

Right Choice Care Ltd

Right Choice Home Care

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Right Choice Home Care is a domiciliary care service in the London Borough of Bromley providing personal care and support to people living in their own homes. The service was supporting three people at the time of this inspection.

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

We found concerns in relation to aspects of the management and governance of the service. The monitoring of the quality and safety of the service was not always effective. The complaints process had also not been provided to people and their relatives. Staff recruitment processes failed to fully follow legal requirements to ensure staff had an appropriate criminal record check before they started work or check on staff conduct in previous employment in health and social care

Other areas needed improvement. People and their relatives were not provided with adequate information about the service to refer to. Staff training needed some improvement to ensure staff new to health and social care received training to a recognised standard and that staff received training to meet the full range of people's needs. Staff had training on administering medicines; however, their competency had not been assessed in line with the provider's policy. Some risk assessment records were not sufficiently detailed to provide an accurate record of care and support, although this issue was addressed following the inspection.

We were only able to gather feedback from one person and their relative and they were very complimentary about the care and support they received. They told us they felt very safe and had the same consistent care workers who were reliable and stayed the full length of the call. Staff had safeguarding training and understood their roles in relation to safeguarding. Risks to people were identified and assessed and guidance was provided to staff to manage risks. There were systems to administer medicines as prescribed Staff understood how to reduce the risk of infection.

People's needs were assessed before they started to use the service and their nutritional needs were identified and met. The service worked with health care professionals and relatives to ensure people's health care needs were met. Staff sought people's consent when offering them 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.

People and their relative said staff treated them with care and kindness and they were consulted about the support they received. Staff treated people with dignity and respected their privacy.

People had a personalised plan for their care that reflected their needs. People's needs in respect of their protected characteristics were assessed and supported. The service had matched people with staff from the same cultural background. They understood people's cultural and religious needs and how to support

them to meet these needs as required.

There were some systems to monitor the quality and safety of the service through checks on medicines records and spot checks on staff. Staff told us there was a supportive working culture at the service and the management team were approachable and available. Meetings were held to promote effective communication. The service had links with local voluntary agencies they could sign post people to if this was appropriate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28 October 2017 and this is the first inspection as it had only started to provide personal care since April 2019.

Why we inspected

This was a planned inspection based on our inspection scheduling for new services.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for 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. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Right Choice Home Care

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 a single inspector.

Service and service type

This service is a domiciliary care agency that provides personal care and support to people living in their own homes or flats.

Notice of inspection

We gave a short period notice of the inspection because we wanted to try to gain consent to visit people in their homes, and to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We checked the information we had about the provider and location including documents provided during their registration with CQC. 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 asked the local authority for any information they had about the service. We used this information to help plan our inspection.

During the inspection-

We received consent to visit one person using the service and their relative. We spoke with two care workers, the operations manager, the HR advisor and the registered manager. We reviewed a range of records. This included three care plans, medicines records, three staff recruitment and training records and records related to running the service such as audits and meeting minutes.

After the inspection

The registered manager sent us further information including some updated risk assessments.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated 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.

Staffing and recruitment

- Full recruitment checks were not carried out as required by the regulations. The provider had failed to check on staff conduct in their previous employment with vulnerable adults, or their reasons for leaving this employment as the regulations required. Three care workers had started work with a disclosure and barring (DBS) check from previous employment, but, before the outcome of the one carried out by the provider was known. This had placed people at risk of unsafe care. However, all three staff now had a satisfactory DBS check returned.

The provider had failed to ensure safe recruitment practices were in place. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other required employment checks had been carried out in line with the regulations.
- People and their relative told us staff were reliable, usually punctual and stayed the full length of the call. Where a person needed two staff to mobilise their relative confirmed that two staff attended. Staff told us there were enough of them to support people's needs when planned. They covered for each other where there were vacant shifts, or staff holidays with the support of the operations manager.
- Staff confirmed they had regular people they supported.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. Risk assessments identified risks in relation to a range of areas such as people's health needs, mobility and nutritional risk. However, some risk management records needed improvement to ensure their accuracy and that all relevant information was available for staff.
- For one person, their moving and handling risk assessment was not sufficiently detailed. Medicines risk assessments did not always include the administration of medicine by district nurses or by relatives to advise any unfamiliar staff. Following the inspection updated risk assessments were sent to us.
- Risks in relation to the environment for people and for staff were assessed. Staff told us the dangers of lone working had been discussed with them when they started to work at the service.
- Staff had a uniform and an ID badge, so they were easily recognisable. Staff knew what to do in the event of an emergency and had received training in first aid and health and safety. Staff had support from the office staff throughout the week and an out of hours on-call system to enable them to contact the operations manager or registered manager in the event of an emergency.
- There was no call monitoring system in place. The registered manager told us people lived with their relatives, or, had relatives close by who visited daily who would alert them if there was a problem with a

