Choices Healthcare Limited

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Inspection report

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10 January 2023

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Choices Healthcare Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 109 people using the service. There were also 3 people receiving support with personal care at Alphabet House in Tower Hamlets. This was a supported living service with 4 service users.

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

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

Right Support:
People were not always supported by staff who had been recruited safely and they did not always receive consistent care in a timely way.
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.

Right Care:
People had detailed personalised care plans, but risk assessments were not always as thorough.
Systems to monitor the quality and safety of the service were not always effective.
The provider had systems in place to safeguard people from the risk of abuse and staff knew how to recognise and report any concerns.
People were supported by staff to pursue their interests.

Right Culture:
People were encouraged to share their views of the service.
People were cared for by staff who felt well supported by the rest of the team and managers.
The service and had built positive working relationships with other healthcare professionals to support people's needs and share learning.

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

Rating at last inspection
The last rating for this service was good (27 May 2021)

Why we inspected
We inspected this service due to an increase in safeguarding concerns and complaints about the service. The supported living aspect of the service had not been inspected before.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Choices Healthcare Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to recruitment, staffing, infection prevention and control and governance at this inspection .

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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? 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 not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Choices Healthcare Limited

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 48 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 6 December 2022 and ended on 10 January 2022. We visited the location's

office on 6 December 2022 and the supported living service on 8 December 2022.

What we did before the 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During the inspection we spoke with the registered manager and the director of the services; the deputy manager and quality assurance assessor for the DCA; and the service manager for the supported living service. We gained feedback from 6 members of staff, 3 other professionals, 5 people who used the services and 5 relatives. We reviewed 5 people's care records. We reviewed training and supervision records and documents relating to the management of the service including policies and audits.

Requires Improvement

Is the service safe?

Our findings

Staffing and recruitment

● The registered manager did not always ensure staff were recruited safely. We reviewed 5 recruitment files and found 4 had unexplained gaps in employment history, 1 did not have any photo ID and 1 only had 1 reference.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager told us, following the inspection, they had started recruiting a human resources assistant whose role would include managing recruitment.

● Staff were late and did not stay for the expected time; it was rare for people to receive a call to advise the care worker would be late. One person said, "The carers stay about 10 minutes and washing me should take 20 minutes. It's regularly like that." Another said, "No one informs me. Sometimes they can come very late. The morning call should be 9am to 9.30am. Carers have come at 12pm".

● Managers told us not all staff were using the electronic call monitoring system. They had addressed this with staff and found the issue was due to concerns regarding pay; if they left a visit early, they would not be paid for the full visit time. Given feedback from people that staff were often late, this suggests staff were cutting visits short to complete their rounds on time. Staff made calls to care workers each morning, prioritising those who were due to visit people with higher needs to confirm they were at work.

● Staff feedback on workload was mixed. One said, "I do feel some of the rounds are too big for the carers to cover on time." Another told us, "Right now there seems to be enough staff, except occasionally when temp staff abruptly cancel shifts, but they seem to have an upper hand in such situations."

● Staff who provided the on call support out of hours were also completing visits. This had led to a concern being raised about confidentiality due to staff discussing service user details in front of other service users. This had been addressed with staff in supervisions and at team meetings, but the on-call staff were still providing visits so remained a potential issue.

Sufficient numbers of suitably competent and skilled staff were not always available to meet people's needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The deputy manager acknowledged staffing levels were an issue at times. They had started recruiting overseas and expected 25 new staff by the end of February 2023 and were training other staff to provide the on-call support.

Preventing and controlling infection

● We were not assured the provider's infection prevention and control policy was up to date. It was not dated, there was no information about if or when it would be reviewed, and COVID-19 was not mentioned. However, it had guidance for staff on hand hygiene and donning and doffing of PPE.

● People's feedback was mixed regarding use of PPE. One said, "They absolutely wear gloves, masks, aprons

and shoe protectors." Another said, "They always wear gloves and wipe things down." However, we were also told, "There's been no spread of infection. The carers wear gloves but no masks. They wear a uniform, but not aprons" and, "The carer carries a mask and asked if we minded if [they] didn't wear it. We said we didn't mind."

● A professional involved with the service told us, "Their care staff were always provided enough PPE and most of them followed guidelines. Every time I visited an adult at their home and met Choices Health care staff, they always followed the COVID guidelines."

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

● The service had received a lot of safeguarding concerns. The deputy manager was aware of the status of each and able to describe the actions being taken, but remained concerned and described this as their priority, "Number one is improving the amount of safeguarding concerns received…people have to feel safe when they are with us."

