

Mrs Patricia Momoh

# Choose 2 Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an announced inspection of the service on 25 July 2018. Choose 2 Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Choose 2 Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was no requirement for the service to have a registered manager. The provider was the manager and oversaw the day-to-day running of the service. We have referred to the provider as the 'responsible person' throughout this report.

At the time of the inspection, eight people received some element of support with their personal care. This is the service's first inspection under its current registration.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this report.

The risks to people's safety were not always appropriately assessed. This included how to support people with poor mobility and supporting people to leave their homes in an emergency. The process for the investigation and reviewing of accidents and incidents was not always effective. People felt their medicines were managed appropriately by staff; however, the care planning records and risk assessments in relation to medicines were limited in detail. Staff did not wear company uniforms when supporting people; however, the responsible person ensured they had enough personal protective equipment to reduce the risk of the spread of infection. People felt safe when staff supported them in their homes. There were enough staff to support people and staff were recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the policies and systems in the service did not support this practice. Improvements were required to ensure all people's rights under the Mental Capacity Act (2005) were respected.

We have recommended that the responsible person improve their understanding of the Mental Capacity Act 2005.

People's care was not always provided in line with current legislation and best practice guidelines. However, people felt staff understood how to support them. Staff were well trained, felt supported and understood people's needs. Staff performance was not regularly monitored. People were supported with their meals where needed. Other health and social care agencies were involved where further support was needed for people.

People liked the staff and found them to be kind and caring. Staff treated people with respect, dignity and compassion. People's independence was encouraged and people were able to contribute to decisions about their care. Improvements were needed to ensure people's personal data was secure.

From the records viewed, care plans lacked detail and did not always provide staff with the guidance needed to support people with specific health conditions and their preferences. People felt care staff responded effectively to complaints or concerns raised. People's diverse needs were discussed with them and respected. There had been limited discussions to ensure that people's wishes were respected when they neared the end of their life.

Quality assurance processes, including ensuring the assessment of the risks to people's health and safety were not effective. The risk to people's health and safety had not been appropriately assessed. The responsible person did not fully understand the requirements of their role to ensure the CQC were informed of notifiable events. The responsible person was well liked and respected by people and their staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

The risks to people's safety were not always appropriately assessed. The process for the investigation and reviewing of accidents and incidents was not always effective. People felt their medicines were managed appropriately by staff; however, the care planning records and risk assessments in relation to medicines were limited in detail. Processes were in place to reduce the risk of the spread of infection in people's home. People felt safe when staff supported them in their homes. Staff understood how to report any concerns about people's safety. There were enough staff to support people and staff were recruited safely.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Some improvements were required to ensure all people's rights under the Mental Capacity Act (2005) were respected. People's care was not always provided in line with current legislation and best practice guidelines. People felt staff understood how to support them. Staff were well trained; felt supported and understood people's needs. Staff performance was not regularly monitored. People were supported with their meals where needed. Other health and social care agencies were involved where further support was needed for people.

**Requires Improvement**



### Is the service caring?

The service was caring.

People liked the staff and found them to be kind and caring. Staff treated people with respect, dignity and compassion. People's independence was encouraged and people were able to contribute to decisions about their care. Improvements were needed to ensure people's personal data was secure.

**Good**



### Is the service responsive?

The service was not consistently responsive.

**Requires Improvement**



Care plans lacked detail and did not always provide staff with the guidance needed to support people with specific health conditions and their preferences. People felt care staff responded effectively to complaints or concerns raised. People's diverse needs were discussed with them and respected. There had been limited discussions to ensure that people's wishes were respected when they neared the end of their life.

**Is the service well-led?**

The service was not consistently well-led.

Quality assurance processes, including ensuring the assessment of the risks to people's health and safety were not effective. The responsible person did not fully understand the requirements of their role to ensure the CQC were informed of notifiable events. The responsible person was well liked and respected by people and their staff.

**Requires Improvement** 

# Choose 2 Care

## **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 checked 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 25 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We used information the provider sent us in the Provider Information Return. 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.

The inspection team consisted of two inspectors. We visited the office location to see the responsible person and to review records. After the inspection, we spoke with four people who used the service and one relative and asked them about their experiences of this service. We also spoke with two members of the care staff.

We used information from telephone interviews and questionnaires to inform our inspection. We sent 13 questionnaires to people who used the service and their relatives. We received five responses.

We looked at records relating to five people who used the service as well as two staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the responsible person to send us copies of various policies, procedures and care planning documentation after the inspection. They did this within the requested timeframe.

