

# Your Choice Care Ltd

## Office

### Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Office (Your Choice Care Ltd) is a domiciliary care agency providing personal care and support to people living in their own homes. 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. At the time of inspection there were two people who received personal care support.

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

Systems and processes to keep people safe were ineffective. People did not have up to date risk assessments for known risks. Medicines administration and recording processes required strengthening. There were no effective systems to monitor accidents or incidents, which meant lessons could not be learned to reduce the risk of recurrence.

Recruitment processes were unsafe, assurances could not be provided staff were suitable to work with vulnerable people. Systems were not in place to ensure people were protected from abuse and the risk of abuse.

Staff had not received mandatory, refresher or specialist training for their roles. There was no system to monitor staff training, including from previous roles. There were no processes of formal staff support including supervisions, appraisals, team meetings or feedback surveys.

The provider did not have effective quality assurance systems to assess, monitor and improve the quality of all key areas of the service. There were no effective audits embedded into practice. The range of issues and concerns we found had not been identified prior to the inspection.

Mental capacity assessments were out of date and of poor quality. The staff team understood the principles of supporting people make choices.

Staff did not have access to up to date care plans. Care reviews were not recorded, and there was no evidence of people or their representatives being involved in care planning or reviews.

Although care plans were personalised, they were not up to date. A complaints process was in place, and in the process of being updated. Staff were confident any issues raised would be dealt with appropriately.

The provider and staff knew people well and wanted to ensure people received good quality care. Staff were caring in their approach, and supported people maintain their privacy, dignity and independence. The provider worked in partnership with health and social care professionals involved in people's care.

There was a small stable staff team who provided consistent care to people. Staff had access to sufficient stock of personal protective equipment (PPE) to reduce the risk of infection spread. Testing for COVID-19

took place and improvements were made to the frequency of testing during the course of the inspection.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Positive feedback was received from a professional working with the service about all aspects of a person's progress and outcomes. However, as the service had ineffective systems and processes so they were unable to provide evidence of this.

The registered manager left the service prior to the inspection visit taking place. The provider was open and transparent throughout the inspection and provided assurances of urgent actions being taken to address the most serious concerns found. Since the inspection, the provider has continued to provide regular updates to CQC of priority actions being taken and is committed to making and embedding sustained improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

The service was registered with us on 27 June 2019 and this is the first inspection.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to people receiving safe care and treatment, management oversight of the service, keeping people protected from abuse, staffing and the suitability of people working in the service.

#### Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led

**Inadequate** ●

# Office

## 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 one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission who left prior to the inspection visit taking place. This means, following their de-registration and until a new manager is registered with CQC, the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 2 June 2021 and ended on 4 June 2021. We visited the office location on 2 June 2021 and initiated telephone calls to people and staff on 4 June 2021.

#### What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided to themselves and their relative. We spoke with six members of staff including two directors, the registered manager and three care staff. We also spoke with a professional who worked with the service.

We reviewed a range of records. This included two people's care records and medicine records. We looked at several staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including quality assurance checks and training records were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received information on follow up actions taken by the provider.

# 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 inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- People did not have risk assessments covering all known risks associated with their care. For example, use of a bedrail, wheelchair, and safe support when someone resisted assistance. This meant carers did not have access to guidance on how to provide safe support to the people they cared for.
- Many of the risk assessments which were in place were generic and not personalised to the people receiving care. Not all risk assessments were dated, reviewed regularly, or kept up to date. This meant carers did not have specific information to support people safely, or up to date information as people's needs and risks changed over time.
- People did not have hospital grab sheets on their care files which could be provided to emergency health professionals in the event of a hospital admission. People were at risk of not receiving optimal care in the event of a hospital admission.
- Medicines administration and recording processes were unsafe. There was no effective medicines administration record (MAR) for one person, and the recording of medicines for both people receiving support contained inaccuracies. Staff did not have access to protocols to enable them to give 'as needed' medicines safely. Staff had not received training in medicines administration or competency checks to ensure they could safely support people in all aspects of medicines support and administration. These issues heightened the risk of people wrongly receiving medicines, which could cause physical harm.
- There were no effective systems in place to monitor incidents or accidents to ensure they were followed up appropriately and lessons could be learned. We saw an incident form was available and an example of when it had been completed. However, a lesson learned from the incident we reviewed was to arrange specialist training for staff, and this had not occurred.
- Records of how an incident which took place in January 2021 was dealt with were unavailable at the time of inspection so we could not be assured appropriate follow up actions were taken. There were no systems in place to share any lessons learned with the staff team.

The provider had not ensured people received safe care and treatment due to poor risk assessments, unsafe medicines management and a lack of systems and processes to learn lessons when things went wrong. Therefore, people were at risk of harm. These concerns constitute a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

- We saw a detailed positive behaviour support plan in place for someone who may show distressed behaviours. This outlined strategies and interventions to safely support the person and was used effectively by the staff team.
- Some risk assessments were detailed and up to date.