● Themes from safeguarding concerns raised included issues with staff's moving and handling practices and medication administration. The deputy manager told us they carried out the investigations and the quality assurance assessor carried out visits as required, "[they are] proactive with spot checks, keeps going back until satisfied."

● People we spoke with told us they felt safe. One said, "I'm happy with the service. It's safe for me." Another said, "Oh yes, it's perfect and safe."

Assessing risk, safety monitoring and management

● The manager at the supported living service had completed risk assessments but these were very basic and lacked detail. We were told these were being worked on.

● The quality assurance assessor (at the DCA) completed risk assessments to provide staff with practical guidance on how to keep people safe and minimise risk. These were very thorough with detailed descriptions of how to use the slings and slide sheets for example. They described health conditions people had and included guidance for staff. For example, the signs and actions to take relating to sepsis. However, we found one person's file did not have risk assessments for their oxygen and bed rails.

● People's care plans contained detailed information about their health conditions or behaviour support plans. This ensured staff understood the needs of the people they supported. For example, a member of staff at the supported living service described how they had reduced a person's behaviour issues by studying their care plan to understand their likes and dislikes. They told us, "That is why we get along so well."

Using medicines safely

● Staff were not all up to date with their medicine administration training. However, competency assessments had been completed with areas to improve identified.

● People's care plans included lists of their medicines and potential side effects for staff to be aware of. Details included how the medicine was to be administered, such as on a spoon.

● People told us they were given their medicines safely and as prescribed, and it was recorded on their medicine administration record. One relative said, "The carers give the medicines and they are quite good at that. They write up in the blue book at the house." Another person said, "They (carers) give me my medicines. They give them properly and record it. Everything is written in the book."

Learning lessons when things go wrong

● The service had a log where incidents and safeguarding concerns were recorded. The deputy manager

investigated these and identified actions, learning and themes.

● The deputy manager had shared information with staff at team meetings regarding the increase in safeguarding concerns and complaints. One member of staff told us they were always contacted by their manager if anything happened, including minor complaints.

● Staff were able to give an example of a recent concern raised and described the action taken to prevent it happening again.

Requires Improvement

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- People's feedback on staff skills was mixed. Some felt staff knew how to do the work, but others felt new staff received limited training and inadequate skills assessment. Comments included, "A couple of staff have the skills and the rest are not very good. I think some lack the motivation" and, "Yes, they need training. At the moment… [some of them] don't know what to do." Others told us, "They are excellent and know what to do" and, "Yes they have [skills] and they won't go until everything has been done."
- The deputy manager told us all new staff were assigned to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Induction included shadow shifts and attending the office to receive information relating to policies and procedures. However, there was not a tracker for staff competencies, spot checks and supervisions and the training tracker was not completed fully.
- The quality assessor observed staff to assess their competency and identified areas for improvement. However, it was not always clear whether appropriate action had been taken in response.
- Staff told us they felt well supported. One said, "Choices has been a very good place and perfect fit since I came to the UK. The training that I have received since arriving has given me a lot of confidence."
- Managers had arranged additional training for staff. For example, dysphagia training was completed by some staff to meet the needs of clients at risk of choking. There were plans for this to be included in the standard mandatory training.

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

- The quality assurance assessor lead had completed assessments of people's needs, consulting with the person and their representatives as required. One person told us, "The care assessment is in the book. The [staff] came from the company and we discussed."
- People's care plans were very detailed and personalised. They reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. One included, 'I have no problem with my hearing. I wear glasses. I walk slowly and do not like to be rushed to do things.'
- As part of the assessment, people's protected characteristics under the Equalities Act 2010 had been discussed and recorded such as religion and culture.

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

- People's care plans detailed whether they were at risk of choking, malnutrition or dehydration and

included guidance for staff. Symptoms of malnutrition and dehydration were listed. For people who required full support to eat, specific guidance was given. For example, staff were to go slowly and ensure each mouthful was swallowed before offering the next.

● Staff received nutrition and diet training and assisted people with food shopping, meal preparations and support to eat if needed. Some staff had received additional training from the Speech and Language Therapy (SALT) team.

● People were offered choices on what food they wanted at breakfast or lunch.

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

● The service worked with health and social care professionals to help support people to maintain their health and wellbeing. For example, we saw a referral made to the Dementia Intensive Support Team (DIST).

● The service had contacted other services for additional training as required. One professional told us, "I myself was invited in to give dysphagia, end of life and dementia training and all staff invited, very good turnout."

● Staff had practical information to support people with their healthcare needs. Care plans included summaries of health conditions people had.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People's ability to make decisions for themselves had been discussed with them. This had been recorded in their care plans so staff were aware of how to support them to make everyday decisions about their care.

