

Choices Healthcare Limited

# Choices Healthcare Limited

## Inspection report

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### 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

### About the service

Choices Healthcare Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, the service was providing care to 79 people, with 68 people receiving personal care.

Not everyone who used the service received personal care. 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.

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

We found most people received care from a regular staff group who arrived at the expected time. The service had introduced a system to minimise the risk of missed calls and people told us staff always attended.

People and relatives told us they felt safe and confident with the staff. Staff had received training in adult safeguarding and were aware of the procedure to take if they had any concerns regarding allegation of abuse.

The service had a robust recruitment process in place and staff followed an induction programme. Staff received both online and practical training. Competency assessments were carried out during spot check visits by the registered manager and the quality assurance manager.

Staff had undertaken training in medicine administration. Staff rotas were arranged to make certain visits coincided when time-specific medicines were due, ensuring they were given as prescribed.

Staff followed infection prevention and control procedures in line with the government COVID-19 pandemic guidelines. Staff had training in donning and doffing of personal protective equipment (PPE) and told us they had a plentiful supply. People confirmed staff wore PPE and disposed of it correctly at the end of their visit.

Care plans were person-centred, and people told us they were involved in their planning of care. Risk assessments were completed and provided guidance for staff on how to mitigate risks. People told us staff were caring, respectful and promoted their independence.

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

The service had a complaints policy in place and had improved the process of dealing with complaints since the last inspection. Information about raising a complaint was in the service user guide and people told us

they knew how to raise a concern and were confident it would be dealt with appropriately. People and relatives told us communication with the service was good.

The service had a robust auditing system in place which was managed by the registered manager and quality assurance manager to ensure oversight of the service. Staff received supervisions and meetings. Staff told us the management team were approachable and supportive.

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

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 18 February 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

The inspection was prompted in part due to notifications and concerns received about moving and handling, infection control and missed calls. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe section of this full report.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Choices Healthcare Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Choices Healthcare Limited

## 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 team consisted of two inspectors. To support the inspection, one inspector reviewed records and contacted staff who were working for the service, to gain their view. One inspector visited the service location. An Expert by Experience assisted with telephone calls to people and relatives to gain their view of the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service a short notice period of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 April 2021 and ended 21 April 2021. We visited the office location on 16 April 2021.

#### What we did before the inspection

We reviewed the information we held about the service since the last inspection. We used the information

the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, quality assurance manager, Human Resources (HR) manager and care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly worked with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure people received a consistent and reliable service from staff. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

### Staffing and recruitment

- At this inspection we found most people received care from a regular staff group who arrived at the expected time. Where staff were going to be late, people were informed. However, some people told us staff did not always arrive at the expected time and they were unaware of how long staff should stay. We discussed this with the registered manager who assured us they would action the concerns.
- Staff confirmed they cared for the same people and were aware of visit times. One staff member told us they were working within their 'bubble' of the same people and staff group to minimise the risks during the COVID-19 pandemic. One person told us, "Yes, I have the same staff and they are brilliant, nothing is too much trouble for them."
- The service had introduced a system to minimise the risk of missed calls. The staff member on call telephoned staff if calls were not logged and this quickly identified any missed calls.
- The service had a human resource manager (HR) who had oversight of staff recruitment. The service carried out the necessary checks to ensure safe recruitment. We reviewed staff recruitment files and found recruitment processes were robust, however gaps in employment history in some files had not always been questioned. We raised this with the registered manager who agreed they would add a section to their interview questions to ensure they referred to gaps in employment history during the interview.
- People told us staff wore uniform and carried identification badges.

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

- People and relatives told us they felt safe with the staff and knew how to raise a concern.
- The service had safeguarding and whistle blowing policies and procedures in place. Staff had received training in adult safeguarding and were aware of how to raise an allegation of abuse and were confident it would be dealt with appropriately.
- The registered manager had made safeguarding referrals appropriately in the past and investigations had followed the correct procedures.

### Assessing risk, safety monitoring and management

- Possible risks associated with care practices were identified and assessments carried out which provided

staff with guidance on how to mitigate risks.

- Environmental risk assessments were undertaken and documented in the care plan. The service liaised with the local fire service and would, with the person's consent, approach them for advice on fire prevention in the person's home when required to ensure people were kept safe.
- Systems were in place to manage and monitor safety through quality assurance checks. Audits were undertaken and outcomes analysed.
- Moving and handling risk assessments had been completed and identified where equipment was required such as a hoist. More in depth information about the type and setting of the sling would provide better guidance should new staff attend and we raised this with the registered manager. However, as people received care from regular staff this had no impact on the care they received. People who were assessed for hoist assistance told us they felt safe with the staff.

