

Choice Care 4U Services Limited

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Inspection report

Unit 8 Trident Business Park
Chichester Road, Selsey
Chichester
West Sussex
PO20 9DY

Tel: 01243607502

Date of inspection visit:
11 October 2018

Date of publication:
15 November 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

A comprehensive inspection took place on 11 October 2018 and was announced. We gave the registered manager 48 hours' notice of the inspection because the location provides a domiciliary care service, we needed to make sure that staff would be in the office for us to speak with.

Choice Care 4 U Services Ltd provides care for people in their own homes. At the time of our inspection Choice Care 4 U Services Ltd was providing care to approximately 72 people with a range of needs including older persons, people with mental health needs and those living with dementia. People were supported with personal care as well as support for domestic tasks and shopping.

The service was last inspected in March 2016. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People receiving the service had a range of needs and told us they received personalised care at home that was caring, supported them to be as independent as possible and to live healthier lives.

People and their relatives felt safe using the service and that staff knew how to provide safe care and treatment. Risks to people's health and safety were appropriately assessed and mitigated. Guidance was provided to staff on how to manage people's risks. Staff had a good understanding of people's needs and staff communicated well amongst each other and with external professionals to stay up to date with any changes in a person's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People continued to receive personalised care that was reliable and supported people to receive personal care in their own home. People and relatives told us they felt listened to, complaints were managed and responded to appropriately.

Staff had been trained to recognise the signs of potential abuse and knew what action to take if they suspected abuse was taking place. Safe recruitment practices were in place so that suitable staff were engaged to work in the care profession. Accidents and incidents were reported and managed appropriately.

People's medicines continued to be managed safely by trained staff. Staff supported people to prepare meals and ensured people had sufficient to eat and drink.

People and relatives told us that staff treated them with dignity, respected their privacy and made them feel comfortable and at ease with the staff.

People were involved in their care and support and were encouraged to be active in giving feedback about how the service was run. People were asked for their views about the service through surveys sent by the provider and when their care plan was being reviewed. The service demonstrated good management and leadership and staff felt supported to raise any concerns they had.

People's health needs continued to be monitored well and staff were responsive in seeking treatment. A community health professional told us staff were quick to spot changes in a person's health and to alert the person's GP or district nurse.

The service was well led by the deputy manager and registered manager. Governance and quality assurance systems were effective to monitor the quality of care. Staff were supported to have access to mandatory and additional training including formal qualifications.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Choice Care 4 U Services Ltd

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 comprehensive inspection took place on 9 October and 11 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to make sure that staff would be in the office for us to speak with and to arrange telephone calls with people and their relatives.

One inspector and an expert by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service including dementia and older people's services.

Before the inspection, we reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

The registered provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people and five relatives by telephone. We spoke to two carers by telephone and a care coordinator who works in the office and provides care in the community and the deputy manager. We also spoke to a social worker and a community sister who are involved in the care of people using the service, these professionals gave us permission to quote them in this report.

We reviewed a range of records relating to people's care which included five care plans and medicine

records. We looked at the results of a recent staff survey and a customer survey. We looked at four staff records which included information about their training, support and recruitment. We looked at minutes of meetings with staff, policies, accident and incident monitoring and other documents relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in March 2016, we rated this key question as 'Good'. At this inspection, we found this key question remained 'Good'.

Systems previously implemented were effective in identifying and reducing the risks to people. Risks to people were assessed and managed to support people to be safe. The assessments identified potential risks to the person and how they and staff could mitigate these risks.

Risks to people had been assessed based on their care and support needs recorded by the referring agency. People and relatives told us they had been involved in the planning of their care. Risk assessments contained information relating to people's mobility, medicines and their environment. Any equipment needed to assist people in mobilising were assessed by an occupational therapist and recorded in people's care plans. Staff told us that occupational therapists visited the person's home with them to check that equipment was working correctly and that staff had thorough guidance on using the equipment.

People and relatives told us they valued that staff checked that the person's home is locked up and secure before they left. For example, a person told us "They always make sure everything is locked before they go." A relative told us, "They make sure [relatives name] is looked after and the place is locked up. [Relatives name] is so comfortable with them. I have total confidence in them." Records showed that staff checked that the person was wearing their community alarm, check the property is an adequate temperature and that if a person needs a walker to mobilise that this is within reach."