● Staff had received training in MCA.

Requires Improvement

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us there was no consistency of care due to high turnover of staff and inexperienced care workers providing care.
- Staff leaving early had an impact on the social time they had for people. One relative told us, "I am complaining about visits being late and short. There are limited social chats by the carers… [relative] doesn't like complaining but [they] can't have a chat."
- Most of the people we spoke with described staff as caring, patient, friendly and respectful. One person said, "The carers are very friendly, personable and comfortable with my dog. They are trustworthy and I feel safe with them." A relative said, "The carers are very thoughtful and compassionate." A professional told us, "I have seen good quality care and rapport building from some carers."
- Staff had received training in equality and diversity and spoke positively about their roles and the people they cared for. One told us, "I can confidently say that I am able to deliver a high standard of care that meets service users' needs, preferences and aspirations according to their plans of care."
- People told us staff treated them with dignity and respect. "One person told us, "[Care worker] is a very nice person and we have a chat about football and the news. [They] never force me and I am treated with respect. [They] treat me very well. I look forward to seeing [care worker] in the morning." One relative said "They are very patient in working with [relative]. They try to help [relative] and show commitment."

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

- People's care plans included what was important to them. As well as support needs, detailed information was gathered on how they liked to be supported. One person's care plan said, "I prefer morning appointments, if I am anticipating an appointment in the afternoon, I can think about it and get unsettled."
- People and their relatives were involved in making decisions about the support they received. One person told us, "We were involved in care planning and in doing reviews as needs changed." There was also clear input from people at the supported living service to the care plans. They included a section on 'important decisions in my life' with examples such as where and who they live with or looking after their own money and medication.
- People's care plans were kept up to date and regularly reviewed to ensure staff had all the information they needed.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The service logged all complaints, including those raised informally, and categorised them to identify themes. The log included actions to address staff arriving late and not staying for the full visit time, but this remained an issue. One manager told us, "We are constantly apologising for the same thing." And added, "Most complaints are call times and lateness – first step is sponsorship [recruitment of overseas staff], hope it reduces afterwards."
- People and their families' feedback confirmed this issue as well as staff changes and some care worker's skills. Not everyone had complained directly to the service and some who had felt listened to, but not confident the service could resolve them. One said, "If I ask the carers, why are you late, they just say they are busy and don't have enough staff. I've not complained to the office." Another told us, I don't like the poor timings of visits and not having consistent carers. I have approached the office to say there are too many different carers. The office said they would try but implied they don't have enough staff."

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

- People received a personalised care plan based on their assessed needs. They were very detailed and included information on their physical, mental health and sensory needs. In addition to support required, care plans described what service users were able to do for themselves as well as details about their families, interests and anything else of importance to them. A person said, "Oh yes, they came to the house and we discussed what was needed. We have had one or two follow ups."
- People and their families were involved in planning and reviews of their care and support and how they would like it to be provided. The quality lead told us, "Reviews are done in the home with relatives, if they have any. Any issues with capacity for people with no relatives we contact the social worker to attend."
- Staff had information they needed to support people in line with their preferences. One member of staff told us, "When there is a new client, they always ask me to come to the office and pick up the folder. [Manager] always lets me know who I am dealing with. She breaks it down and asks me to go through the medical health history."

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 had been assessed so staff would know how to support them. As well as whether people wore glasses or hearing aids or had any speech difficulties, care plans described cognitive issues which may affect communication. One care plan stated a person could follow basic clear instructions and answer some questions. Another gave guidance for staff to speak slowly and clearly.
● People's care plans contained detailed information to guide staff on the best way to communicate with them. One stated, "My language is not very clear, and I use signs to help other people understand my needs and conversations. I have no problem with my hearing. I wear glasses."
● Staff supported people's understanding by providing information in an easy read format. Examples included pictorial complaints form and monthly key worker reports. Pictures were also included in support plans to aid people's understanding.
● Staff communicated with people in ways they could understand. One family member told us, "My [relative] is non-verbal. The carers use sign language. [Relative] also has learning disability and points with his fingers. The carers use pictures with him. If you spend time with him then you can see that he communicates his desires."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People's care plans identified if they were at risk of social isolation with guidance for staff on how to recognise this. We saw 1 care plan stated for staff to communicate with family regularly as they did not live locally to ensure connection was maintained.
● People who lived at the supported living service were supported with activities and encouraged to go out. We saw evidence of this in people's daily logs and 1 person told us, "[I'm] very happy here, staff let me do what I want. I always do my own dishes and help with dinner

