

Choice Care Services Limited

Choice Care Services 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

Choice Care Services Limited is a domiciliary care agency providing personal care and support to people living in their own homes. 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. At the time of inspection 25 people were receiving personal care.

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

People and their relatives were complementary about the service and the care provided by staff. People said they were treated kindly, respectfully and had their dignity upheld by staff.

People and relatives told us that they felt safe and well cared for by staff. There was enough staff to safely support people in-line with their assessed needs.

Staff supported people to remain as independent as possible within their own homes and to maintain social relationships. Staff also supported people to engage with the local community and carry out activities.

People had their needs fully assessed and reviewed regularly. Care plans were very detailed and personalised to reflect people's choices about the care they received. Staff also worked with other health care professionals to provide a consistent and personalised care package.

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.

Risks to people had been fully identified and mitigated to keep people safe. Medicines were managed well, and staff followed best practice guidance.

Staff received regular training and had the opportunity to further develop their skills by obtaining qualifications around health and social care. New staff received an in-depth induction to prepare them for their role and provided the knowledge and skills required. Staff were supported well by the management team and received regular supervision sessions.

There was an established quality and assurance system in place to monitor the quality of care provided to people. This was used to continually improve the service and drive forward improvement.

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

Rating at last inspection

The last rating for this service was good (published 11 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Choice Care Services 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 was carried out by one inspector.

Service and service type

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

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 a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection site visit activity started on 11 September 2019 and ended on 12 September 2019. We visited the office location on 11 September to see the manager and office staff; and to review care records and policies and procedures. We contacted people, relatives and staff, with prior permission, on 12 September 2019.

What we did before the 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.

We also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at two 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.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place for staff to use to help keep people safe. No safeguarding concerns had been raised since our last inspection.
- Staff had received regular refresher training around safeguarding and could tell us what action they would take if they did identify any form of abuse.
- People told us they felt safe with the care provided by staff. One person said, "I feel safe and confident with them (the staff)."

Assessing risk, safety monitoring and management

- People's care records included personalised risk assessments for staff to use to help keep people safe. For example, there were risk assessments in place relating to choking and mobility.
- Risks to people and staff within the home environment were also in place, this included risks relating to fire and chemicals. The service had linked in with the local fire brigade to fully risk assess people's homes to make the environment as safe as possible.

Staffing and recruitment

- There were enough staff available to support people safely. People told us, "Staff are always on time and I know who's coming."
- The staff team was well established, and any new staff had appropriate pre-employment checks to make sure they were suitable for the role.

Using medicines safely

- Medicines continued to be managed safely, and staff had received training around the safe administration of medicines.
- Staff had their competencies regularly checked. One staff member commented, "(Nominated individual) comes and watches you for the medicines and things to make sure you're doing it right."
- Medicine administration records were accurate, completed correctly and regularly audited for any errors.

Preventing and controlling infection

- Infection control procedures continued to be followed by staff and they received regular training around this.
- Staff told us they had access to personal equipment to reduce the risk of infection. People told us, "They put their gloves on and aprons."

Learning lessons when things go wrong

- The registered manager investigated all incidents and the findings from these were detailed and included follow up actions.
- Lessons learned from incidents were shared with staff, people and other healthcare professions

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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.

- People consented to each aspect of their care and there was documented evidence to support this.
- People had their needs fully assessed and these assessments included their emotional, social and physical needs.
- Regular reviews of people's needs were completed in partnership between staff and people. One person told us, "I talk through my opinions of my care and it's 90% me and 10% the staff with the reviews." A relative said, "I'm involved in reviews about wife's care."
- Staff provided support to people in line with current national best practice standards and guidance, such as MCA and the National Institute for Clinical Excellence Guidance.
- Staff had received training around MCA.

Staff support: induction, training, skills and experience

- Staff received regular refresher training in modules that the provider deemed mandatory to their role.
- Staff were given the opportunity to further their skills and knowledge by completing and obtaining qualifications funded by the provider. One staff member commented, "They've put me through my training so I'm properly qualified now to an NVQ level 3."
- New staff received an in-depth induction which included the 'Care Certificate'.
- Staff received regular supervisions and one to one sessions. A staff member told us, "We get regular training and plenty of supervisions on a regular basis."

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

- Some people were supported with their meals and were encouraged to make choices about what they ate and drank.
- Some people followed special diets, for example soft diets, and staff supported to people with appropriate choices and followed healthcare professional's advice.