planned call. The registered manager told us the provider was looking to introduce an electronic call and record monitoring system as the service grew; so that any risks in respect of call reliability could be monitored effectively.

Using medicines safely

- Arrangements for the administration of medicines required some improvement. People and their relative said staff supported them reliably with their medicines. A relative remarked, "The girls are good and careful about medicines." Staff had received training on the administration of medicines, but their competency had not been assessed by the provider, in line with best practice guidance and the provider's policy on medicines administration.
- People's support needs with their medicines had been assessed and identified in their care plans. Medicine administration records were completed by staff. We checked a sample of these records for each person and found no gaps.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from abuse or neglect. One person using the service and their relative told us they felt safe from abuse, neglect or discrimination. The relative said, [my family member], "Is absolutely safe. The [staff] are really good and [my family member] speaks highly of them."
- Staff had received safeguarding training. They understood the possible signs of abuse and their role to report any concerns. They were aware of whistleblowing procedures and who they could go to if they had concerns.
- The registered manager and operations manager understood their responsibilities under safeguarding. They told us there had been no safeguarding concerns since the service started and they would cooperate with the local authority in any safeguarding investigation.
- The registered manager told us there had been no accidents or incidents or near misses since the service started. They had identified an area of learning in relation to staff maintaining clear professional boundaries which they had discussed with staff to make improvements.

Preventing and controlling infection

- People were protected from the risk of infections. People and their relatives confirmed staff used suitable personal protective equipment (PPE) when they supported them with personal care.
- Staff had infection control and food hygiene training and knew how to reduce the risk of infection. The service maintained a stock of PPE which staff said they had access to when 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.

This is the first inspection for this newly registered service. This key question has been rated 'Requires improvement'. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We found some improvement was needed to the training staff received, to ensure they were suitably equipped to meet the full range of people's needs.
- Staff confirmed they had received an induction which included a period of shadowing before they started in their roles. However, there was no evidence that staff new to health and social care undertook the care certificate, as outlined in the provider's induction policy. This policy stated they would follow the care certificate which should be completed within 12 weeks of staff starting. The Care Certificate is the recognised standard for training for staff new to health and social care.
- There was no training for diabetes and the service supported people with this health need. Staff had guidance on possible warning signs to look out for in the risk assessment, but there was a risk that staff may not be fully aware of how to support their needs. The operations manager told us they would look to organise this as soon as possible. We will check on this through our monitoring of the service.
- Staff told us they received enough training and support to carry out their roles effectively. People and their relative said they thought staff were knowledgeable about their roles. A relative remarked, "I think they are well trained. They know what they are doing."
- Staff told us they were supported in their roles through regular supervision. We confirmed this from records.

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

- People's needs were assessed before they started to use the service. Assessments were carried out with people and included all aspects of people's needs including their protected characteristics.