#### Using medicines safely

- The service had a medicine policy and guidelines in place.
- Medicine audits were completed and analysed. Any issues found were acted upon.
- Staff received medicine administration training, and competency assessments were completed to ensure they were safe. Medicine refresher training was conducted regularly, and any concerns highlighted during the audits were included as lessons learnt.
- The service identified people who were receiving time-specific medicines, and staff visited them at those times to ensure people received their medicines as prescribed.
- During the COVID-19 pandemic some people were unable to collect their medicines and the staff went to the chemist for them to ensure they received their medicines.

#### Preventing and controlling infection

- Staff had received training in infection prevention and control and donning and doffing of personal protective equipment (PPE).
- Staff told us they had been supplied with the correct PPE and always wore it when entering people's homes. One staff member said, "We wear different PPE for each client. We collect it from the office, there is always enough."
- People confirmed staff wore PPE. One person told us, "Yes they [staff] wear gloves, masks and aprons all the time and the first thing they do is wash their hands when they come in."
- The service had a COVID-19 pandemic risk assessment in place to mitigate risks. This included guidance on protecting those people and staff who were at higher risk.
- Staff had continued with COVID-19 swab testing and some staff had received vaccinations. The service had written to all staff to ensure they were aware of the process to take to obtain a vaccination.

#### Learning lessons when things go wrong

- The registered manager told us they had made changes to improve the management and care practices since the last inspection and shared lessons learnt with the staff.



# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans identified that people received an initial assessment and risk assessments were completed. These included catheter care and skin integrity. Where there was an identified risk of pressure ulcers, the Waterlow risk assessment tool was used and referrals were made to the appropriate specialist professional.
- Care plans were person-centred and identified the specific likes and dislikes of the person and how staff could support them.
- People told us staff always wrote in the care notes when they visited. However, there were some people who were not aware they had access to their own care plan. We raised this with the registered manager who said they would follow this up to ensure people were aware.

Staff support: induction, training, skills and experience

- New staff received an induction programme which included training, shadowing experienced staff and competency observations by the registered manager. Most training was undertaken online, and staff completed the provider's mandatory training.
- The service had their own training room which contained equipment to enable face to face practical training such as moving and handling using hoist and slide-sheets. The registered manager was qualified to teach moving and handling. The registered manager told us they had continued the practical training throughout the pandemic, however they had reduced the number of staff attending each session to ensure social distancing.
- Staff received supervision. This was face to face prior to the pandemic and continued through telephone conversations to reduce COVID-19 virus risk. Staff observations were conducted either by the quality assurance manager or registered manager to ensure competency and to identify if any training needs were required.
- People told us staff were skilled when carrying out care tasks.

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

- Care plans identified what assistance people required with preparing meals and the level of support they needed with eating and drinking.
- Where people required special diets for health reasons, this was identified in the care plan with guidance for staff.
- Staff told us they offered people choice at mealtimes.
- The malnutrition universal screening tool (MUST) was used where there was a malnutrition risk, and action taken to support people if this was identified.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with community health teams including GPs and district nurses.
- Staff told us the registered manager listened when they reported if people required additional assistance and where required referrals to the appropriate professional was made. One staff member told us, "The occupational therapist came out when I reported that the person needed assistance."
- The registered manager told us they were supported by health and social care professionals. Technology was used during the COVID-19 pandemic to ensure consultations were still carried out.

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.

- Staff understood the principles of the MCA and had received training.
- MCA forms were completed. Care plans identified where people lacked mental capacity and provided guidance for staff on the support the person needed to ensure they were able to make a choice.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Generally, feedback from people and relatives was positive and people told us they were happy with the service. Some people commented that in the past there had been concerns around timekeeping and not receiving care from regular staff, but this had improved. One relative told us, "Not only does the registered manager and staff support [name of person], there is constant support for us. As a family we cannot fault anything."
- People told us staff were respectful. One person told us, "Brilliant, I can't fault the staff and what they do. The staff are respectful, kind and no matter how they are feeling personally, they have a smiley face."
- A quality audit on call visits was taken monthly when different people were approached for feedback. We saw from the records people's comments read, "Staff are always on time when expected and staff stay for the allocated time" and, "Cannot fault the staff at all."
- Care plans focused on what support the person required, how the person wanted the staff to support them and what they could do themselves to maintain their independence. Care plans reflected people's cultural and religious needs.

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

- An initial assessment was carried out where it was identified what support the person required to meet their needs.
- Office staff were in regular contact with people through telephone calls throughout the pandemic. One relative told us, "We have no problems with the staff, they couldn't do more for us. The manager rings regularly and has visited to see if we are OK. The carers really help make my life easier."
- People and relatives told us their care plan was reviewed and any change to the person's care needs was recorded.
- Quality assurance surveys were carried out. One survey response stated, "I like my care staff as they are nice and helpful."

