

Choices Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 13 April 2016 and 14 April 2016 which was unannounced, the inspection team consisted of one inspector on both days.

Choices Healthcare Limited provides care services to people within their own homes. Care services include personal care, a sitting service and domestic services. The service provided are either through private arrangement or social services funding. The service covers Southend on Sea and Essex.

The service has a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Medication practice required improvement to ensure that people received their medication as prescribed. The quality assurance system needed to be improved to ensure that it is effective in all areas of the service including medication management.

The manager had some systems in place to identify and monitor the safety and quality of the service however they had provided to be ineffective as they either did not recognise the shortfalls or when they did there was a lack of action to rectify them.

Suitable arrangements were in place to ensure that people received appropriate care and support to meet their needs. Staff knew the needs of the people they supported and they were treated with respect and dignity. People's healthcare needs were well managed and they had access to a range of healthcare professionals.

People's needs were met by sufficient numbers of staff. Suitable arrangements were in place to ensure that staff had been recruited safely; they received opportunities for training and supervision. People were safeguarded from harm; Staff had received training in Mental Capacity Act (MCA) 2005. People were supported to ensure they had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were being met was required.

People were provided with the opportunity to participate and engage in activities of their choice which met their needs. Relatives and people who used the service knew how to make a complaint and we felt reassured that all complaints would be dealt with and resolved efficiently and in a timely manner.

The service had a number of ways of gathering people's views which included holding meetings with staff and carrying out annual service user surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were not always protected against the risks associated with medicines because the Registered Manager did not have appropriate arrangements in place to manage and monitor medicines safely.

People had mixed views about the timing of their visits.

People who used the service felt safe. Staff knew what to do if they were concerned about people's safety and welfare.

The recruitment process was robust which helped make sure staff were safe to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

People were supported to meet their needs and people's nutritional requirements were being met.

The people had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Good ●

The service was caring.

Staff treated people kindly and respected people's privacy.

We found staff to always be knowledgeable of people's individual care.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

The service was not consistently well-led.

The quality assurance system was not effective because it had not identified the areas of concern found during our inspection and there were no plans in place to address them.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

Requires Improvement 

Choices Healthcare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 April 2016 and 14 April 2016, was unannounced and carried out by one inspector.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with 15 people who used the service, nine of their relatives, four staff, the registered manager, operations manager, care co-ordinator and the administrator. We looked at records in relation to six people's care, staff recruitment, supervision records and the systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

At our last inspection in May 2015 some people told us that they had had concerns about staff being late for their visits. This was the case again at this inspection. On our first day of inspection the manager did not have any systems in place to monitor late or missed calls, meaning they were unable to evidence how they worked on making improvement were missed or late calls had occurred. On the second day of our inspection the manager and care co-ordinator informed a monthly audit had been put in place to monitor all calls this would be used as a tool to drive improvement.

People told us that their medication was managed well. One person informed care staff visited them throughout the day to support them with their medication. At the inspection in May 2015 we also identified Medication Administration Records (MARS) were not always being correctly completed as we found unexplained gaps on the MARS. At this inspection, of the MARS we sampled we found several unexplained gaps, when we spoke to the manager it was evident the service did not have a robust audit or monitoring system in place to check all records when they have been returned to the office for safe keeping. However on the second day of our inspection the manager informed Medication audit system had now been put in place and this would be monitored on a monthly basis. We also found the service did not have PRN protocols in place to show why, when and how to administer prescribed 'as and when' required medication. This could mean that people do not receive their medication appropriately and safely because staff do not have clear instructions.

Staff knew how to keep people safe and protect them from harm. Staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Staff were certain that their concerns would be taken very seriously by their managers. One member of staff said, "We have received training on how to keep people safe. During our training we were informed how to raise a concern and who to contact if we think abuse has occurred." The manager had a good understanding of their responsibility to safeguard people and dealing with safeguarding concerns appropriately. The provider's policies and procedures were in line with local procedures and they worked closely with the local safeguarding team.

Staff had the information they needed to support people safely. Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. For example, a risk assessment was in place for one person in relation to their environment and how their care needs would best met; this showed how to support the person and respected their freedom. There were robust systems in place to reduce the risk of people being harmed, while at the same time ensuring that people were supported to lead full and satisfying lives. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing

applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Is the service effective?

Our findings

People and relative told us they found staff to have good knowledge and the skills on how to best meet their needs and always provided good quality care. One person told us, "The management team and they staff look after me very well and seem to have got to know my needs very well." A relative added, "Staff are well trained and have a good knowledge of how to care for people in the service."