- We did not find evidence that people had been harmed by the issues we found. The provider was open and transparent throughout the inspection and committed to making improvements.

#### Staffing and recruitment;

- Recruitment processes were unsafe. Checks on staff fitness for their roles such as references and criminal background checks had not been done. Staff had not completed application forms or attended a formal interview for their roles. This meant the provider could not assure themselves that staff were suitable to work with vulnerable people.
- The provider took swift action when this was brought to their attention and provided assurances of the urgent actions they were taking to remedy this. This included ensuring no staff worked alone with people until criminal background checks had been completed. They were also working with a human resource consultancy firm to get safe recruitment processes in place.

The provider had not ensured staff were suitable for their roles or that recruitment processes were safe. These concerns constitute a breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons.

- People received support from a small and consistent staff team who worked well together. This ensured continuity of care which was positive for the people being supported. There were sufficient numbers of staff but some staff worked long shifts which reduced their ability to provide optimal care.

#### Systems and processes to safeguard people from the risk of abuse

- Systems were not in place to ensure people were protected from abuse and the risk of abuse. Staff had not received any mandatory or refresher training in safeguarding awareness and processes. This meant the provider could not assure themselves of skills and knowledge in this area. Staff told us they had received safeguarding training in previous roles, but the provider did not have evidence of this.

The provider did not have systems in place to ensure people were protected from abuse and the risk of abuse, including ensuring staff knowledge and skills were up to date. These concerns constitute a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safeguarding service users from abuse and improper treatment.

- The provider was in the process of updating the safeguarding policy and procedure, and staff handbook which included safeguarding information. This was not yet in place, but they recognised the importance of getting this done.
- Staff told us they were aware of safeguarding and whistleblowing procedures and knew what to do if they had any concerns. Staff were also confident the provider would follow up appropriately if any concerns were brought to their attention.
- We received feedback from one person using the service they felt safe with the care provided. They said, "Oh yes, I feel safe."

#### Preventing and controlling infection

- Staff participated in testing for COVID-19 but not at the frequency recommended in government guidance. The provider gave assurances this would be rectified immediately and increased from fortnightly to weekly testing. All staff had participated in the COVID-19 vaccination programme.
- Staff had access to sufficient stocks of personal protective equipment (PPE) including masks, gloves, aprons and hand sanitiser. Feedback confirmed this. We saw there was plenty of PPE available in the office for staff to use as needed.



# 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

- Staff had not received any mandatory or refresher training since the service was registered with CQC. Staff told us they felt competent in the roles they performed but wanted additional and updated training to refresh and enhance their knowledge and skills.
- In addition to routine training, staff had not received extra training in areas such as COVID-19 infection prevention and control, or specialist areas such as managing distressed behaviour for one person who would benefit from this.
- The provider did not have evidence of training which staff had undertaken in roles prior to joining the service. There was no tracker of current training gaps and requirements, although the provider began work on this before the end of the inspection.
- There was no system of regular supervision or annual appraisals in place for the staff team. This meant staff did not have formal opportunities to discuss their professional development as well as any arising issues and support needs.
- The provider confirmed some training certificates on staff files were fraudulent as staff had not attended the training listed on the documents. An internal process was initiated to identify how this had occurred.

The provider had not ensured staff received sufficient training, or support via supervision and appraisals to perform their roles optimally. These concerns constitute a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing

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

- People's needs were assessed before the two care packages had commenced but these had not been recorded separately. Pre-assessments were used to form the basis of people's initial care plans.
- There were significant gaps in the daily records for one person. Notes were not available for a period of more than five months up to March 2021. This meant the management team could not monitor or evidence the care provided to the person, or ensure care was delivered in line with standards and guidance. Satisfactory daily records were available for the other person receiving support, and all notes were up to date from April 2021.

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.

- Mental capacity assessments required improvements. One person was not able to make all of their own decisions. One mental capacity assessment had been completed in October 2019 and not updated or reviewed since then. There were no assessments for specific decisions, or documentation of best interest decisions being made. This meant people were exposed to the risk of decisions not in their best interests being made for them. The provider recognised the poor quality of existing processes and planned to make improvements.
- The provider and staff demonstrated they understood the principles of the MCA and gave examples of how they supported people to make choices.

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

- Staff supported people prepare food and drinks and mealtimes. Where people had eating and drinking needs, for example if they had guidance from a speech and language therapist to ensure they consumed food and drink safely, staff were aware of these needs and followed the guidance.

Staff working with other agencies to provide consistent, effective, timely care.

- The staff team worked with other agencies to ensure people received consistent care and to ensure their needs were met, although this was not always recorded. Feedback from a professional who worked with the service confirmed the positive actions taken by the provider to support one person who used the service.

# 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 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

- Staff did not have access to up to date care plans for people who received support to inform them of needs and preferences. One person received care during the night which there were no care plans for. Staff relied upon their relationships with, and knowledge of, people to know the support required. Although the small staff team knew people well, for newly recruited staff this meant people may not receive consistent care in line with their preferences.
- The provider and staff knew people well, and wanted to provide good quality care which met their needs.
- We received positive feedback about the care people received. One person told us, "They (Carers) can't be beaten. They are very good."

