was a system in place for investigation and recording complaints. People were confident that if they did raise concerns, they would be dealt with appropriately. People were complimentary about the registered manager and considered the service to be well led. Staff felt supported in their role and listened to. Audits were in place to assess the quality of the care and support people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm by staff who had been trained and understood safeguarding.

People's risks associated with their care had been assessed and were reviewed regularly.

Staff were recruited safely.

Is the service effective?

Good ●

The service was effective.

People were supported by trained staff.

People benefited from staff who felt supported and received an induction and supervision.

Staff understood issues around gaining consent.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

Peoples' independence was encouraged and promoted.

People felt respected and that their dignity and privacy was maintained.

Is the service responsive?

Good ●

The service was responsive.

People had been involved in planning their care and support.

Peoples wishes and preferences had been taken into consideration.

People had access to an effective complaints system.

Is the service well-led?

Good ●

The service was well led.

People considered the service to be well led.

The service had a positive culture and good internal communications.

A quality assurance process was in place that was in the process of being improved.

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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 2 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection the provider was asked to complete a provider information return (PIR). This is a form that asks the provider 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 made the judgements in this report.

We reviewed information we held about the provider, including any notifications about incidents and accidents, safeguarding matters or deaths. We asked the local authority their views about the service provided, as well as contacting Healthwatch for any information they might hold. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with five people who used the service, the registered manager, staff within the office and the provider. We also spoke with three members of care staff. We reviewed a range of documents and records, including the care records of four people using the service, two medication administration records, two staff files, training records, accident and incident records, complaints, compliments and quality audits.

Is the service safe?

Our findings

People were protected by staff who were aware of their roles and responsibilities with regard to keeping people safe from harm. One person said, "[I feel safe] because the [care staff] do everything that can be done to make me feel safe." Staff told us they had received training in how to safeguard people from abuse and were able to describe to us the signs and behaviours people may display if they were suffering from abuse. A member of staff told us, "I know people are safe with us." We found that the registered manager had a clear understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures.

People were encouraged to have as full a life as possible, while remaining safe. We saw that the registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment which may have posed a risk to staff or people using the service. When necessary, measures were put in place to minimise any danger to people. For example one person had been diagnosed with diabetes and so staff had been made aware of the particular support needs of the person as well as their preferences. Staff spoke with confidence about how to support people safely and in line with their care plans. All the risk assessments we looked at were reviewed regularly. We noted that risks to people were reassessed as their needs changed.

People were supported by a service that had systems in place in case of emergencies or serious concerns. People told us that in the event of an emergency, there was always someone to contact from the service. One person said, "If we have needed them they have come out to us." Staff were aware of the processes to follow in case of emergencies, and told us they had access to an on call manager at all times. A member of staff told us, "I am confident to do my job. We have the office and emergency at call number at all time, when you ring there's always someone there." We saw that the office had sufficient staffing to ensure calls were taken from carers, people and their relatives in a timely manner.

We saw there was a system in place for the reporting of accidents and incidents, although no accidents had been reported since the service began to support people. We noted that only smaller incidents had happened within the service, and we saw that these had been dealt with appropriately and in a timely manner by the registered manager. We spoke with the registered manager who told us how they tracked incidents for each person as they happened to make sure that any actions were carried out. They told us that they did not analyse these incidents for trends or patterns to see if incidents could be reduced, but planned to do this in the future.

People were supported by sufficient numbers of staff who knew how to keep them safe and were aware of the risks to them on a daily basis. People told us they had not experienced any missed calls and that staff were always available to support them. One person told us that although staff were sometimes late it was not a problem, "They can be a few minutes late sometimes due to bus times." We saw that the service had an electronic system of monitoring what time staff arrived and departed from each person's home. This made sure that people were not kept waiting for unreasonable periods of time and that staff stayed for the full duration of the time each person was assessed as needing. The registered manager told us they

reviewed these records to confirm this. People were supported by sufficient staff because any staff absences were covered by existing staff. Staff spoken with confirmed this.

People were supported by staff who were safely recruited. We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. Staff spoken with confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they had started work with the service, and we also saw evidence of this on the records we looked at.

People received their medicines safely. Staff said they supported people to have their medicines from monitored dosage systems (blister packs) to minimise the risk of errors. The blister packs were delivered to people's homes directly from the community pharmacy, and were ordered by people's families. At the time of our inspection no one was taking 'as required' or PRN medication, but the registered manager was aware of the process to follow if this was needed in the future. We saw that the service had a comprehensive administering medication policy. Records showed that all staff had received training in administering medication and had checks by the registered manager to ensure they were competent to administer them. Staff told us that any errors in administering medication were phoned into the office immediately for advice and guidance. We saw that people's medication records (MAR Charts) had been completed accurately. We saw that these records were regularly reviewed.

