

Choices Home Care Limited

Care with Choices

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

About the service

Care with Choices is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults with various needs including, physical disabilities, sensory impairments, and people living with dementia or a learning disability. At the time of this inspection 8 people were using the service. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

People were protected from the risks of abuse and staff were trusted to keep them safe. Staff had received training in how to safeguard people. Staff received training in infection prevention and control and told us Personal Protective Equipment (PPE) was readily available to them. Medicines were managed safely. People received their medicines as prescribed.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. The provider had systems in place to monitor staffing levels and ensure people received their visits. Staff had received an induction when they first started working at the service and training relevant to their roles had been provided.

People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People and relatives were involved in their care planning. Timely care was provided. Relatives told us staff were on time for their visits and if on an occasion staff were delayed, they would be informed.

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Care plans were person-centred and were focused on promoting people's independency and empowering their lives. The care provided was person-centred and promoted people's dignity, privacy and upheld their human rights.

People's views and decisions about care were incorporated when their care packages were devised. People were involved in making decisions about their day to day care. People's independency was encouraged where possible and this was reflected in people's care plans. Staff received training in equality and diversity and they were committed to ensuring people were treated well.

Care plans provided guidance for staff about how best to support people's needs and preferences. People and relatives were involved in reviews and care plans were accessible electronically with live updates. End of life care was not routinely provided. Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required.

Governance systems were in place to monitor the standard of care people received. The service worked in partnership with other health and social care organisations and the community to achieve better outcomes for people using the service.

The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. The registered manager had regular contact with people and completed care visits themselves. People and relatives' feedback was sought through people's care plan reviews and people were encouraged to submit feedback online. Staff views were sought through regular meetings and supervisions. Staff praised the registered manager and wider management team, they felt supported in their roles.

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 25 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care with Choices

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 October 2022 and ended on 9 November 2022. We visited the location's office on 1 November 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 2 people who used the service and 3 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, operations director and care workers.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Appropriate staff were recruited and matched to meet people's needs. Staff had the necessary safety checks in place before starting work and completed a full induction.
- The provider had systems in place to monitor staffing levels and ensure people received their visits. An electronic system was used to determine staffing levels, issue staff rotas and deploy regular staff to people's care visits. A relative told us, "[Person] has a team of 3 [staff members], we get regular carers. There is enough staff and we have no problems."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and staff were trusted to keep them safe. People told us, "All the staff make me feel safe, they are good" and, "I feel very safe with the carers, they look after me well." A relative added, "[Person] receives safe care."
- Staff had received training in how to safeguard people. Staff we spoke with were confident to report concerns and satisfied action would be taken to investigate them. A staff member told us, "I would report any concerns to the [registered] manager, and take it to higher managers if needed. If there are any issues, [registered manager] sorts it out straight away."
- Staff we spoke with were not always sure about the provider's whistle-blowing processes. We fed this back to the registered manager who assured us related training had been delivered to all staff. The registered manager assured us a staff meeting would be arranged to re-train staff, they would implement a related quiz and re-issue the whistle-blowing policy to all staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed.
- No accidents or incidents had occurred since the service registered with the CQC; however, systems were in place for recording and analysing them when required.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and medication administration records [MARs] were completed daily. A person told us, "They [staff] give my tablets and they always give them on time."
- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received competency checks to ensure they administered medicines safely. One staff

member told us, "I have had training in administering medication, [name of manager] observed me giving medication."

Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them. A staff member commented, "I collect PPE from the office, there is plenty of stock." A relative told us, "Staff always wear masks and PPE."

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. A relative told us, "We were introduced to three different [staff members], the manager came in with them and went through everything with each one. The manager stayed with them [staff] a whole week to make sure everything was running smoothly. We were quite specific about what me wanted them [staff] to do."
- People and relatives were involved in the care planning, which was reviewed regularly or when people's needs changed. Relative told us, "The carers ring and let me know if anything has happened" and, "Right from the beginning I was involved in [person's] care and we all work well together."
- Where people required support with their food, the level of support was agreed and documented in their care plan.

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

- Timely care was provided. The provider operated an electronic call monitoring system which allowed managers to monitor if staff were on time for people's visits. Relatives told us staff were on time for their visits and if on an occasion staff were delayed, they were informed. A relative commented, "The carers are always on time."
- The service supported people to access healthcare services if required. Healthcare providers, and other professionals had access to people's care plans and notes via the provider's electronic care planning system. Secure processes were in place to authorise access.

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 MCA 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.