Staff told us they received an effective induction over two weeks depending on their role and responsibilities. This included an induction of the premises and training in key areas appropriate to the needs of the people they supported. Staff told us, and the records confirmed that they had received recent training that included first aid, food safety, health and safety, infection control, dementia, mental health and equality and diversity. One staff member said, "The training is good we cover a range of interesting subjects that help me to do our work." Another said, "Most of the training is in-house such as moving and handling, first aid and fire safety. Some staff told us they had completed a national qualification this being National Vocational Qualification in Care. People were cared for by well trained staff. Staff we spoke to confirmed that they had completed an induction and that it had included opportunities where they shadowed a more experienced member of staff. This was so that they could learn how to support people effectively and understand the specific care needs of people living in the service. The staff training files we viewed showed that staff received training and reminders were set by the management team for when refresher training was required or due.

Staff felt supported by team meetings, formal and informal supervision and they had a structured opportunity to discuss their practice and development. One staff member informed, "The manager makes the team feel welcomed, we can ask them anything and they will always support us and involve us in decision making." During the inspection the manager informed that they were currently in the process of reviewing and planning staff's annual appraisals.

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's healthcare needs were monitored and supported through the involvement of a range of relevant professionals such as General Practitioner (GP) and nurse specialists. We found that people received appropriate healthcare support to meet their diverse needs. People and most relatives were happy with the level of healthcare support provided and told us that they were kept informed about people's health and wellbeing.

Is the service caring?

Our findings

People told us they received a service good from kind and caring staff. One person told us that the staff were always very positive and always seemed have the person's interests to heart and found most of the care staff to be respectful and care for them in a dignified way.

The service had a very strong, person-centred culture that was acknowledged by everyone we spoke with. Care plans were personalised to each individual's needs. The service worked closely with all professionals and relatives to undertake specific ways of providing care for all the people living in the service and this was all recorded in the care plans.

Staff knew people well, their preferences for care and their personal histories. People and their relatives were aware of their support plans and had regular meetings with the management team to identify any needs or wants they may have, along with their overall well-being. A relative told us, "The manager is very approachable and always communicates with us when there is a change in our relative's needs and we do so as well."

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips into the community to do their own shopping. One person informed us, "at least once or twice a month staff will take me into the high-street so I can do some shopping and then bring me back home and help me unpack my shopping."

People informed they were involved in their care and support and would participate in care planning reviews. The manager informed were people were did not have support from friends or relatives they service would request for advocacy service to support them. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working for the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff informed us they encouraged choice and control for people in relation to their individual preferences about their lives this included community interests and meals.

The manager met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. They used the information they gathered to make changes to people's support plans. The manager told us the service carried out a comprehensive assessment of people's needs when they started using the service and this was reviewed as and when people's needs changed. Support plans were reviewed and changed as staff learnt more about each person. Staff told us they used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service.

The service also encouraged people to access activities in the community. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations.

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, moods and specific behaviours. Care plans were regularly reviewed as required.

People were involved as much as possible in reviews of their care. Communication with the service was said to be good. Relatives told us they were always kept appropriately informed and attended review meetings.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager.

Is the service well-led?

Our findings

During this inspection we found that some of the issues from the previous inspection in May 2015 remained unaddressed, such as unsigned medication records and robust auditing systems to monitor medication records and also missed or late calls. During the second day of our inspection the manager informed they had put in place medication and call monitoring audit system which would ensure they monitor and review all MAR sheets when they are returned to the office for storage and use as a tool to drive improvement within the service.

Quality assurance systems and processes which assessed, monitored or improved the quality of the service were not effective or established. The registered manager and operations manager could not evidence any effective systems or processes which assessed, monitored or mitigated the risks relating to the health, safety and welfare of people using the service. The registered manager and operations manager were unable to demonstrate how they continually analysed, evaluated and sought to improve their governance and auditing practices in line with their own quality assurance policy.

Although some systems were in place, they were ineffectual and had not highlighted the areas of concern we had identified at this inspection and previous inspections. There was no evidence to show that the providers quality assurance systems effectively analysed and evaluated information so as to identify where quality or safety were compromised, to drive improvement or to respond appropriately. For example the service failed to evidence how they monitored missed or late calls. These meant systems in place did not mitigate risks relating to the people's health, safety and welfare of people using the service.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.