

## Choices Healthcare Limited

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## Inspection report

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## Ratings

### Overall rating for this service

Good



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?

Good



## Overall summary

This inspection took place on 20 and 21 May and 12 June 2015.

Choices Healthcare Limited provides personal care and support to people within their own homes. They also provide domestic and sitting services.

There has been a registered manager in post since the service first registered on 6 November 2012. 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 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.

# Summary of findings

Staff had a good understanding of how to protect people from the risk of abuse; they had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been identified and there were plans in place to manage them.

People had mixed views about the timing of their visits.

Staff were safely recruited because the recruitment processes were thorough and the service was actively recruiting new staff. Staff were well trained, supervised and supported.

People received personalised care that was responsive to their needs. The care plans met people's needs and preferences and provided them with good support.

People were treated respectfully and staff listened to what they had to say, their views and opinions were taken into account and people felt involved.

Complaints and concerns were dealt with appropriately.

# Summary of findings

## 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 consistently safe.

Medication practice required improvement to keep people safe.

People had mixed views about the timing of their visits.

Safeguarding procedures were good and staff had received training and had a good knowledge of how to recognise and report abuse.

Staff had been safely recruited and recruitment was on-going.

Requires improvement



### Is the service effective?

The service was effective.

There was a good induction process, staff were supported and they had received supervision and training relevant to their role.

People had sufficient food and drinks to meet their needs.

People were supported to maintain good health and had access to appropriate services.

Good



### Is the service caring?

The service was caring.

Staff were polite, kind, caring and respectful.

Staff listened to people and explained anything they were not sure about.

Good



### Is the service responsive?

The service was responsive

People's needs were assessed and their care and support plans had been reviewed and updated to reflect their changing needs.

Staff had responded quickly when people's needs changed.

Good



### Is the service well-led?

The service was well led.

The quality assurance system was not effective in all areas of the service.

There is a registered manager in post and staff had confidence in them and shared their vision.

Good



# 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 20 and 21 May and 12 June 2015, was unannounced and carried out by one inspector 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.

The provider sent us their completed provider information for (PIR) and we used the information in it throughout this inspection. We also 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 11 people who used the service, seven of their relatives, seven staff, the registered manager, the care manager, one of the directors and the administrator. We looked at records in relation to nine people's care, staff recruitment and support records and the systems in place for monitoring the quality of the service.

# Is the service safe?

## Our findings

People had mixed views about the service they received. Some people said that they felt well looked after and were 'in safe hands' with professional staff. Other people said that the service needed more staff. Some people told us that they had had concerns about staff being late for their visits. One person said, "I understand that they cannot give an exact time because if something happened to the person before me that would cause a delay, but I wish they would phone and let me know if they are going to be too late. I rely on them to help me so worry that I won't get help if they don't come." Another person said, "It has got better but I don't think staff can ever give me an exact time because they have to help so many people. I know if I had to wait too long I would phone the office and they would sort it out." People have said that they would appreciate a telephone call if staff expected to be much later than planned as this would put their mind at rest. One person said, "Sometimes my carer has twelve people to visit at tea-time so some calls are going to be too early and some are going to be too late. It also means that they sometimes have to rush me so I think they need more staff." A relative told us, "I do think that the service has a tendency to overstretch their staff which causes delays."

People said that problems mainly occurred when their regular care workers were off work due to holidays or sickness because the timing of their visits could be an issue. They said that although they were not kept waiting for long periods of time in the mornings their tea-time and night-time visits were sometimes either far too early or too late. Improvements were needed to ensure that the timing of visits did not potentially impact on people's health and well-being.

People told us that their medication was managed well. One relative told us that the service was responsible for their relative's medication. They said that visits were spaced evenly throughout the day to ensure that their relative received their medication in good time. Another relative told us that they ordered and collected their relative's medication however they had not spotted that

the pharmacy had given the wrong tablets. They said that the service's staff had identified the issue and resolved it quickly ensuring that their relative had the correct medication.

However, during our inspection we found that improvements were needed in this area because some medication record (MAR) sheets had not been completed appropriately. There were some unexplained gaps in recording on one person's MAR sheet and incorrectly transcribed information on another person's MAR sheet. There were no PRN protocols 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. The manager told us that trained care staff were responsible for transcribing the information onto the MAR sheets and supervisors should check that the MAR sheets have been completed correctly. This had not always been done so people could be at risk of not receiving their medication as prescribed.

The care manager told us that they were in the process of preparing medication profiles using the local authority's medication risk assessment tool.

The manager and staff had been trained in safeguarding people as part of their induction and they had a good knowledge of safeguarding procedures and how to keep people safe. There was guidance and information available for staff to refer to when required. Risks to people's health, safety and welfare had been identified and plans had been developed to manage the risks. Staff told us that the risk management plans were clear, easy to follow and regularly reviewed.

Staff had been safely recruited. Staff told us and the staff files showed that checks had been carried out before staff started work. There were disclosure and barring checks (DBS) and written references on each of the staff files that we checked. The manager told us that the service was planning to expand into the Basildon area. They said that advertisements for staff were in place for Southend and Basildon and that recruitment was on-going. This meant that the service was continually recruiting staff to ensure that people were supported by sufficient staff who were deemed fit to work with them.

# Is the service effective?

## Our findings

People told us that they felt that staff knew what they were doing and were well trained. Their comments included, “The staff are nice, they seem to know what to do and they do it well. They seem well trained” and, “They are all very good but the regular staff really know what they have to do and they are trained to do it.”

