

Chosen Services UK 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?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection was carried out over two days on the 29 and 30 September 2015 and was announced. The previous inspection of this service was on 11 September 2014 and we found they were fully compliant at that time with all the outcomes we looked at.

The service provides support with personal care to adults living in their own home. At the time of our inspection 20 people were using the service, but the registered manager told us only six of those received support with personal care.

The service had a registered manager in place. 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.

The service had not carried out robust assessments of the risks people faced and there was limited guidance available to staff about how to support people in a safe manner. The service did not always keep a record of

Summary of findings

when they had supported people to take medicines. Staff did not undertake sufficiently comprehensive training about moving and handling and supporting people with the aid of a hoist. Care plans were in place but these did not contain personalised information about how to support individual people. Quality assurance and monitoring systems did not always identify deficiencies within the service, in relation to care planning and risk assessments.

The service had systems in place to reduce the risk of abuse and staff had undertaken training about safeguarding adults. There were enough staff employed to meet people's needs. Robust staff recruitment procedures were in place.

Staff received induction training which included shadowing other staff. Staff had regular supervision meetings with a senior member of staff. People were able

to consent to the care provided and make choices about their care. This included making choices about what they ate and drank. People were supported to attend medical appointments.

People told us that staff treated them with dignity and respect and behaved in a caring manner. They said their cultural and religious beliefs were respected. Staff understood how to promote people's privacy and independence.

People told us they were involved in planning their care. Staff had a good understanding of people's individual support needs. People knew how to make a complaint and the service had a complaints procedure in place.

People and staff told us they found the registered manager to be approachable and accessible.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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 safe. Risk assessments were not of a satisfactory standard and contained little information about how to support people in a safe manner. Staff did not always record when they had supported a person with their medicines.

The service had appropriate safeguarding adults procedures in place and staff understood their responsibilities with regard to safeguarding.

There were enough staff to meet people's needs. Robust staff recruitment procedures were in place which included carrying out checks on prospective staff.

Requires improvement



Is the service effective?

The service was not always effective. Staff had not undertaken sufficiently comprehensive training about moving and handling and supporting people with the aid of a hoist.

Staff received regular supervision and had an annual appraisal of their performance and development needs.

People were able to make choices about their care and support. This included making choices about what they ate and drank.

The service worked with other agencies to promote people's wellbeing and supported people to attend medical appointments.

Requires improvement



Is the service caring?

The service was caring. People told us they were treated with respect by staff and that staff were polite and friendly.

Staff understood how to support people's dignity by promoting their privacy and independence.

Good



Is the service responsive?

The service was not always responsive. Although care plans were in place for people these were task centred and did not provide personalised information about how to meet the needs of individuals.

People told us they were involved in planning their care.

People knew how to make a complaint and the service had a complaints procedure in place.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led. Although Systems were in place for assessing the quality of care and support provided, these were not always effective as they had not identified deficiencies with the standard of risk assessments and care plans.

There was a registered manager in place. People that used the service and staff told us they found the registered manager to be accessible and helpful.

Requires improvement



Chosen Services UK 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 was planned to check 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 over two days on the 29 and 30 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two 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.

Before the inspection we reviewed the information we held about the service. This included details of its registration, previous inspection reports and notifications the provider had sent us. We spoke with four people that used the service and two relatives. We spoke with four staff. This included the registered manager, the senior carer and two care assistants. We examined six sets of care records relating to people that used the service and five sets of staff recruitment, training and supervision records. We looked at quality assurance and monitoring systems and various policies and procedures. We contacted the relevant local authority with responsibility for commissioning from the service.

Is the service safe?

Our findings

The service had carried out risk assessments for people in relation to moving and handling. However, these only identified where there was a risk, they did not include any information or guidance about how to manage and reduce the risk in order to provide care for the person in a safe manner. For example, the risk assessment for one person said they were at risk of falling, that they used frames and sticks when walking and had a 'medium risk' related to moving and handling. But despite the risk being identified there was no information about how to manage and reduce it. The risk assessment for another person said they were at 'high risk' regarding moving and handling and that they required the use of a hoist and two staff for moving and handling. Despite the high risk there was no information about how to manage and reduce the risk.