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

- Care reviews were not recorded so changes to people's needs or packages of care were shared with staff informally. Whilst we did not find any difficulties had been caused by this, it left room for miscommunication and confusion, and the risk of people not receiving the care they wanted or needed.
- People were able to express their views and be involved in making decisions about their care. One relative told us, "If [Name] wasn't happy we would know about it. [Name] can't speak but knows what they want. Staff are very good with [Name]."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and supported people to maintain their privacy. One person said, "They are very good helping me in the toilet," A member of staff described how they supported a person respectfully with their personal care.
- Staff supported and encouraged people's independence and gave examples of how they did this. For example, one person previously required support to cut up their food at mealtimes and had developed the skills to do this independently with encouragement from staff.
- The provider was aware of the importance of keeping people and employee's confidential information safely stored.

# 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.

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

- Although care plans contained personalised information to ensure staff knew people's preferences and how they wanted to be supported, they had not been reviewed or updated in over twelve months to reflect people's current choices and preferences. The provider planned to re-write people's care plans and had ideas of how to make improvements to the templates used. They began work on this during the inspection.
- One person had a detailed and up to date positive behaviour support plan in place. This was personalised to their needs and gave guidance to staff on how they preferred to be supported. Staff referred to this plan to support the person have choice and control with the care they received.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection. Care plans did not show this area of care planning had been offered or considered during the care planning process with people or their representatives, where appropriate, and it was an area for improvement in the revised care plans under development.

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.

- The provider was keen to ensure communication preferences and needs were central to people's care planning and delivery. One person had a communication passport in place which provided helpful guidance to staff to support the person communicate effectively. They planned to develop this further for all people receiving support.

Improving care quality in response to complaints or concerns

- Complaints policies and procedures were in place and in the process of being updated. At the time of inspection, no formal complaints had been received.
- Staff told us they were confident any issues raised would be dealt with appropriately by the provider.

# 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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not have effective systems to assess, monitor and improve the quality of the service. There was no effective audit process of staff files. There were significant concerns about unsafe recruitment processes which had not been identified prior to the inspection.
- Systems and processes were not in place to complete, update and review people's care records effectively. There were no effective audit processes to identify that care files were disorganised, care plans and risk assessments were out of date and they did not provide staff with the information they required to meet all known care needs and mitigate risks. Daily records had not always been kept which had not been identified and addressed until recently.
- There was a lack of effective processes to ensure people, or their representatives where appropriate, were involved in the care planning and review process, and consented to the care plans in place. The provider had identified the poor quality of mental capacity assessments but had not taken action to improve this.
- There were no systems to monitor staff training and competency to ensure staff had up to date skills and knowledge for their roles. Staff had not received any mandatory, refresher or specialist training since the service was registered and this had not been identified as an issue by the management team.
- There were no systems to support and engage staff through supervision, appraisals, team meetings or staff surveys. Staff told us they communicated informally to remain up to date with key information, and felt supported, but the provider failed to implement effective systems to facilitate this.
- Quality assurance and audit processes were not embedded into practice in key areas such as medicines, accidents and incidents or daily notes. There were no effective systems in place to follow up on any issues identified by way of lessons being learned and shared with the staff team in order to improve practice and the care people received.
- There was a lack of systems and processes to ensure effective management oversight and quality assurance of all aspects of people's care.

The provider failed to ensure effective systems were in place to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager left the service prior to the inspection visit and the provider supported the inspection openly and transparently. The provider immediately began to work at pace to address the urgent areas of concern including staff police checks and staff training. They also began to develop an action plan of required improvements.
- Positive feedback was received from staff about communication, teamwork and support from the provider.
- The provider had recognised the policies and procedures as well as the staff and service user handbook, required updating and this was in progress.

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 was aware of their responsibilities under the duty of candour to be open and honest when things went wrong. When incidents occurred people, or their representatives where appropriate, were informed.

Working in partnership with others

- The service worked in partnership with social care and health professionals involved in people's care. Although there was no separate log of communication with professionals, we saw examples of involvement with a range of disciplines such as the speech and language team, social workers and health professionals.



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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have systems in place to ensure people were protected from abuse and the risk of abuse, including ensuring staff knowledge and skills were up to date.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment processes were unsafe. The provider had not ensured staff were suitable for their roles through proper checks and procedures.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received sufficient training, or support via supervision and appraisals to perform their roles safely or optimally.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured people received safe care and treatment due to poor risk assessments, unsafe medicines management and a lack of systems and processes to learn lessons when things went wrong.</p>

### **The enforcement action we took:**

We issued a Warning Notice giving the provider a short timescale to make improvements.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of systems and processes in place to ensure effective management oversight and quality assurance of all aspects of people's care.</p>

### **The enforcement action we took:**

We issued a Warning Notice giving the provider a short timescale to make improvements.