Staff told us that their induction and training was good, they said that it helped them to do their job. One staff member said, “I have done an NVQ 2 and all my training is up to date.” Another said, “I am quite new to care and I am doing the care certificate which I am really happy about.” Staff said that after they had completed training they had to take a written test to check their knowledge of the subject. Staff told us that they had received regular supervision in the form of one to one meetings, spot checks, which are random checks on staff’s practice, and staff meetings and they said that they felt well supported and the records confirmed this.

People had been asked for their consent in line with legislation and guidance. They told us that they were asked for their consent when staff were providing their care. One person said, “My carer always asks if it is alright before they do anything for me.” Another person told us, “They know exactly how I like things done and will always aim to do it

right” and, “They are always willing to do extra things and will ask me if I need anything else before they go.” The manager and staff had received training and had a good awareness of the Mental Capacity Act (MCA) 2005. The manager told us that there was no need for assessments to be carried out for the people currently using the service as they all had capacity. They said that should people lack capacity the local authority or hospital requesting the placement would assess them.

People were supported to eat and drink enough to meet their needs. They told us and the manager confirmed that staff did not cook meals, they heated and served microwaved meals only. People said that they generally had a supply of frozen or fresh microwave ready meals and that staff would offer them a choice of the available meals. They said they were happy with the service the agency provided with respect to their meals.

People were supported to maintain their health. Staff told us that on occasions they had supported people with health appointments but that generally people’s family provided their healthcare support. The daily activity logs showed that staff had recorded any changes to people’s healthcare needs and how they were to be met. People said that staff would arrange a GP visit or would phone the advice service if they had any healthcare concerns.

# Is the service caring?

## Our findings

People received a service from kind and caring staff. They told us that the staff were very nice and had caring attitudes and said that staff listened to them and respected their differences. One relative told us, “They are brilliant and they go out of their way to please us. They are kind, friendly and chatty.” People gave us many positive comments about the staff which included, ‘wonderful’, ‘very calm’, ‘caring and helpful’ and ‘lovely.’

Staff spoke respectfully about people and were knowledgeable about their diverse needs and preferences. We heard staff talking with a person and they did so in a caring way, they were respectful and showed kindness and compassion. One relative told us, “The service must have carefully selected this member of staff because my relative has quite complex needs. They are exactly what my relative needs, they understand them and know them well and I feel this has made all the difference to the way their care has been worked out.” This showed that the service matched staff to people to ensure that they received the best possible care.

People said that they had some close, caring relationships that had built up over time with their regular carers. One person told us, “I cancel my care when my regular carer is not working. It is not because I don’t trust them or that I have had problems in the past. It is because my carer is so wonderful, I only ever want them.”

The service encouraged people’s independence, choice and rights. People told us that staff helped them to maintain their independence as much as was possible. For example, one person was supported to attend church regularly, which was very important to them but they were unable to go without support. Another person was supported to access local shops and restaurants. They told us that they valued this support because they would not be able to go alone. People told us that staff were always polite and courteous.

People had been able to express their views and be actively involved in their care and support. They told us they had been actively involved in their care, they were aware of the availability of advocacy services should they need 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 told us that they received person centred care that met their needs. They said that their regular staff were 'excellent', 'reliable', and compassionate. They told us that they received a good service and that their care plans met their needs. People's needs had been fully assessed before the service started and their care plans had been devised from the initial assessment to ensure that they received care that was appropriate to their needs.

Staff told us that people's care plans informed them well, they said that they were very clear about what they must and must not do to support the person. The care plans had been clearly written giving staff clear instructions on the level of support that people needed. This meant that staff knew how to support people in a way that they preferred.

People told us that they were supported with risk taking such as for using a hoist or walking aid. There were risk assessments together with management plans detailing how the risks were to be managed. Care plans and risk

assessments had been reviewed and updated to take into account people's changing needs. The daily action logs clearly described staff's intervention and included information on nutrition, activities and the person's feelings.

People's experiences, concerns and complaints were listened to and acted upon. They told us that they knew they could telephone the office if they had any concerns and that they would be dealt with quickly and effectively. One person told us, "I had a visit from a male member of staff, which I didn't like so I asked the service not to send a male again and they listened to me and did what I asked because I have never been sent a male again."

The complaints records showed that concerns had been dealt with appropriately because the manager had fully investigated the issues, taken action and informed the complainant of the outcome. The manager told us that they analysed all complaints to enable them to learn from them and take actions to avoid a repetition.



# Is the service well-led?

## Our findings

People told us that the service made every effort to provide a good service. They said they were confident that they could contact the office at any time if they had any problems and that they would be dealt with appropriately. There was a whistle blowing procedure in place and staff told us that they were confident that any concerns would be dealt with.

Staff told us that they felt supported to do their work and supervision sessions had taken place. Staff meetings had had been regularly held and the notes of these meetings, and discussions with staff confirmed that CQC guidelines, communication, attitudes, behaviours and training had been discussed. Staff told us that they thought the meetings were helpful and that they had made improvements to their practice as a result of them.

The manager told us that the overall feedback from their last annual quality assurance review sent to people who used the service had been good but that some issues had been raised. They had devised an action plan to address the issues; however the action plan had not included any dates for the actions to be completed. During this

inspection we found that some of the issues in the action plan still remained, such as unsigned medication records. The manager confirmed that they were in the process of addressing the shortfalls in medication records. Other quality assurance processes included regular audits on staff files, training, supervision, activity logs and care plans.

People told us that their views had been sought, were respected and taken into account because senior staff had visited them to carry out regular reviews of their care. They said that they were asked for their views and opinions on a daily basis and that they had received phone calls from the office to ensure the service was satisfactory. This meant that the service continually obtained people's views on the quality of the service.

The manager told us in their Provider Information Return (PIR) that the service had signed up to The Social Care Commitment. This is a promise to provide people who need care and support with high quality services. The provider promises to commit to seven 'I will' statements, with associated tasks. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care.