Other risk assessments were of a similar basic standard. For example, risk assessments were in place about the physical environment. These were completed on a standard pro forma which listed various potential risks such as trip hazards, flooring, electrical equipment, infection control and fire hazards. For each listed element of potential risk there was a space for information about the risk but these were usually left blank so it was not possible to determine if there was any risk or how to manage a risk if one existed.

The assessment of one person carried out by the commissioning local authority stated they had poor mobility, were at risk of falls and had poor eyesight. The local authority assessment just listed these factors and there was no information about how to support the person with the risks and none of these issues were covered in the care plan or risk assessment developed by the service. A member of staff described the risk one person faced when sitting on the commode, telling us there was a risk they would fall off if not positioned correctly. However, this information was not included in the person's risk assessment.

The lack of effective risk assessments potentially put people at risk. This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that none of the people that used the service exhibited behaviours that challenged the service. They told us the service did not use any form of restraint when supporting people.

People told us they felt safe using the service and there were enough staff to meet their needs. A relative told us, "I think my daughter is safe with her carers." A person that used the service said, "They have enough staff for what I want."

The service had a safeguarding adults procedure in place. This made clear the services responsibility for reporting any allegations of abuse to the relevant local authority. There was also a whistleblowing policy in place which made clear that staff had the right to whistle blow to outside agencies if appropriate. Staff we spoke with were aware of their responsibilities with regards to safeguarding adults and whistleblowing. One staff member said, "I would tell the boss and she would tell social services (if they suspected someone had been abused)." Records showed staff had undertaken training about safeguarding adults.

The registered manager told us the service provided a shopping service to some people. They said staff were expected to get receipts from the shopping and as the people who had this service all had capacity they took the responsibility for checking the receipts and shopping. This reduced the risk of financial abuse occurring.

The registered manager told us that the amount of time people were provided with support was decided by the commissioning local authority together with the person receiving care. Staff told us that they had enough time to get from one appointment to the other and they were able to stay with people for the full amount of time assessed as being required to support them. Staff told us that when a person needed two staff to support them then two staff were always available and they did not have to support the person on their own. The registered manager told us that there were enough staff employed to cover any staff absences and that they often provided staff cover themselves when a care staff cancelled a shift at short notice.

The service had robust staff recruitment and selection procedures in place. Staff told us and records confirmed

Is the service safe?

that the service undertook various checks before people were able to commence work. These included providing proof of identification, work visas, references and criminal records checks.

The registered manager told us the service supported one person with their medicines. They said this person had full capacity with regard to their medicines and staff support was limited to removing the medicine from its container, putting it in a medicine cup and handing it to the person. However, the staff did not record when they had carried out

this activity on a medicine administration record chart. The registered manager told us the person was fully aware of when to take their medicines and what medicines they were prescribed. However, it is good practice to keep a record of any staff support provided with medicines. **We recommend that** medicines administration record charts are maintained in all cases where support is provided with medicines, including when the person has the capacity to manage their own medicines.

Is the service effective?

Our findings

The registered manager told us that moving and handling training was provided in DVD format and that the service did not directly provide any training to staff on the use of a hoist. The registered manager said they used an outside agency to provide this training. However, only two of the five staff we checked had undertaken comprehensive training on moving and handling including the safe use of a hoist. People that used the service were supported with the aid of a hoist by staff.

The lack of comprehensive staff training about moving and handling potentially put people at risk. This was a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had induction training at the commencement of their employment. They said this included classroom based training. Records showed this covered health and safety, safeguarding adults, infection control, communication, record keeping and good principles of care. In addition to the classroom based training new staff had the opportunity of shadowing staff as they carried out their duties. They told us this enabled them to learn how to provide support to individuals. One member of staff said, “When I first started I had to watch them [other staff] to see what they were doing and they explained in detail what they were doing.” Staff said they found the induction training adequately prepared them for their role.

