

Care Choice + Ltd

12/13 Church Walk

Inspection report

12-13 Church Walk
Trowbridge
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17 December 2021

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18 February 2022

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

12/13 Church Walk is a domiciliary care service. They provide personal care to people living in their own homes.

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

People received a kind and caring service. Staff were compassionate and committed to delivering high standards of care. The registered manager led by example and had strong person-centred values.

Staff enjoyed their jobs and felt supported by the management team. They were knowledgeable about the people they supported and promoted people's dignity and independence.

People's care records, medicines administration records and risk assessments were regularly reviewed and staff followed guidance to meet their needs appropriately.

Staff were well trained and their competency was regularly checked. The service had good working relationships with other professionals.

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 was well-led. They had effective quality assurance processes in place including audits and the service provision was well monitored.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The registered manager took time to understand people's specific personalities, routines and behaviours to ensure their support was consistent and individual to them.

Right care:

- The support provided by staff was kind and caring. Care plans reflected their person centred approach. People's independence, human rights and inclusion were promoted.

Right culture:

- The ethos and values of promoting inclusivity and opportunity of the registered manager fed down to the staff team. The management team worked along side support staff and led by example.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection This service was registered with us on 16 September 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

12/13 Church Walk

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 17 December 2021 and ended on 17 January 2022. We undertook the inspection using remote technology on 17 December 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at notifications. Notifications are important information or events the service must tell us about, by law.

We used all of this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls and electronic file sharing to enable us to review documentation. We carried out phone calls and email communication to enable us to engage with people using the service, staff and professionals.

We reviewed five people's care and risk assessment records. We reviewed staff training documentation. We reviewed a variety of records relating to the management of the service, including policies and procedures.

We spoke with one person who used the service and seven relatives about their experience of the care provided. We communicated with 11 members of staff including the registered manager.

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 contacted nine professionals who work 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "I am safe with this agency and put it this way, I wouldn't look anywhere else for care." A relative told us, "The care is really good and [family member] is very safe with them."
- There were effective safeguarding processes and a policy in place. The registered manager understood their responsibility to keep people safe and how to manage safeguarding concerns.
- Staff knew how to recognise the signs of abuse and what to do about it. Staff had completed training in safeguarding and whistleblowing. Whistleblowing is when a member of staff reports concerns they have about conduct at work without the fear of reprisal.

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

- People had their individual and environmental risks assessed. These included, amongst others, manual handling, the risk of choking, the risk of seizures and skin breakdown.
- Risk assessments gave detailed guidance to staff on how to minimise the risks identified.
- The service had a system in place to record and monitor any accidents or incidents. Actions and outcomes were documented and discussed as a learning tool in meetings and staff supervisions.

Staffing and recruitment

- Staff had been recruited safely. Checks included a Disclosure and Barring Service (DBS) check, references and identity. A DBS allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.
- There were sufficient numbers of staff recruited to meet people's needs. The staff we spoke with told us they enjoyed working for the company, they felt supported and valued.

Using medicines safely

- People were supported to have their prescribed medicines.
- Care plans contained details of the support people required, medicine details, side effects and what it was used for.
- People with specialist medicines such as 'emergency or rescue' medicines for epileptic seizures had a thorough plan and risk assessment to guide staff. Staff supporting people with epilepsy had been trained in the administration of these specific medicines.
- All staff had been trained in medicines administration.
- Audits carried out by the registered manager identified where there were recording gaps in the medicines administration records (MARs) or where creams had not been applied. Appropriate actions were taken, such

as competency spot checks and re-visiting procedures.