## Is the service safe?

### Our findings

The responsible person had not always taken the necessary steps to reduce the risk to people's safety by ensuring detailed risk assessments were in place where needed. Initial assessments of people's needs had been completed and these assisted in the formation of people's care records. However, they did not always take into account people's on-going needs and associated risks. This included the support people needed with their meals, personal care and medication. This increased the risk of people receiving care that could place their health and safety at risk.

An environmental risk assessment had taken place, but this did not take into account people's mental and physical health should they need to support the person to leave their home in an emergency. Individualised assessments are important to ensure that each person's needs are taken into account; this could be for someone living with dementia, or a person with restricted mobility. Without these in place, people's safety could be placed at risk.

The responsible person had a system in place to ensure that accidents and incidents were investigated. However, the way the process was recorded did not show that the action either taken or recommended by the responsible person, had been completed. No individualised analysis of people's accidents had taken place, which meant the responsible person could not show whether the actions taken had been effective, and reduced the risks to people's health. The responsible person assured us that people were not at risk, but agreed the recording process needed to be improved to support this view.

People told us they felt safe when staff supported them in their home. One person said, "I have had the service for around two years, and I always feel safe with the staff, they are lovely." Another person said, "I have been using them for two to three years now, and they make me feel very safe. I have every confidence in them." A third person said, "Yes, I feel safe with them in my house. They are all very nice."

People were informed who to contact in an emergency. Phone numbers were provided if people had concerns out of office hours. This included if they wanted to speak with the local authority safeguarding team if they had concerns about their, or others' safety. Staff understood how to protect people from the risk of avoidable harm and abuse. Staff had received safeguarding adults training and could explain how they would report concerns if needed. Both staff members were aware of the need to report any concerns initially to the responsible person, or to the CQC. This was in accordance with the provider's safeguarding policy.

All of the people we spoke with told us staff arrived on time for the calls. One person said, "Yes, they are always on time generally, and if they are stuck in traffic or anything like that, they always ring to let me know." Another person said, "They are always punctual and rarely late, and they stay for the allocated time. I have no complaints." A third person said, "They are always on time, and they have often done extra things for me if I have needed my ironing doing or things like that."



The responsible person told us they had enough staff, including themselves, to ensure that people's needs were always met. It was clear from the responses received from the people we spoke with that they were happy with the staff who supported them. The responsible person told us they were covering more care shifts than usual recently, due to a reduction in the staff available for shifts. We did raise concerns with the responsible person that the limited numbers of staff available, was detracting them from their responsibilities to ensure the service was managed effectively, including ensuring all records were up to date and relevant to people's needs. They assured us they were recruiting new staff and this would help reduce the number of hours they needed to cover shifts.

Robust recruitment procedures were in place that ensured people were protected from unsuitable staff. Checks were carried out on people's identity, their work history and whether they had a criminal record that would prohibit them from working with vulnerable people. This contributed to keeping people safe

The people we spoke with told us they administered their own medicines, but did on occasions require the support and prompting of staff. One person said, "I do my own medication, but if they [staff] ever notice that I have nearly run out, or if I have been poorly, they will collect it for me from the chemist." Another person said, "I administer my own medication, sometimes I need prompting and the girls are very good at checking and reminding me."

We noted efforts had been made to inform staff how to support people with their medicines. However, the information was limited and did not always take into account the potential risks and people's personal preferences associated with their medicines. For example, one person's records stated, 'Give [name] their medicines, making sure they take them'. There was no guidance as to how the person would like their medicine and what staff should do if they refused. This increased the risk of people receiving inconsistent support. We also noted the system used to record when people had taken or refused to take their medicines was not consistently applied. The responsible person acknowledged that more needed to be done to ensure the records used in relation to people's medicines were more detailed, meaningful and took into account the individual risks for each person.

Staff did not wear uniforms when attending people's homes. The responsible person told us personal protective equipment such as aprons and gloves was currently stored in people's homes.

## Is the service effective?

### Our findings

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. We checked whether the service was working within the principles of the MCA. We found the MCA was not considered when assessing whether people had the capacity to make decisions about their own care.

All four of the people we spoke with told us they were able to make decisions for themselves and staff respected their wishes. We were also told by the responsible person that people were able to make decisions for themselves. However, in the care records that we looked at we noted reference to a person having, 'short term memory loss'. Another person was described as living with dementia however; their records stated they had capacity to make decisions. No assessment had been made to determine what decisions these people could and could not make. We noted staff had received MCA training; however, it was not clear how learning from this training had been used to ensure people's care was provided in line with the principles of the MCA. The responsible person acknowledged that more needed to be done to ensure the principles of the MCA were applied appropriately. This would reduce the risk of people's rights not being protected.