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

- Staff worked with other agencies to make sure people had appropriate support for their needs. One staff member said, "We are involved with the district nursing team."
- People's care files showed advice from other healthcare professionals was incorporated into care plans, for example advice around nutrition, to provide a continuous level of care.
- People told us staff knew them well and could tell if they needed additional support from other healthcare professionals. For example, one person said they had recently been visited by their GP to be reviewed due to an increase in pain, "They (staff) pick up when I'm in a lot of pain and they know the tell-tale signs."
- Staff supported people to attend appoints at the local hospital and GP practice.

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 good. At this inspection this key question has remained the same. 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

- There was an equality and diversity policy in place and staff had received training around this. People told us that staff respected equality and diversity and treat everyone as an individual. They said, "You are treated as a person not defined by your illness."
- People were very positive about the support provided by staff. One person told us, "Staff are very caring, considerate and efficient with a caring attitude a really caring attitude."
- Relatives were complementary about the support provided and felt confident in the support staff provided. A relative said, "Staff are very kind, really good and know her well."
- Staff told us that they felt everyone was well cared for. A member of staff commented, "Clients are looked after really well, and they are smiling so that's how I know."

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

- People's care plans were very detailed, individual and personalised. Care plans were created in partnership with people, relatives and staff.
- One person discussed with us how their care was planned and the input they had during reviews. They told us, "My views are always listened to."
- Some people had support with making decisions from relatives and advocacy services. The provider promoted advocacy and staff worked with people to make sure they understood all aspects of the support they were receiving. Advocacy services support people to express their views and choices relating to their own individual care.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. One person commented, "The staff are very respectful. That's very important to me and they are so respectful."
- Staff told us that they helped people to remain independent within their own homes and in the local community. One staff member told us that they supported one person to walk around their home had this had increased their well-being.

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 good. At this inspection this key question has remained the same. 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

- People's care records detailed their personal choices and instructed staff on how people wanted to be supported. For example, care plans included where staff would find towels in the bathroom and what products to use.
- Initial assessments were completed before staff provided care to people. People told us they told the service what support they would like, and that staff were able to meet their needs. One person told us, "My wife and I were involved in picking what times and what we needed."
- People's care needs were regularly reviewed and when people's needs changed. One person commented, "I'm always involved in reviews of my care needs."

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 communicated needs were fully assessed and detailed within their care plans. Staff were able to tell us specific ways to communicate with people, for example directly facing one person who has difficulty hearing so that they can read their lips and see their facial expressions.
- Staff discussed people's care needs with them to make sure they understood all of the information they have been given.
- The provider ensured that all information was available in different formats if needed, for example larger print or language.

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

- Staff supported some people to access the local community to help reduce their risk of social isolation. One staff member commented, "Every day is varied, and we do what they (people) want to do. We support people going into the community."
- People were supported to undertake activities that they enjoyed. One relative told us that staff spent time talking and singing to their relative, which made the person and them happy.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people had access to this.
- People told us they felt confident if they had to raise a concern but did not have any. One person said, "If I

have any problems I just ring the office, they're always there but I don't have any complaints."

- Complaints and concerns were analysed as part of the registered manager's quality and assurance framework. Outcomes from these were used to improve the service provided.

End of life care and support

- Staff had received training around providing end of life care and people's care records detailed conversations they had with staff around their final wishes.

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 good. At this inspection this key question has remained the same. 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 and provider had worked with staff to create a positive culture which increased the quality of care provided to people. One staff member told us, "There's a brilliant culture. We deal with problems straight away. It's a nice place to work."
- People told us all of their needs were met and staff were always approachable and friendly.

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;

- If things did go wrong apologies were provided to people and these incidents were used as learning points for the service.
- People told us that staff were honest and open with them, which created a positive working relationship. One person told us, "Staff are very honest with me and we can be honest with each other."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider were fully aware of their legal responsibilities. They reported all safeguarding concerns appropriately to the local authority and notified the Commission of incidents and concerns.
- The registered manager used all lessons learned from investigations, feedback and the quality assurance system to improve the service and overall care provided to people.
- There were quality and assurance systems in place to monitor the quality of care provide to people. There were regular audits of the service and the results from these were used to improve the service and reflect on ways to drive improvement.

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

- The provider regularly engaged people, relatives and staff for their feedback about the service.
- Staff had regular meetings and received updates on different things, for example best practice and changes to legislation. One staff member told us, "Brilliant communication from the head office. We are always aware of updates."
- The provider sent monthly newsletters to people and staff with updates and relevant information, for example about staying hydrated in hot weather.

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people to help them stay as independent as possible.
- We saw involvement from other health care professionals in people's records and people told us about visits to them where staff had supported them.