Systems showed that people's medicines continued to be managed consistently and safely by staff. Some people did require support to take their medicines or topical creams, for example, a prompt from carers or needed medicines to be administered directly by staff. Medicines were administered safely. Records reflected the assistance people needed in the management of their medicines. A person told us, "They automatically check I've got enough oxygen." And a relative told us, "They remind him to take his medication. He needs someone to watch him with that. He needs a nudge to take his pills."

Records showed and staff told us that all staff were trained and observed giving medicines to people before their competency to give medicines safely is approved. All staff completed a medicines refresher course annually. Monitoring systems were in place to ensure that the procedure for medicine administration worked effectively and any issues could be identified and addressed. A relative told us that staff identified that their relatives' medicines were wrong, the relative told us "His pills were wrong, they'd put his old ones in the dosset box at the chemist, and they noticed straight away and [manager] sorted it out and got the right pills."

Incidents and accidents were recorded and monitored and monthly medicines records were monitored. There was clear evidence of learning and seeking to improve ongoing support through actions and analysis. These included speaking to the person or their relatives to explain for example a relative told us, "Only once we had a problem. They told us about it, they were so apologetic. her meal was still in the fridge though."

Another relative told us, "If they haven't turned up there's always been a good reason like someone's sick, but then someone else will turn up. They are 110% trustworthy." After a medicine error the following team meeting minutes showed that lessons learned about medicines recording changed the practice about recording refused medication, this change to recording was seen in people's medicine records.

Staff continued to demonstrate a good knowledge of safeguarding procedures and the processes around reporting of concerns. Staff explained clearly the need to support people with any concerns they had about their safety and staff knew how to identify abuse and how to protect from abuse. A staff member told us that "the safety of the client is paramount", the same staff member told us that all staff do mandatory safeguarding training.

Records showed and staff told us that there were enough staff available to meet people's needs. People and their relatives felt safe using the service and that staff were trustworthy. The provider ensured people's needs could be safely met by sufficient levels of staffing. Most people we spoke to told us that they would be visited by consistent staff. The staff rota system auto allocated staff to people to ensure consistency. People told us and processes we reviewed showed that people would be told who would visit each week and people were informed of changes so they knew who would visit them. A person told us, "I get a list of who's coming and at what time." A People told us that staff arrived on time, where appointments were missed or if staff were going to be late people were called either by the carer or by a member of staff in the office. If an appointment was missed the person was given the option to have another member of staff on duty attend. People and relatives told us that staff were all positive, kind and caring. People told us and the staff rota system showed that if a person had asked not to see a specific member of staff again that this was respected and that the rota system ensured the member of staff did not visit the person again.

Staff recruitment practices were safe. Staff were only able to start working following satisfactory references, including checks with previous employers. Staff held a current Disclosure and Barring Service (DBS) check. Recruitment checks helped to ensure that suitable staff of good character were supporting people safely.

Staff were trained in infection control and told us protective equipment were used.

Is the service effective?

Our findings

People's needs and choices continued to be assessed effectively and comprehensive care plans were developed based on these assessments. People's care plans were personalised with information relevant to the care and support provided. People's needs were regularly reviewed at time points or as and when their needs changed, for example a person told us, "They've started coming at lunchtime. They noticed I was struggling to make something, so they've arranged to come in at lunchtimes now."

People told us that staff were well trained. One person told us they had seen a new member of staff accompanying an existing member of staff on a visit as part of their training, "It's surprising, one or two of the young ones who have joined recently, they come in with one of the girls, the regular ones, they watch her, ask questions about what I want them to do. They take it all in. I find them all good really." A relative told that staff seem to be well trained, they told us "If you ask them to do something else, they're more than happy to do it."

Staff told us and records showed they received the training and support they required to care for people and completed a comprehensive induction. Staff shadowed established members of staff while they were in training. Staff completed the Care Certificate and were encouraged to pursue further training such as Diploma in Health and Social Care; these are work-based training qualifications.

Staff told us, and records showed, that staff received regular supervision and observations to check their competency and identify any training needs. Observations took into consideration how they staff member respecting privacy and upholding dignity, seeking consent and respecting choice. In addition to training considered essential to the role such as manual handling, mental capacity and infection control, other training was available to staff, for example, in relation to challenging behaviour, diabetes awareness, dementia awareness and Parkinson's disease.

Staff told us they felt well supported to be able to undertake their roles. A staff member told us "I feel very supported, there's an open-door policy so I can call anytime to the duty mobile phone with any concerns."