- Staff received training in MCA and DoLS. Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "You have got to assume people have got capacity, and sometimes people may need an assessment to determine if they have capacity about a task, like medication."
- Mental capacity assessments and best interest decisions were considered. People's care plan contained information about people's cognition and mental capacity assessments were completed as part of people's care planning.

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. One staff member told us, "I had an induction when I started, as well as training and shadow shifts; where I went out and observed other staff. The training was good and they [managers] repeated that if I was not comfortable to let them know and they will give me more shadow shifts until I was comfortable to go out [on my own]."
- Staff had regular training and opportunities for supervision [one to one support sessions with their line manager]. A staff member commented, "We get regular supervisions and these are useful." A relative added, "The carers are knowledgeable and trained."

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

- Staff had received training in equality and diversity and they were committed to ensuring people were treated well.
- Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. People told us, "I trust the carers, they treat me with respect" and, "The carers are very kind, and we always have a laugh, I really am happy with these [staff]. I'm not moving I'm sticking with these [staff]." A relative added, "One of them [staff member] is excellent with [person]. [Person] really likes [staff member], they are very bubbly and comes with a big smile, they are there right away to help [person]."

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

- People's views and decisions about care were incorporated when their care packages. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. A relative told us, "The carers listen to [relative's] wishes."
- People were involved in making decisions about their day to day care. A staff member commented, I ask people what they want, like what they want for their lunch, what drinks they want etc."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy and respect. Relatives told us, "The carers are considerate towards [relative], caring, kind and treat [relative] with dignity" and, "The carers treat [relative] with dignity and respect." A staff member commented, "I close [person's] bedroom door and curtains when they are getting changed to make sure person has privacy."
- People's independency was encouraged where possible and this was reflected in people's care plans. A staff member told us, "I ask my clients to do what they can for themselves, I've started with a new client and I encourage [person] to do things for themselves, they can do most of their [personal care] themselves." A relative added, "The carers always encourage [person's] independency all the time, [relative] is every independent."

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 good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their care plans.
- People and relatives were involved in reviews and care plans were accessible electronically with live updates. A relative told us, "I have access to the care plan and have access to the [daily] notes at every minute. I like it [the electronic care planning system]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The service was aware of the AIS and each person's specific communication needs were detailed in their care records. A staff member told us, "I support a [person] who has [name of condition], and [person] struggles to speak at times. We will use non-verbal communication and pointers [when needed], we also show [person] items, i.e. their tops and they will choose."

Improving care quality in response to complaints or concerns

- There was an up to date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon.
- No formal or informal complaints had been made. However, relatives felt able to raise concerns. Relatives told us, "No complaints they [service] are good" and, "I know how to make a complaint, I would get in touch with the managers, I have never needed to make a complaint."

End of life care and support

- End of life care was not routinely provided. Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required.
- Care plans did not consider people's end of life wishes. We fed this back to the registered manager who assured us end of life wishes will be discussed and incorporated in people's care plans for those who wished to disclose them.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. A relative told us, "They [staff] make me feel a lot better about what is happening, they are positive and will talk about things to give us [person and relative] a break from talking about [person's] health. They [service] provide great care. Their [staff] attitude is very positive, it's like having the sunshine come in sometimes, they have lovey voices."
- The culture was open and inclusive. Staff said they enjoyed their roles and the relationships between staff and people was positive. A staff member told us, "It is a good staff team, we all work well together, I would recommend this company."

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

- People and relatives' feedback was sought through people's care plan reviews and people were encouraged to submit feedback online. The registered manager told us they would be conducting annual surveys next year and they will analyse the results to drive service developments and improvements.
- Staff views were sought through regular meetings and supervisions. The provider employs an employment engagement officer who will be issuing staff surveys in the near future.

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; Working in partnership with others

- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- The service worked in partnership with other health and social care organisations and the community to achieve better outcomes for people using the service. There was a good working relationship with commissioners.

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

- Governance systems were in place to monitor the standard of care people received. The registered manager had regular contact with people and completed care visits themselves. During people's reviews, records were also examined and feedback on the care provided was sought.

- The registered manager had good oversight of the service with day to day checks of daily records such as MARs, care plans and daily notes. The management team reviewed the electronic monitoring system to ensure people received their calls on time and in line with their assessed needs. The provider had various auditing forms in place which the registered manager assured us they will be embedded moving forwards, as the service had recently started providing support to people.
- The provider operated an on-call system to ensure staff had access to management support during out of hours.
- Staff praised the registered manager and wider management team, they felt supported in their roles. A staff member told us, "[Registered manager] is really nice and a good manager, they are very hands on and approachable. They are good at communicating and explaining. They are professional but has a good relationship [with staff]. They are very understanding and fair."