Is the service effective?

Our findings

People we spoke with were complimentary about the staff who supported them and told us they thought they did a good job. One person told us, "They are the best." and another said, "They are nice people."

People received care from staff who had been through a comprehensive induction. Staff told us they benefitted from an induction that equipped them with the skills required to meet people's needs. The registered manager confirmed that the registered provider had introduced the nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. Staff told us their induction gave them the skills and knowledge they needed to know about the people they supported, and gave them the opportunity to familiarise themselves with the provider's procedures. The induction included a number of opportunities to shadow more experienced staff. One staff member said, "I did shadowing...I've never turned up cold, I've always been briefed and read the care plan. The manager makes sure we know what to do."

People were supported by staff who felt well supported in their role. Staff told us they felt well supported by the registered manager and all the staff we spoke with said they received regular supervision. We saw that the registered manager had a staff supervision matrix that made sure staff received regular support. A member of staff told us, "It's lovely here, it's good, the managers are good and they help you a lot."

People had carers who had been trained for their role. Staff told us they benefitted from training that provided them with the skills to do their job effectively. Where specialist training was required to support people, this was put in place. One member of staff told us, "There is loads and loads of training." Another staff member said, "I can re-do any training if I want to." We saw that there was a training matrix in place which enabled the registered manager to track staff training and ensure it was up to date and relevant to meet the needs of the people staff supported.

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 so that they can receive care and treatment when this is in their best interests and legal authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty [DoLS] were being met.

Staff told us they had received training on this subject demonstrated an understanding of mental capacity and consent. However we found that the registered manager had a limited understanding of the principles of the MCA. For example one person was considered to not have capacity to understand their care and support and we saw that the person's relative was very involved with their care planning and gave consent

to their care. The relative did not have the legal authority to do this. The registered manager did not know this was needed and had not undertaken any capacity assessments or held best interest meetings to work within the principles of the MCA.

People were supported by staff who obtained their consent prior to supporting them and people spoken with confirmed this. One person told us, "[The carer] will tell us if we need explanations." One person was very confident to direct the carers to do as they asked, they said, "I ask and [the carer] does it for me, no moaning or anything." Staff we spoke with were clear that they always sought each person's consent before carrying out any care tasks, and gave people as many choices as possible.

People who used this service did not receive support from the service with their meals or drinks. However when we spoke with staff they all told us that where appropriate they made sure that people were left with a snack and drink of their choice when they left the persons home.

People were supported by staff who knew their healthcare needs and how to support them to maintain good health. One person said, "I have the right equipment now. I needed a new commode and this was arranged by Choices Care." Another person said, "I was assisted with occupational therapist referral." We saw that information and changes had been made in people's care records in respect of their health care needs, and were completed in a timely manner. We saw that the involvement of health professionals was well managed by the service and this was evident from looking at people's care records and speaking to staff. We also saw the system the registered manager used to make sure that any changes or concerns with people's health was tracked and monitored. These processes helped make sure that people received the healthcare they needed.

Is the service caring?

Our findings

All the people we spoke with told us that they had warm and friendly relationships with the care staff who supported them. One person said, "They treat me well, Oh yes she does, and we have a laugh and joke." A relative told us, "They treat [my relative] very well." A member of staff said, "I have seen my colleagues be very nice and friendly, really caring and lovely."

People and relatives we spoke with knew who the registered manager was and spoke positively about them and the service. Staff we spoke with had a good knowledge of people they cared for and spoke fondly and respectfully about people they supported. They could describe individual preferences of people and knew about things that mattered to them. Staff told us and we saw that they gave people choices and involved them in making decisions about their care and daily lives.

People told us they valued their own independence and that staff respected this and encouraged it. One person said, "[The carers] encourage me as much as they can." A relative said that staff supported her relative and encouraged their independence "Within the limits of what she can do." A staff member said, "We encourage people to do as much as they can, they feel better."

All the people we spoke with told us that they felt their dignity was being promoted and that they felt respected. People told us that they were spoken to in a way they liked and felt that staff respected their wishes and choices. Staff we talked with confirmed that they understood how to promote dignity and respect in a person centred way that was right for each person. Staff had received some training in this area to help guide them when working with people. People we spoke with told us they had privacy when they wanted it, and staff described how they made sure curtains were closed and family members did not come into rooms where they were delivering personal care.