The registered manager told us that all of the current staff team had previously worked in the social care sector so they did not need to complete the Care Certificate. However, they said if they recruited staff that were new to working in social care then they would be expected to complete the Care Certificate. The Care Certificate is a training programme designed to provide staff who are new to social care with the basic knowledge and skills and competencies required. Staff told us and records confirmed that they had annual refresher training which covered the same topics as the induction training.

Staff told us and records confirmed that they had one to one supervision meetings and an annual appraisal of their performance and development needs. One staff member said, “Its [supervision] good. We get the chance to talk about anything we want.” Another staff member said, “We

talk about the clients, what they like, that kind of thing.” Records showed supervision topics included reviewing the staff’s performance and issues relating to people that used the service.

People told us that staff knew how to meet their needs. One person said, “I feel the carers know what they are doing.” Another person said, “Every carer who comes to me is well trained in personal care.”

People told us they were able to make choices about their care. One person said, “No matter what they are going to do they always ask me first.” Another person said, “She [staff] listens to me and always asks what I need and if it is okay for her to do it.”

Staff told us that they supported people to make choices. One staff member said, “I always ask her [person that used the service], I give her choices.” Staff said where people lacked capacity they still supported them to make choices as much as possible. For example, one member of staff told us how they showed people different sets of clothes for them to choose from or different options for their breakfast. Staff also told us they consulted with people’s relatives to gain information about what people liked to help them make choices. Another member of staff said they gave people choices about their care, telling us, “I ask her [person that used the service] what she wants and I do it for her.”

The registered manager told us that the commissioning local authority had responsibility for carrying out any capacity assessments under the Mental Capacity Act 2005. They said that none of the current people that used the service had any court of protection orders in place that restricted their liberty and that the service did not seek to restrict anyone’s liberty.

Care plans had been signed by people or their relatives. This indicated that people agreed with the details of the care plan and consented to the care and support provided.

The registered manager told us that the support they provided to people with eating and drinking was limited to preparing food and drink for them. Staff told us they offered people choices about what they ate. One staff member said, “I ask [person that used the service] what he wants for lunch.” A person that used the service told us, “They do my breakfast as well as my personal care and always ask what I want to eat.”

Is the service effective?

Care plans contained contact details of people's relatives and all but one of the care plans we saw contained contact details of people's GP's. The registered manager told us they would make sure all care plans contained GP contact details. This meant staff were able to contact family members and GP's in the event of emergency or medical need. Staff we spoke with told us they would call for an ambulance if needed in case of an emergency and the registered manager told us the service supported people to attend medical appointments. We saw that the service

worked with other agencies to promote people's wellbeing. For example, records showed the service worked with the relevant local authority to support a person whose needs were changing as they became prone to falling.

Any allergies people had were listed on care plans which meant staff were able to support people's health by ensuring they did not come into contact with anything they were allergic to. People's medical conditions and histories were also detailed in care plans. This meant staff were able to pass on this information to relevant health care professionals in the event of an emergency.

Is the service caring?

Our findings

People told us that staff were caring and that they were treated with dignity. When asked if they felt staff respected them one person said, “Yes they do, when washing me they keep my pants on whilst they do my top. They always ask before they do anything if it is okay with me or how would I like it done.” Another person said, “They are very kind and compassionate.” Another person told us, “My carer listens to me and always asks how my night was. She is very understanding, more like a daughter to me.” A relative told us, “They are very polite to her [person that used the service] as they understand her disability makes her quite miserable and grumpy at times.”

The registered manager told us that staff worked with people with whom they shared a common language. They said that sometimes family members helped with translation if there was a problem with communication. The registered manager told us that on occasions they had not been able to provide support to people because they had not been able to meet their communication needs as the person required staff who spoke their language and the service was not able to provide this. This meant the service took people’s needs into consideration when assessing their needs and if the service was able to meet those needs.