Respecting and promoting people's privacy, dignity and independence

- People were promoted to maintain independence. One relative told us, "[person named] has regular staff and they encourage them to do what they can to help themselves which is good."
- Staff treated people with dignity and promoted independence. One staff member told us, "We always adhere to privacy and dignity, promoting choice and independence. Always follow up properly with personal care."
- New staff were always introduced to people. People were informed beforehand by the regular staff

member and the office to gain their consent. People confirmed new staff attended with their regular staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At the last inspection the provider failed to have systems in place to effectively manage people's complaints. This was a breach of Regulation 16 (Receiving and Acting on Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider is no longer in breach of Regulation 16.

Improving care quality in response to complaints or concerns

- At this inspection the registered manager and the quality assurance manager had focused on introducing a complaints log which was audited and analysed. This ensured complaints were received, recorded, investigated and actioned in a timely manner.
- The service had a complaints policy which set out timescales and how complaints would be managed.
- The service user guide provided information for people on how to make a complaint.
- People told us they felt confident to speak with management if they had any concerns and some gave examples where concerns they raised had been dealt with promptly.

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

- Care plans were person-centred to meet the needs of the individual. Each area of care was risk assessed and where risks were identified actions were put in place to mitigate the risk.
- Care plans identified individual needs and were well documented providing good guidance for staff to enable them to deliver effective care practice.
- Where needs were time specific, such as medicines required to be given at a set time, the service ensured staff attended to those people at the correct times.
- People were involved in their care planning and were given choice at each visit.
- People told us communication with the office was good and any messages left were passed on to the registered manager who responded.

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.

At our last inspection we recommended the provider consulted guidance to ensure people's needs were met in line with the AIS. As this inspection we saw that the provider had made improvements in recording people's communication needs.

- Care plans identified people's sensory and communication needs which included aids required for vision and hearing.
- Where people had difficulties in communication, they were assessed for the appropriate method to enable them to express themselves. Pictures were used with instructions for staff to speak slowly and allow the person enough time to talk. We saw evidence of this in people's care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans identified people's hobbies and interests however the pandemic had made socialisation difficult.
- The service had a vulnerable person's list which included people living alone. The registered manager told us they recognised isolation as a concern and ensured those living alone received either a visit or telephone call weekly to assess how they were managing. People told us staff had supported them during the pandemic with daily tasks such as shopping.

End of life care and support

- The service was not supporting anyone who was at the end of their life at the time of the inspection. The service had an end of life policy which provided guidance on person-centred palliative care needs.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider failed to demonstrate effective oversight and continuous improvement of the service. Some risks to the health and safety of people using the service had not been assessed or recorded. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At this inspection, the systems for management oversight had been improved and were now effective. The registered manager and the quality assurance manager were both involved in the spot checks of staff competency in people's homes and quality monitoring audits which included medicine, complaints, accidents/incidents, correspondence and care plans. Close monitoring of people's calls was maintained which had improved the communication for people and relatives.
- The registered manager was clear about their role and led by example, creating an open culture. The registered manager told us they focused on each concern raised in the last inspection and had taken action and made improvements. They spoke enthusiastically about continuing to improve the service and acknowledged their management and oversight of the service was more robust.
- Staff told us the registered manager was approachable. Staff spoke positively about working for the service and told us management were always accessible and supportive and could contact any time if they had a concern.
- The service was in the process of introducing a computerised care plan system which provided a 'live-time' view of daily activities which the registered manager could monitor. The registered manager told us they were introducing the care plans for a small number of people at first to provide time for staff to familiarise themselves with the system. The registered manager was confident the new system would provide a more comprehensive day to day oversight of the service, and allow for updates and changes to be made more easily.

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; Continuous learning and improving care

- The registered manager understood duty of candour and their legal responsibilities. They were open and

honest about the difficulties they had experienced at the last inspection. The registered manager now had a quality assurance manager who assisted them to enable more oversight of the service. The registered manager also used the skills of the administration team to support with calls to staff to gain feedback and to monitor the call log.

- The registered manager was familiar with CQC notification requirements and forwarded them in a timely manner.
- Policies were in place, however some required updating as they did not always refer to current legislation. We spoke with the registered manager about policies and they immediately began to update them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked closely with community professionals including the GP and district nurses. Where assistance and advice were required from specialist professionals for example the occupational therapist, this was sought.
- We spoke with one professional who told us communication with the service was good and any information they requested was forwarded in a timely manner. The professional said they had found the staff be caring and they had no problems with the service.

Working in partnership with others

- The registered manager told us they had linked with external organisations such as the Advocacy Service and Day Centres. There were plans to liaise with local support organisations to enable the service to signpost people and relatives when required.
- The service had begun creating a newsletter prior to the COVID-19 pandemic. The registered manager told us they planned to continue with the newsletter.