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

- People's nutritional needs were met. People and their relative told us they were happy with the support they received from staff in relation to their meals. Where people were supported to eat by staff, they told us staff gave them a meal of their choice and did not rush them.
- Relatives told us staff were aware of their family members preferences and choices. A relative said, "They know [my family member] and the way they like their tea."
- Care plans detailed people' preferences in relation to food and drinks, including any cultural or religious needs in respect of their meals or snacks. They also recorded any risks and reminded staff to leave people with a drink in reach where they were unable to mobilise.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to access healthcare services where required. People and their relatives said they took care of their own healthcare appointments, but that staff did help them to attend appointments by ensuring they supported them with earlier visits when they needed to attend hospital for treatment.
- Staff checked on people's well-being and told us what they would do if they had any concerns about people's health. Staff showed knowledge and understanding of the health needs of people they supported.
- The registered manager told us they worked with GP practices and would work in partnership with health and social care professionals to ensure people received prompt and effective care when needed. For example, they would refer to an occupational therapist if people's mobility deteriorated and they needed additional equipment.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service worked within the principles of MCA. Staff told us they asked people's consent before they provided support. People confirmed staff listened to their views and respected their decisions. The registered manager told us that currently people using the service had full capacity to make their own decisions.
- The registered manager confirmed that if they assessed a person as lacking capacity to make a particular decision about an aspect of their care, such as managing their medicines. They would involve the person's relatives and health or social care professionals, as needed, to ensure the decision was made in the person's best interests.
- Staff had received training on MCA and said the people they supported had capacity to make decisions about the care they received. If they had any concerns that people may lack capacity, they would discuss these with the operations manager or registered manager in the first instance.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well supported by staff who respected their diversity. People spoke positively of the staff that supported them and told us they appreciated having the consistency of care from a small staff group. People had developed positive relationships with staff which had a positive impact on their well-being.
- People and their relatives told us how they appreciated being supported by staff who spoke the same language. A relative commented, "That really helps to understand [my family member] and puts them at ease. They can have a good chat and don't need to translate. They have built a good rapport."
- People's diverse needs were identified as part of their assessments and care was planned to meet their needs. Staff showed an understanding of equality and diversity and the need to support people's individual needs regarding their protected characteristics. One staff member described how they supported a person in a particular way with personal care in accordance with their spiritual needs.
- Support visits had been planned to ensure they did not clash with peoples' known times for spiritual worship.

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

- People and their relative told us staff asked them about their care and support needs. For example, what they chose to eat and how they liked to be dressed.
- People's care plans detailed their preferences and dislikes in relation to their care. Staff told us they supported people to make decisions for themselves which they respected.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were aware of the action to take to ensure people's privacy and dignity were maintained. For example, staff told us how they respected people's privacy by knocking at the door and waiting for a reply. Care plans recorded people's preferences in relation to how they liked to be supported, and we found these preferences were respected. For example, in relation to the preferred gender of their support worker.
- People told us staff treated them with dignity and respected their privacy. A relative said, "The staff are all respectful. They understand what is important." People's independence was respected, and care plans reflected those aspects of their care people could manage for themselves and what they needed help with.
- The registered manager told us calls and spot checks did not take place at particular times to respect people's privacy.
- Staff were aware of the need to keep information about people confidential and any records were stored securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Appropriate systems were not in place to manage complaints effectively. The complaints policy had not been provided to people or their relatives when they joined the service or provided in their care plan. to explain how to complain, the timescales in dealing with the complaint and what to expect. Staff had not been provided with a copy of the complaints policy to understand how people might be supported to complain.
- The complaints policy did not explain to people the full range of options available to them if they were unhappy with the outcome of any complaint investigation. For example, to refer to the local authority ombudsman if they were unhappy with the result of a complaint investigation.

The provider had failed to ensure an effective complaints procedure was in place. This was a breach of Regulation 16 (Receiving and Acting on Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person and their relative said they had not needed to make a complaint but would contact the registered manager if they needed to do so. The registered manager told us there had not been any complaints since the service started.

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

- People had a personalised plan of their care which covered the full range of their support needs. Care plans included details of their preferences and dislikes to guide staff and help to establish a relationship. For example, there were guidelines in place for staff to support people with eating and drinking and personal care.
- A relative told us the care plan reflected their family member's needs accurately. They also said, "We have the same care workers that come and [my family member] knows them really well. They understand what [my family member] needs, they share the same culture and they chat happily. It works brilliantly."
- There were arrangements to review the care plans at six monthly intervals and the operations manager said they would review them sooner if there were any changes to people's needs.

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.

- People's communication needs had been assessed as part of their care plan. The registered manager told us there was nobody currently using the service with sensory loss or impairment. However, when needed, they would provide information about the service to people in a format that suited their needs.