People and relatives told us that people are supported to live healthier lives, for example a person told us, "Recently I was on antibiotics and they didn't suit me at all, I came off them after two days. They took care of me and kept an eye on me." A relative told us "When [relative] had a fall the girls have done everything I'd do. One morning, she'd slipped out of bed, the girl thought she might be cold so she laid under the cover with her until the ambulance came. That was really going above and beyond." People's health needs were monitored effectively and they were supported to access the health care services they needed. An external health professional told us that staff were quick to spot changes in a person and flag concerns and that there was a good level of communication. The same health professional told us that care staff would keep them updated on how a person is, for example they told us that a person had had new equipment and other measures such as prescribed creams for a person's skin pressure relief care, they told us that a care member of staff called them to update them on how those measures were helping the person. A social worker told us, "CC4U are very quick to flag any concerns and proactive in taking action to mitigate risks quickly".

Relatives told us that staff were communicative with them about any changes in their relative's health, for example a relative told us "They are well trained. They ring me straight away if they have any concerns." Some people required support in the preparation of meals at home. People were supported to eat in accordance with their religious or cultural beliefs or practices. A person told us, "They get my meals. I always have porridge in the morning and they do a sandwich or beans on toast in the evening. They always ask what I'd really like and what I want them to do." A relative told us, "They make all her food. They make sure she's got enough to drink and watch to make sure she eats properly." Another relative told us, "Most times she gets her own breakfast. If they need to, they bring it in for her and make her a cup of tea."

Care plans recorded any dietary requirements relating to the person's religious or cultural beliefs or any food intolerances or allergies. Where a person needed prompting to drink enough fluids, for example if they are at risk of urinary tract infection, was documented in the persons care plan and what staff did was recorded in the persons daily notes.

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. We checked whether the service was working within the principles of the MCA and staff understanding of the requirements of the MCA. Staff had undertaken training in this area and knew what to do if they had concerns about a person's capacity.

Staff had a good understanding of MCA. People had their capacity assessed, these were decision specific and staff were informed by external professionals. People who had capacity were involved in decisions about their care and choices. Capacity assessments had been completed and were in people's care records. Relatives told us that either they or another relative is involved in making decisions in the persons best interests where the person may lack capacity. Staff and relatives told us they are involved in decisions made. Staff told us they were encouraged staff to seek consent always and regular input from the person's family. Consent to care and treatment was sought in line with legislation and guidance. Staff told us they supported people to be involved and make decisions about their care and treatment.

A care coordinator told us that they are informed by professionals that have assessed a person's capacity, ensure that capacity assessments are done and are decision specific, staff "always seek consent for everything" and seek permission before doing anything. A care staff member told that they always ask for permission before carrying out a task after introducing the task and checking the person understood.

Staff told us that they worked as a team and supported each other. Staff told us that the information communicated from the central office kept them up to date with people's needs where changes had happened. Technology was used to improve recording, reporting and delivery of care. Texts from duty mobile phones were sent to update carers immediately of any changes for a person. The provider had invested in a new staff rota system to improve rota's and preventing missed calls and respecting people's wishes if they had a preference of carer. The system was also used to store communications sent for example newsletter sent out to local teams to update them on a person's needs where they had changed.

Is the service caring?

Our findings

People were supported by staff that were attentive, kind and caring. Staff had a good understanding of their needs and wishes.

People told us how staff would help with anything they needed which was above and beyond. A person told us, "They do little things that mean so much. They make sure I'm warm. They put the washing in the washing machine and take it out and hang it up. They check my alarm every month and the burglar alarm. They make me a hot water bottle, that's my little luxury, it's the only thing that eases my stomach and back. They are very caring. I've got someone to do the shopping now, but if I run out of bread or milk, I ring the office and when one of the girls comes, she'll bring it with her." Another person told us, "It sounds a bit silly but I've got animals, two cats and a dog and they take as much care of them as they do of me. It means a lot to me. They are very, very caring." A relative told us, "I occasionally stay overnight and hear them, they are genuinely friendly and caring. It's a pleasure to be around them."

A social worker told us that, "CC4U in my experience express genuine concern for the people I refer to them and often make helpful suggestions in terms of the care and support needs which goes beyond their general remit."

People told us that staff were caring, this was also observed by relatives, a relative told us 'I can't fault them. They have all got to know him. They're professional and caring.'

People told us that staff treat them with respect and were polite, a person told us they were treated "with respect and as a friend." A relative told us "They treat her with respect. They do everything she wants; she's very, very happy. They treat her like family, they show her pictures, pictures of their weddings. It's nice."