End of life care and support
● People's files did not include care plans specific to their wishes at end of life. However, the service received input from the palliative care team.
● Staff received dying, death and bereavement training.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service's data regarding missed and late visits was not reliable. An electronic system had been implemented but managers told us staff were not yet fully compliant with use. Data we reviewed showed there had been at least 1 missed visit in 7 out of the past 11 months, including 10 in the 3 months prior to the inspection; it was unclear how accurate this was.
- The service's systems for quality monitoring were not robust. This included monitoring staff training and competencies, as reported in the effective domain. Best interests decisions had been made but managers were unable to tell us the status of approval for these or when they were due for review.
- The service's audits were not robust. They had not identified risk assessments which were either missing or lacked detail. We saw medication audits of individual clients showed where errors had occurred, and actions identified but there was no overall analysis to show how many medication errors had occurred to show themes among staff or clients involved and evidence lessons learned.

Systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users were not always effective. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Managers were working towards improving missed and late visits. They were in discussion with staff who were non-compliant and had taken action to mitigate the issue by contacting them daily to ensure they were at work.
- Managers described the main areas of concern within the service as the number of safeguarding concerns received and complaints regarding late visits. They were able to tell us the status of each safeguarding concern and describe actions taken. They hoped complaints relating to late visits would reducing following new recruits from overseas due to start.
- Staff competencies and spot checks were completed frequently. We saw these included positive feedback for staff as well identifying areas they needed to improve.

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

- The service sought feedback from people and staff via annual surveys. The staff survey data we reviewed had not been analysed and there was no action plan. No one had rated anything higher than 6 out of 10

suggesting all would be low. However, feedback we received from staff was all positive. One member of staff said "[Registered manager] is a great manager and you can always talk to [them] if you need to." Another told us, "[Office staff] are lovely. Sometimes when there's a concern you call them, and they take action."

● People and their families were able to feedback their views during spot checks, reviews and surveys. We received some positive feedback including, "They do phone to ask how things are going" and, "I do think they are well organised. They listened and are helpful." Others did not feel responded to and some felt there was limited ability for the service to address concerns. One person said, "I'm not satisfied with how the service is running at the moment." Another told us, "The [staff] I have spoken to was about timing of visits last week. No one has come back about it."

● Staff team meetings minutes showed current issues with the service were discussed.

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

● Management were visible in the services, approachable and took a genuine interest in what people, their families and staff said. The registered manager divided her time between the services and both managers felt supported. One told us, "[they had] enough support when I need it. Really happy and the house feels like home."

● Staff were complimentary about managers. They told us they felt listened to, supported and able to raise concerns. Comments included, "So far I feel that the management has done their best as I feel confident to execute my duties. Their support helped a lot" and, "Manager is very accommodating and friendly. [They are] part of the reason I love to work there" and, "I know where to direct my concerns."

● Staff were positive about their relationships with other staff and told us they all worked as a team. One staff member said, "Our team are so strong because [manager] tries to get us together to have a chat and get to know each other." Another member of staff told us, "The Team at the office is also warm and friendly and are always available to give assistance."

● People and their families gave mostly positive feedback. One person said, "The carers and company listen to what I need."

Continuous learning and improving care

● The registered manager was responsive to our feedback. They did not plan to take on additional work until the issues identified had been resolved. They had plans to recruit more staff to the office meaning there would be 3 senior staff to address concerns.

● The service had taken action following concerns raised prior to the inspection. For example, some people had been left alone to wait for an ambulance. They had a 'rapid response' process whereby a member of the office team would attend to wait with the person until the ambulance or their next of kin arrived.

● The deputy manager told us their priorities were to reduce the safeguarding concerns and complaints. They told us they aimed to achieve this by improving care workers knowledge through training and went on to say, "Most of the complaints are call times and lateness – first step is sponsorship, hope it reduces afterwards."

Working in partnership with others

● The deputy manager said they work closely with other agencies and completed lots of referrals. Their contact from the Speech and Language Therapy (SALT) team told us, "I have a very good rapport with the management at Choices. All management including [deputy manager] are helpful."

● Other professionals gave positive feedback about the service. One told us, "If we ask for information Choices Health Care respond immediately and provide us with that information in a professional manner". They went on to tell us about support during the pandemic, "We had care packages that needed to be covered urgently and the managers were available round the clock to ensure that was actioned subject to

available capacity."

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 12 HSCA RA Regulations 2014 Safe care and treatment Staff did not always wear personal protective equipment when required.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users were not always effective.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Some staff had been recruited without all the required information.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably competent and skilled staff were not always available to meet people's needs.