We checked staffs understanding of confidentiality. Staff could describe ways in which they kept people's personal information confidential. This practice meant people could be confident that their personal information would not be shared.

Is the service responsive?

Our findings

People we spoke with told us they had been involved with planning and reviewing their care. One person was asked if they were involved in writing their care plan and said, "Yes I certainly am. I filled in a form." We asked another person if they were involved and they said, "Yes, with risk assessment and other things too." People and staff told us that where possible the same staff gave support to people. One staff member said, "We have the same clients as much as possible [we get to know them] we are like a professional family." Having the same staff regularly helped to promote confidence and trust and made sure that people's preferences and wishes were well known by the staff.

People's care records we saw were person-centred and contained information about people's personal preferences, daily routines and some information about people's life history. We saw that these identified what was important to people and how they would like their care and support to be given. We saw that care plans had been regularly reviewed and the registered manager showed us the system the service had for making sure these reviews took place. Staff we spoke with were aware of people's preferences, personal histories, likes and dislikes and confirmed that they could refer to this guidance in people's care plans.

We saw that where possible people were supported by staff of the same gender and cultural background. For example, the registered manager made sure that if people needed a particular community language that they provided staff who could speak that language. Care records we looked at confirmed this.

People had access to a complaints process they knew about. The service had a procedure in place about how to make complaints. People we spoke with told us they were able to report any concerns they had. One person we spoke with told us, "Yes I will give them a call. They normally get [any concerns] sorted." We saw that people were provided with the complaints procedure in the information they had been given when they started to use the service. A member of staff told us, "The complaints information is in the carers file and at reviews people are asked if they are unhappy." All the staff we spoke with were confident that the registered manager would deal with any complaint or concern quickly and well.

We saw that the registered manager had a system to record each complaint. We noted however that no complaints had been received by the service since they had started delivering care to people. We spoke with the registered manager who was aware of the duty of candour and the need to learn from complaints and concerns that people and staff might raise.

Is the service well-led?

Our findings

People and staff were very complimentary about the registered manager and the management team. One person told us how comfortable they felt talking with the registered manager and people in the office. Everyone we spoke with said they felt they could call and would be listened to. During discussions we found that the registered manager had a good knowledge of people, their relatives and the staff team.

Staff told us they felt well supported by the registered manager and told us, "The managers try their best to make us into good carers." and "I can get extra support if I need it." Another member of staff said, "The managers make sure we know everything, they are brilliant managers."

Communication within the service was good. There were a number of systems in place to ensure that staff were aware of their roles and responsibilities. For example, staff were made aware of the support required for each person and if there had been any changes in that person's needs. Staff confirmed that this was communicated to them each week when they collected their time sheets and any equipment they might need such as protective clothing. The staff team also used electronic notifications on their mobile phones to give immediate information of any changes people needed. We saw that this was done in a confidential manner. Communication systems were in place which were effective in ensuring staff had the most up to date information required to support people effectively.

We saw that the registered manager had a basic system of audits in place to monitor, review and evaluate the quality of the whole service including medication audits and log book audits. The registered manager carried out audits and quality assurance monitoring to inform them of positive aspects of the service and identify areas for development. These were shared with the provider to ensure any shortfalls could be addressed. We discussed with the registered manager the areas that they planned to improve. These included working in line with the principles of the MCA around capacity assessments and best interest meetings, using a better method of analysing accidents and incidents to check for trends and formalising the spot check process of staff. The provider told us that these systems were going to be developed with the support of an external company, with a view to improving outcomes for people further.

People had been asked, as part of a survey that took place every six months, for their ideas of improvement within the service. This information had been collected but not analysed. We saw that if a person had raised a concern or query that it had been dealt with appropriately by the registered manager. However we noted that there was no overall analysis of this information to look for trends and to make service wide improvements.

People received care from staff who had their competency checked. The registered manager told us, "We do monthly spot checks of the staff." Staff we spoke with confirmed this. However these competency checks only took place when the registered manager identified there was a need to undertake one, for example if a person had said a member of staff had not been as professional as they would have expected. The checks provided the registered manager with the confidence that staff were supporting people appropriately. The registered manager did not have a system in place that made sure these competency checks were carried

out for all members of staff on a regular basis. They told us this issue would be addressed.

Our inspection visit and discussions with the registered manager identified that they understood the majority of their responsibilities and felt well supported by the provider. The registered manager had kept up to date with new developments, requirements and regulations in the care sector by use of the internal information within the wider company and accessing the internet.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

There was a clear leadership structure which staff understood. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly which enabled staff to voice their opinions towards the continual development of the service and that they had regular supervisions.