Staff were respectful when speaking about people. Staff were considerate of the equality and diversity needs of people including protected characteristics under the Equalities Act and had training in equality, diversity and inclusion. Records showed that when a person joins the service care staff actively considered and documented people's cultural or religious preferences. People told us and care plans showed that people were referred to by their chosen name.

Staff ensured people's privacy and dignity were protected. A person told us, "It's like being with family; you have a little chat when you're washing and dressing. The ladies are lovely." A relative told us, "'They make him smile, they have a laugh. They treat him with dignity and respect.'" Records showed and staff told us that personal care was done discreetly and sensitively. For example, a person's daily notes showed that the staff had recorded that "[person's name] walked to the bathroom, I left her in peace until she was ready." A staff member told us that they uphold a person's privacy and dignity by closing the curtains when a person is changing or washing, shutting the bathroom door when washing and if relatives are present asking the person who they want in the room before washing or changing. A relative told us "They are all very careful. She's always happy. They give her space in the bathroom or whatever; we're quite impressed with them."

People and relatives told us their independence was promoted. A person told us "They are very caring and help me so much. They've helped me to stay in my home, I'm too independent to go into a nursing home." A relative told us, "I think it's fantastic. They keep him motivated, they have a laugh and a giggle with him. They talk to him about what's in the news, they don't just sit there, they interact with him. We're comfortable, at ease with them and he's safe." Another relative told us that "[Relative's name] is fiercely independent and quite stubborn, but they seem to be able to work with him without upsetting him."

People were involved in decisions relating to their care and their views were listened to and acted upon. People told us that staff always ask for their permission before doing anything and asked the person how they want something done. A person told us "If there's anything different to do, they say, 'Is that all right, [name]'?". If people gave a preference about the gender of their carer this was respected by staff, a person told us "I don't want a man to help me with anything intimate. I wouldn't feel right about that. But it's all women who come."

Care plans showed that people were involved and signed their care plan. Relatives told us they were involved in the planning of their relative's care; a relative told us "Yes, I set it up. [Relative's name] needed the care suddenly and they were recommended to me and we haven't looked back." Another relative told us they were involved in planning care after changes in the person's needs a relative told us "It's reviewed, how she feels. I'm always there because she gets confused with words because of the stroke." And another relative told us "Yes, any changes and we're all involved."

The provider was proactive in ensuring that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service adapted guidance to staff to meet people's needs if they had a sensory impairment such as hearing. Care plans included sections on communication needs, vision and hearing.

Where a person had a hearing impairment records should that the impairment was recorded and gave personalised guidance to staff about communicating with the person for example communicate face to face so that person can see lips/mouth, communicate one thing at a time at the person's pace, checking that the person's glasses were clean and that their hearing aids in and working. For one person, staff helped to remove them in the evening before they went to bed.

Is the service responsive?

Our findings

People were continuing to receive care in a personalised way. Care plans reflected people's needs and preferences including hair and grooming preferences and all care plans included a life history and information about what the person likes to do now.

A person told us, "Nothing is too much trouble for them. They do little things like filling my watering can so I can fill the bird bath. The little things make a difference. Nothing is too much trouble. It's a lonely day when they don't come." A relative told us, "She thoroughly enjoys them coming. She looks on them as friends. She loves them, they are all so good. It's a very, very good service." And another relative told us "There's a small group of them and they know him very well. It's a personal service."

People told us they saw consistent staff that knew them well and could express their preference for certain staff which was listened to and acted on, a person told us, "I couldn't get on with one of the staff. I said to them, 'Please don't tell her it was me who said I didn't want her back'. They said they never discuss that with them. They didn't send her again." A relative told us that their relative enjoys seeing different staff and that this is respected. The relative told us "'She gets a different one every day. She certainly gets a change. She gets all the different news. She likes it, she quite likes all the different conversations."

People told that staff know them well and understand how they like to be supported. A person told us "They all know exactly what I like and my routine. They know to come through the door and speak to the animals before me. One of the dogs has two cocktails sausages at night with his tablets hidden in them. They know that and they automatically do that." Another person told us, "They go upstairs and turn down my bed cover and turn on the landing light. They are very, very good to me."