We recommend the provider reviews all care records to ensure, where needed, the principles of the Mental Capacity Act 2005 are appropriately applied.

The responsible person told us they ensured that people's physical, social and mental health needs were provided in line with current legislation and best practice guidelines. They told us if people had specific conditions then they used best practice guidelines to help form effective care planning. However, we noted in the records we looked at that this guidance was not always in place. We noted people had conditions such as psoriasis, arthritis and depression, yet there was limited information within people's care records about how staff should support them with these conditions. The responsible person told us due to the company being small in terms of the number of people they supported, that staff understood how to support people effectively, which was supported by the feedback received from the people we spoke with. However, they acknowledged that more needed to be done to ensure people's care records reflected their needs and care provided in line with current best practice guidelines.

People told us they were happy with the support they received and felt staff cared for them effectively. This view was supported from three out of the four people who responded to our questionnaire. One person said, "Yes, the staff are very supportive. If I have ever been poorly they have really looked after me well." Another person said, "I feel very confident that they have my best interests at heart. I have always felt confident with them."

Records showed staff received an induction and training that the responsible person had deemed

necessary for them to carry out their role effectively. This included training to support staff with moving and handling people safely, the Mental Capacity Act and safeguarding. We noted some training that required to be renewed yearly had not yet been completed. This included, moving and handling and safeguarding. The training matrix provided by the responsible person showed that refresher courses had now been booked for these courses. This is important to ensure that staff knowledge and their ability to provide safe and effective care is in line with current best practice guidelines.

Staff felt supported by the responsible person and felt confident in their role. One staff member said, "[The responsible person] has always supported me. We have supported each other, we have become quite close over the years."

Records showed the full time staff member who currently worked for the service had received some observed practice of their role in the last 12 months however; formal supervision assessments in 2018 had not been completed. The responsible person told us they were confident in the staff member's ability to carry out their role effectively. They also said this was supported by the positive feedback received from people; however, they did acknowledge that regular assessment would ensure any concerns were identified before they affected people.

People's care plans recorded what people liked to eat and drink, and if any support was required with this. We noted from the detailed daily running records that people received support with their meals in line with their preferences. However, there were limited assessments of people's nutritional health within their care records. Guidance was provided for staff on how to support people with their daily food and drink requirements. These assessments are important to assist staff in identifying any changes that could affect people's health. This included if people needed specific support with their diet to control weight loss or gain.

Records showed the responsible person was aware of which health and social care agencies to contact to, ensure that people continued to receive care and treatment for their current and changing health and social care needs. People's records showed that when needed, staff had supported people with arranging visits to their GP or healthcare services.

## Is the service caring?

### Our findings

People told us they found staff to be kind and caring, with people particularly satisfied with staff approach to personal care. One person said, "The staff are very caring and supportive." Another person said, "The personal care they provide is always very dignified, as I have asked for. They are very discreet and caring." A third person said, "The staff have always been kind and caring. I see [name of staff member] mostly, they are a very kind person; caring and polite."

The responsible person told us that due to the small number of people currently supported by the service, they were able to ensure that people received care and support from the same staff each day. They told us this enabled them to provide a more personalised service for people, with staff who they got on with and knew them well.

People confirmed they received care from a consistent team of staff that made them feel at ease when staff supported them within their home. One person said, "I had one carer for a long time. [The responsible person] got me a lovely new carer, and we get on so well, they make me laugh, and have really brought me out of myself." Another person said, "[The responsible person] chooses their staff very carefully. They always have the right people for the right task." A third person said, "I see [name of staff member] most days, they are lovely."

The majority of the people and relatives who responded to our questionnaire told us staff always treated them, or their family member's with dignity and respect. People we spoke with praised the approach of staff with people feeling comfortable in their company. A person who responded to our questionnaire said, 'I find the carer I have is very good and very understanding when I feel really low. I do not know what I would do without the service. My family are very pleased with the service I get.'

The staff we spoke with spoke with kindness and compassion about the people they supported. One staff member said, "I have some lovely service users. I really like my job; even though it is hard work, it is really pleasurable."

People told us they were involved with decisions made about their care and felt staff respected and acted on their wishes. One person said, "I am always asked about any decisions relating to my care." Another person said, "I feel that I am able to make any changes if I need to. [The responsible person] is always very accommodating." The responsible person told us they spoke with people regularly about their care needs and when changes were needed, they always discussed and agreed this with people. Information about how to contact an independent advocate was also provided; although we were informed, none were currently used. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

All four of the people who responded to our questionnaire told us staff always supported them to do as much for themselves as possible. People's daily routines were recorded in their care records and these informed staff of the level of support people needed with the day-to-day living tasks.