The registered manager also told us they sought to match staff with people to meet their needs. For example, they told us one person liked peace and quiet so they arranged for them to have care staff who were quiet people. The registered manager told us they provided people with the same regular care staff. This enabled staff and people that used the service to build up relations and develop trust. The registered manager said when providing a replacement care staff they always tried to find a member of staff that had worked with the person before. They told

us they always tried to notify people in advance when there was a change to their regular care staff. A person that used the service told us, “If my regular carer is off they send someone I know. There is one girl I really like and if my carer is off and she can fit me in they send her if not they send others who I have now got to know.”

We found that people were asked if they had a preference for the gender of their care staff and this was recorded on their care plan. One person told us, “I requested to have a female [of specific religion] carer and they have provided me with female [of specific religion] carers who know exactly what is needed.”

Care plans included some information about people’s interests. This helped staff to get a better understanding of the person so they could talk with the person about things of interest to them. We also saw some information about respecting people’s cultural beliefs. For example, one care plan contained information about the use of appropriate footwear when visiting a person’s house so that the person’s religious beliefs were respected. Staff we spoke with were aware of this.

Staff told us how they promoted people’s dignity and interacted with them in a caring manner. One staff told us they always tried to be friendly and polite, greeting them in a cheery manner when they first arrived at the person’s home. The staff member said, “I always say ‘good morning [person that uses the service], how are you today, are you all right?’” The same staff member told us how they left people alone to attend to the care they could manage themselves to promote their privacy and independence and made sure people were covered up when providing support with personal care. Another staff member said, “I make sure curtains are closed and nobody’s around when giving personal care.” This helped to promote the person’s privacy.

Is the service responsive?

Our findings

The registered manager told us after receiving an initial referral they carried out an assessment of the persons needs to assess if the service was able to meet those needs. This assessment involved visiting the person in their home and meeting with relatives where appropriate. This meant people had the opportunity of being involved in planning their care and making decisions about what and how they wanted their support to focus on. The registered manager told us that care plans and risk assessments were developed based upon their initial meeting with the person and information that was provided by the commissioning local authority.

We found that care plans were in place for people. Copies of these were kept at the services office and in people's homes. This meant staff and people that used the service were able to consult them.

Care plans contained only basic information about the tasks to be performed by care staff. They did not include personalised information about how to meet the individual support needs of each person. For example, the care plan for one person in relation to the support with personal care to be provided stated, "Body wash, cream, dress." There was no information about how this was to be provided to that person or any guidance about what the person was able to do for themselves and what they needed staff to do for them. Another person's care plan stated, "Walk in shower, body grooming, dress." Again, there was no personalised information about what this meant. The same person's care plan also said they used incontinence pads but there was no care plan about supporting the person with their toileting needs.

The assessments carried out by the local authority that commissioned care did not contain any detailed information about people's care needs. For example, one local authority assessment stated, "Support with all personal care including toileting" with no further detail. The care plan for this person developed by the service did not provide any information about meeting these needs.

Lack of information about the individual needs of people and how care was to be supported in a personalised manner was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans did include timetables which set out when care was to be provided and what tasks were to be performed. The registered manager told us the times for supporting people were chosen by the people themselves to best meet their personalised needs. Staff we spoke with had a good understanding about how to support the individuals that they worked with.

People and their relatives told us they were involved in planning their care. One person said, "They did involve me in the setting up of my plan three months ago. They listened to what I wanted and incorporated this with the times I wanted in order to meet my current needs. If my relations are around they talk to them as well." A relative said, "I was involved and my wife sat in on the discussions about her care plan. I think she understood what was going on and they did listen to me. We had a really good chat about our needs and what the service was able to provide."