Preventing and controlling infection

- Staff were trained in effective infection control practices. This included specific processes and guidance relating to the Coronavirus pandemic.
- Staff told us they had plenty of access and supply of personal protective equipment (PPE). Staff also tested regularly using both PCR and LFT tests provided by the service.
- People and their relatives told us staff followed infection control procedures well, particularly in regard to the coronavirus. Comments included, "The carers were good during all of Covid and they are still using PPE, testing and handwashing, very good", "They have been assiduous in testing and the safety regimes necessary during the pandemic" and "They abided by all the rules."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated 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

- People had their needs assessed prior to receiving care and support to ensure they could be met.
- People and their relatives told us they were fully involved in the assessment and care planning process. Comments included, "Over the years our needs have increased and we have been involved at every stage of the care planning", "I've always been involved with planning [family member's] care and the communication with the agency is great" and "Very involved in the care planning. They are always guided by us at home, no one ever forces any opinion on us they are very flexible and they listen to us."

Staff support: induction, training, skills and experience

- Staff had received training including the care certificate, a nationally recognised qualification in care as well as refreshers and updates.
- The staff training matrix showed all staff were up to date with training including areas such as health and safety, food hygiene and basic life support.
- Some staff had completed or were completing their NVQ qualifications in care. Staff told us they were well trained, felt they were skilled and had good access to the information they needed.
- Staff received one to one support in the form of supervision, annual appraisal and regular 'check ins' on their wellbeing.

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 adult social care and learning disabilities teams from the local authority to provide effective and consistent support.
- Records showed people were supported to access community services and attend health and social care appointments. One person said, "They have always supported me with accessing necessary healthcare if I have needed it." A relative said, "They kept carers to as few as possible during the first lockdown and they took [family member] for all his vaccinations."

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

- People were supported by staff to maintain a good level of nutrition and hydration.
- People's dietary requirements and preferences were recorded in their care plans.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was gained prior to any support being offered by staff.
- The staff we spoke with had been trained in The Mental Capacity Act (2005) and were knowledgeable about offering people choice and allowing people to make their own decisions.
- Where people lacked capacity to make specific decision about their care, the service had been involved in the best interest decision making conducted by a health or social care professional. The manager also liaised appropriately with legal authorities such as an independent mental capacity advocate (IMCA).

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives told us they were treated respectfully and thoughtfully, giving consideration to their specific vulnerabilities during the pandemic.
- Staff teams were reduced to prevent the risk of cross contamination and to ensure consistency of support.
- Comments from relatives included, "During Covid [the service] reduced the team to two main carers and two subs. [Family member] knows most of the carers from the social group he used to attend before Covid where lots of the carers and the people they looked after went for some fun", "All the carers are good, they give very good care and always recognise them as individuals" and "[Family member] is safe and they are very kind. I hear them and one carer sings to him in the bathroom and one puts music on the phone while they are doing personal care [family member] likes that."

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

- People were provided with a regular rota so they knew who would be supporting them. One person said, "We always know on a Friday who is coming the following week and they always phone me if there are any changes"
- A relative told us, "They are very good, they do their very best and they listen." Another said, "I do not know how they manage to find such excellent carers."
- The registered manager told us they had very good relationships with the people they support and their relatives. She said they are, "Open and honest about the current staffing crisis in social care and sickness due to the pandemic but we will always do our best, we are very person centred and try to get the balance right." Relatives acknowledged this and told us they understood the situation but were happy with the communication and support from the service.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful and treated them with dignity. A relative told us, "They treat [family member] with respect, they always say 'hello [name]'" directly to him and when they go swimming they make sure they have a cubicle, not the public area so it's big enough for two carers [name] and the wheelchair." Another said, "They always close doors during personal care and when they take him to the loo they wait and bit and then knock and ask 'are you ready now [name]'."
- Another relative said, "A friend saw a support worker out with [family member] and she said to me how well the support worker was engaging with [them] and what a nice relationship they had."
- The service used a secure encrypted messaging service to liaise and pass on important information. People's records were stored securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Following an assessment care plans were developed which gave guidance to staff on how to deliver a person centred service to meet people's individual needs.
- People and their relatives were happy with the support they received. Comments included, "I am very happy with the agency and I think it is the best support we could have asked for. It's a great relief for me", "They are really good, they always turn up on time and it's mostly the same carers" and "They are very good, I have regular carers and a rota so I always know who is coming and even if they are going to be 10-15 minutes late they will phone."
- One person told us, "They send the rotas out to me and are very flexible if I ask for anything to be changed, if they can't do it they will say 'we can't do it this time but we could do it another way next time.'"
- The registered manager told us how they had responded quickly to a crisis situation for one person they supported. The person's parent and main carer had been admitted to hospital. They liaised with other family members and services to ensure the person was safe and their care and routine was maintained.