End of life care and support

- The registered manager told us there was nobody using the service at this stage of their lives. The registered manager told us when the need arose, they would consult with people and their families and develop appropriate care plans. They would also work actively with health professionals to help ensure people received appropriate person-centred end-of-life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- There was an absence of systems to monitor and improve the quality and safety of the service in relation to accidents, incidents, near misses or complaints. One staff member told us they were not aware of the circumstances when they needed to complete an accident or incident form or how to go about this. We were told there had been no accidents or incidents, but the absence of a system posed a possible risk that concerns may not be identified or managed appropriately.
- The issues we found had not been identified by the registered manager. For example, in relation to risk assessment records. There was no clear process to ensure records were checked for their accuracy. Daily records were returned to the office on a regular basis. The operations manager told us these were reviewed to check for any issues. However, there was no system to evidence this check was completed. This was despite the provider's clinical governance policy detailing a range of audits that needed to be carried out which included care planning.
- There was no system to show how calls to people were planned. The operations manager told us as they were a small service and staff had the same regular people they supported, they did not need a staff rota. However, it was not evident there was a robust system to monitor and assess safe staffing levels.
- The provider and registered manager had not identified the need to review the system of policies they had bought to ensure where needed, effective procedures were in place and a means of checking these were followed. For example, the statement of purpose had not been updated with the current address and contact details. The registered manager was unable to advise how frequently staff should have supervision or what training was essential for staff. The safeguarding policy had an incorrect contact number for the local authority safeguarding team. The medicines policy was not being followed in relation to the assessment of staff competence.
- Staff had no handbook as a guide when they were out working in the community. They could not check any policies or procedures if they were unsure what to do. They told us they would call the office or emergency services if there were any problems. There was however a risk without this guidance staff may not act in accordance with their responsibilities or in line with the provider's policies, which could affect outcomes for people.

The provider had failed to ensure systems to assess monitor and improve the quality and safety of the service and to assess and mitigate risk were effectively operated. Accurate, complete records of people's care were not always available. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were some systems to monitor aspects of the quality and safety of the service. Regular medicines audits were carried out monthly to identify any areas for improvement. The operations manager carried out spot checks on staff to identify any concerns or development needs. There was a registered manager in post, who understood their responsibilities to notify CQC about a range of events and to display their inspection rating.

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

- Staff worked in a person-centred way. However, we found some improvements were needed as there was an absence of written guidance given to people about the service. People received a letter when they joined the service, but it contained very little information about the service or what they could expect. They therefore may not be aware of how they could feedback about the quality of their experience or how the service operated. This issue had not been identified by the provider or registered manager.
- People using the service did not speak or read English and while staff, including the operations manager, were fluent in people's first language and people's relatives understood and spoke English; no consideration had been given to providing information about the service in people's first language to ensure they fully understood what was provided.
- Staff told us there was a supportive working culture at the service and that they worked well as a team. One staff member said, "We all work really well as a team. We know everyone well and help out if there is a problem." They told us the operations manager and registered manager were committed to ensuring people received good quality care.
- Staff group meetings were held to encourage communication and for staff to express their views about a range of issues, for example, the use of protective equipment such as gloves and aprons. Staff told us they found these helpful.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People were complimentary about the care they received. The service employed staff who shared the same language and culture as the people they supported. Managers and staff told us they were open to support people from all cultures and backgrounds and employed staff to match with people's needs as far as possible.
- The operations manager told us currently they sought feedback from people and their relatives informally as they were a small service and at spot checks. They would introduce telephone monitoring checks and an annual survey as the service grew to ensure people and their relatives views about the service were identified and used to make any improvements.
- The service worked with GP's and pharmacists to ensure people received safe care. They told us they would refer to other health care professionals where the need arose, in consultation with people and their relatives.
- The service had links with a local voluntary women's project that shared the same building. They told us they could refer people to the project in discussion with them, where they identified a need. They were also aware of other voluntary groups and organisations that they could link people to if this was appropriate.

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 provider and registered manager had a duty of candour policy and procedure. The registered manager told us they would be open and honest informing people or their relatives where things went wrong.

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 There was no effective and accessible system to identify, receive record and handle complaints. Regulation 16 (2)
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess monitor and improve the quality and safety of the service and to assess and mitigate risk were not always effectively operated. Accurate complete records of people's care were not always available. Regulation 17 (1)(2)(a)(b)(c)
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment checks were not carried out in line with Schedule 3 and the Regulations Regulation 19 (1)(2)(3)(a)