People told us they knew how to make a complaint. One person said, "In the short time I have been receiving care from this agency I have had no reason to complain or raise an issue other than a missed call when they apologised for that. If I had to make a complaint I would know what to do as they have provided that information in my folder along with emergency numbers to ring." Another person said, "I would know how to make a complaint if I needed to as the information is in the folder we have been given." A relative told us they were unhappy because their care staff did not consistently arrive at the designated time. They said they raised this issue with the manager and that it was addressed satisfactorily.

The service had a complaints procedure in place. This did not include timescales for responding to complaints received or the correct details of whom people could complain to if they were not satisfied with the response from the service. We discussed this with the registered manager who sent us a revised version of the complaints procedure after our inspection. People were provided with their own copy of the complaints procedure.

Staff told us that although they had not received any complaints from people they would report a complaint to their manager if they did receive any.

Is the service well-led?

Our findings

Although systems were in place to monitor the quality of service provided these had not always been effective. They had failed to identify deficiencies in the quality of risk assessments and care plans within the service.

The lack of effective quality assurance and monitoring systems are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with praised the registered manager. They said they found the registered manager to be accessible and helpful. One person told us, “I have met the manager and she is very nice. I think they run the service very well.” Another person said, “I have only had to ring the office once and I got through right away and things were sorted quickly.” A relative said, “It is really very good getting through to the office and people are polite.” Another relative said, “I have always got through [on the phone to the registered manager] easily and quickly.”

The service had a registered manager in place who was supported by a senior carer in the running of the service. Staff spoke positively about the registered manager. One member of staff said, “She is brilliant, she is very supportive.” Another member of staff told us, “She [registered manager] is all right to talk to if I have any problems. I can phone her and tell her.” Another staff member said, “The company is lovely, my manager is such a wonderful woman. When I call her to tell her anything she follows it up.”

The service had a 24-hour on-call system which meant support from the manager or senior carer was always available to staff if required. Staff told us the on-call service worked effectively and calls were always answered promptly.

The registered manager told us they carried out telephone monitoring interviews with people. They said this was, “To

check on how the person is getting on with the service.” They told us these interviews had led to changes. For example, one person said they were not happy with their care staff and the registered manager arranged for them to have a different care staff who they were happy with. We saw records of telephone monitoring interviews which recorded what people said and these showed people were happy with the service. One person said, “Very lovely girls [staff], I am happy with the service. Another person said, “It’s really going well, nothing to complain about.”

The registered manager told us they had introduced an annual survey of people that used the service this year. This involved writing to people and their relatives asking them to complete a questionnaire about how they rated the service provided. The survey was carried out in April 2015. We saw completed surveys contained mostly positive feedback. For example, a relative wrote, “[Relative] is satisfied with the service provided.”

The registered manager told us and records confirmed that they carried out spot checks at people’s homes. They said these were unannounced so the staff member did not know when a spot check was to take place. These spot checks gave the registered manager the opportunity to observe how staff interacted with people that used the service. They also provided them the opportunity to check staff punctuality and record keeping.

The registered manager said one of the things they were most proud about with the service was their relationship with people. They said, “They [people that used the service] can call me up and tell me about what is working and not working. We can be flexible and fix things.” The registered manager told us how they had made improvements to the service. For example, they had introduced a discussion about professional boundaries when working with people during one to one supervision meetings. This was in response to a safeguarding allegation that a staff member had not observed professional boundaries with people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Service users and others were not protected against the risks associated with a lack of assessment of the risks people faced and plans were not in place to mitigate any risks service users and others faced. Regulation 12 (1) (2) (a) (b)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Service users and staff were at risk because staff had not undertaken comprehensive training about how to support people with moving and handling, including the safe use of a hoist. Regulation 18 (1) (2) (a)

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not carried out an assessment of service users' needs that set out how to meet their needs and preferences in a personalised manner. Regulation 9 (1) (a) (b) (c) (3) (a) (b)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have effective systems in place to monitor the quality of service provided, especially in relation to risk assessments and care plans. Regulation 17 (1) (2) (a) (b)