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.

- People's communication needs were assessed and incorporated into their care plan.
- The service was compliant with the AIS.

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

- People were supported to access their local community and continue to follow interests within the limitations of the pandemic restrictions.
- Relatives told us they were happy with the efforts made by staff to reduce isolation and maintain social activity. Comments included, "[Family member] has regular carers, part of their job is to take [him] to his voluntary work and that works very well. [Family member] has 2 main regular support workers and they keep in contact with me too", "[Staff member] communicates with me and he really connects with [family member]. [Staff member] sends me photos on [encrypted social media] of any activities to keep me up to date" and "The carers are hardworking, courteous, great with [family member], she has a small team and they build up a personal connection with her. They share stories about guinea pigs, TV programmes, dogs. They go out to the cinema when they can and do cooking together."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- There had been a small number of concerns raised which had been resolved appropriately. The people and staff we spoke with had no complaints and were confident any concern would be dealt with promptly.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had strong values of person-centred care. There was a positive culture and a clear commitment to deliver high quality care and support. They told us, "Being inclusive for everyone helps to gain self-worth and increases independence. Remain independent and be adaptable to have a good quality of life."
- Staff told us their wellbeing was supported particularly recently during the pandemic. The registered manager told us they sent thank you cards, email praise and gift bags to promote their appreciation of their staff. Staff were complimentary about the management team and really enjoyed their jobs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of their managerial responsibility and the regulatory requirements. They had submitted notifications and referrals appropriately and were fully aware of their responsibilities under the duty of candour.
- There were effective quality assurance systems in place. These included reviews of care and medicine administration records, competency spot checks for staff and regular audits.
- The registered manager and the management team wanted to be 'present' in the service. This meant they formed part of the support team and knew people and their relatives well. Relatives and staff we spoke with appreciated this involvement.
- There was good communication between the management team and staff. The registered manager told us, "There are '3 umbrellas' over our clients which gives oversight - management, supervisors and support staff. We are all out in the community it helps me to keep in touch with people, touch base and check in with staff and clients/relatives. When they phone me with an issue, I know what it feels like, what the situation is."

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

- People and their relatives were asked to complete a survey to give feedback on the care provided. One relative told us, "We recently had a questionnaire and under 'any issues' I put down that the morning time keeping could be a little better (only 5 or 10 minutes out) and within 48 hours I had a letter back saying they had taken on board my concern and would make sure the support worker was given more time to get to us

on time! If I ever speak to the office about an issue it is dealt with."

- Staff we spoke with told us they were well supported. Comments included, "I am very supported by all the management team. I know that they are always at the end of the phone if I need any support", "They have been very helpful. Always looking to find the best way to work with staff. Ready to listen and help every time all the time" and "I think the management are great and am happy and proud to work for a great company."

Working in partnership with others; Continuous learning and improving care

- We received positive comments from health and social care professionals we contacted for feedback.
- The registered manager told us they continually adapt their service to meet the needs of their clients. For example, one person they supported had very high complex needs which other community services had found difficult to manage. The service took time to understand the person's personality, needs and behaviours. They found ways to ensure they remained living independently in their own home with support, such as specific home adaptations, routines and liaison with other agencies.
- The service worked with professionals in the local authority safeguarding and commissioning teams, public health, adult social care and learning disabilities teams.