Some people had 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR). DNACPR forms are completed by healthcare professionals when it is considered that resuscitation, in the event of the person suffering cardiac arrest, would be futile or unsuccessful. People were aware when they had DNACPR in place, for example a person told us 'It's all in the book. They fill it in every day. I've got the red thing in it, I don't want to be resuscitated.' It was important that the paperwork could be found easily in an emergency, such as when paramedics were called out.

At the time of our visit no one at the service was at the stage where they required direct support with end of life care. The service has supported people that were receiving palliative care and worked well with other agencies such as St Wilfred's Hospice. Staff received end of life care training, records showed that staff received additional training in palliative care and training in compassion awareness by St Wilfred's hospice. Compliment cards were seen from relatives and friends saying thanks for the care the staff gave towards the end of a person's life for example, "Meeting Dad's wishes was made easier due to the exemplary care and kindness that your team provided for [person] and the support they lovingly gave to the family." Another card said "Thank you to everyone that helped make [person's name] last couple of months comfortable, happy and cheerful. Each and everyone one of you had a unique way with [person] and made him feel at ease and made him smile, he loved the singing, banter and happy faces."

The service continued to be prompt and were thorough in dealing with complaints. The provider had a complaints policy that was provided to people in the folder they kept at home. People and relatives told us they understood how to complain and felt confident that their concerns would be listened to and acted on. For example, a person told us, "There was one thing, with the other agency, they used to get me a paper. I can't do it, I get so out of breath, but it was sorted out straight away. The girls bring a paper now, no problem." People told us that they would speak to the deputy manager who they knew by name. A relative told us that their relative had spoken to the office asking to not see a member of staff again due to a personality clash, the relative told us that this was addressed and resolved. Relatives told us if they had concerns they would speak to staff in office who they knew by name, a relative told us "Oh definitely. I would speak to [deputy manager], if I had any concerns.' We reviewed complaints records and saw actions taken for example apology letter for a missed call and a complaint from a person asking to not have a specific carer in future, this was agreed to in a letter and this was confirmed by looking at the staff rota with staff the person prefers to not see again.

Is the service well-led?

Our findings

There was a positive culture where staff and management took pride in the care and support they provided and promoted an approach that met customers' needs and wishes, upheld their privacy and protected their dignity. A staff member told us, "I couldn't be prouder to work for the company, it's the best company I've ever worked for." Staff actively respected people's preferences about food, when they want to get up or go to bed and how they want their hair groomed. People and relatives were happy with the way the service was managed. A relative told us, "They are very good at what they do. We are very pleased."

People told us they would recommend Choice Care 4 U to other people, a person told us, "I have done. I have no hesitation in recommending them." Another person told us "I have recently done it. My friend had an operation and her arm's in a sling, she's been told not to use her arm. I said, 'Try Choice Care, there's older ones, if you'd prefer. They would understand and find you one.'"

The service had a registered manager in post. 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. During our visit the registered manager was away so we spoke the deputy manager who oversaw the day to day running of the service in the registered managers absence.

Staff told us that care coordinators and the deputy manager took steps to ensure the safety of staff by assessing risks. The service was committed to ensuring equality of opportunity and fairness to its staff and proactive in meeting the needs of staff with protected characteristics.

Staff were seen to be engaged and involved in developing the service and giving their views. Results of a recent staff survey were reviewed and showed that staff felt positive about working for the service. Staff were encouraged to do professional qualifications and supported to progress within the service. Staff were engaged through staff meetings, local staff groups met frequently and regular supervision was carried out for all staff. Team meeting minutes showed learning from training that the deputy manager had attended, shared learning and talked about how to implement the learning, this learning was seen in care records.

People and relatives were involved in their care and support and were encouraged to be active in giving feedback about how the service was run. Relatives and people told us they have been asked for feedback on the service either by a survey or in a conversation with a member of staff. A person told us, "I get sent a questionnaire quite regularly, once a year asking how did we do? I fill it in quite truthfully." A relative told us "There are regular visits and they check if anything needs adjusting." Another relative told us "Yes, we've done questionnaires quite often."

Staff and management worked well in partnership with other agencies and professionals. An external social care professional told us, "My dealings with the managers at CC4U have all been very positive and I have strong sense that they are dedicated to the customers we refer to them and that they have strong people

and organisational skills and are great coordinators."

Records showed that staff communicated effectively with a range of health care professionals to ensure that people's needs were considered and understood so that they could access the support they needed. An external health professional told us that, "The deputy manager and I speak regularly to update each other about people's needs." The same health professional told us "they're great at communicating, they're an exceptional care agency that are a pleasure to work with."