People's independence was supported and encouraged by staff. Guidance was in place that informed staff on the support people needed to carry out daily living tasks independently. This included people's ability to carry out their own personal care, or to complete domestic tasks.

People's religious beliefs, cultural and spiritual needs and personal preferences were discussed with them when they commenced using the service. We were informed that no one currently using the service had any specific diverse needs that needed taking into account when care was planned for them. However, the responsible person told us they would respect any person's wishes to ensure they were not discriminated against because of their diverse needs and choices.

We were informed by the responsible person that approximately two months prior to this inspection they had experienced a computerised records data loss. We advised them to report this to the Information Commissioners Office (ICO) to determine what course of action should be taken. We were informed by the responsible person after they had spoken with the ICO that people's personal information had not been lost. However, on the advice of the ICO they have now put further protection measures in place to reduce this risk. This is important to ensure that all records are managed in line with the Data Protection Act and The General Data Protection Regulation. This legal framework sets guidelines for the collection and processing of personal information of individuals within the European Union.

## Is the service responsive?

### Our findings

Prior to people using the service, assessments of their health, care and support needs were carried out to ensure staff could respond appropriately when a person started to use the service. However, people's care records did not always contain sufficient information about people's individual needs. Records were often limited to brief references about specific areas of care such as medicines and people's mobility. Guidance for staff to move people safely and how to prevent falls was also limited. The responsible person told us staff knew how to support people safely and how to respond to people's needs, however they agreed that the care planning documentation was not sufficiently detailed. They told us they would carry out a review of all care planning documentation to ensure the records reflected the care people received.

We were told by the responsible person that the care records held within their office were the same as the records held in people's homes. When reviewing office-based records we noted there was limited information recorded about some people's daily routines and personal preferences. We were then advised by the responsible person that the records stored within the people's homes did contain further detailed information about people's preferences. This meant during the inspection it was difficult to conclude whether care was provided in line with people's preferences. We asked the responsible person to provide us with copies of the additional care records after the inspection, which they did. From these records, it showed that people's preferences about how they liked their care to be provided had been discussed with them. This included the time people wanted their calls, the support they wanted with personal care and with their meals..

People told us they were involved with the care planning process. One person said, "I was involved in my care planning from day one. I am happy with it." Another person said, "My care plan is about me; I am happy that I was involved in the discussion, I felt that [the responsible person] listened to me." We noted that people had been asked for the views about their care and were given the opportunity to amend the way they received their care and support. This meant people were offered the opportunity to have their care provided in the way they wanted.

The responsible person had an understanding of the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. They told us they did not currently have people who required information to be presented in a different way but in light of this standard, they would consider other ways in which records and information could be presented. This is important to ensure that people are empowered, treated fairly and without discrimination.

People knew how to make a complaint and felt staff responded appropriately to concerns raised. One person said, "I know how to complain, though I haven't needed to thankfully. [The responsible person] is always available when I need them." Another person said, "[The responsible person] is always available if I have any concerns. I have their number and they always answer."

Records showed no formal complaints had been received, however the provider's complaints policy

ensured that if a complaint was made, they would be responded to appropriately.

People had not been offered the opportunity to discuss their wishes for the end of their lives. Although end of life care was not currently provided at the service, opportunities to support people to consider this may have been missed.

## Is the service well-led?

### Our findings

The quality monitoring and assurance processes were not effective in ensuring that the risks to people's health and safety were appropriately assessed and monitored. Care planning and risk assessment documentation was either not in place, or, if they were, did not contain sufficient relevant information to reduce the risk to people's safety. We noted people who had poor mobility or dementia or required support with their medicines, had not had their needs appropriately assessed to ensure staff could support them safely and effectively. Other risk assessments and care planning documentation were also not in place in key areas such as medicines, nutrition and evacuation in an emergency. The responsible person had not provided satisfactory answers as to why these were not in place. This placed people at risk of receiving care and support that was not appropriate for their needs.

Other important factors had not been taken into account when care and support was planned for people. The responsible person's knowledge of the Mental Capacity Act 2005 (MCA) was limited and there was limited evidence inside people's care records as to how the principles of the MCA had been used to ensure people rights were protected. This again placed people at risk of care being provided that was not appropriate. Accidents and incidents were not appropriately assessed by the responsible person and actions recorded and their effectiveness monitored, to reduce the risk of reoccurrence.

The responsible person had not ensured that copies of people's records stored within their office accurately reflected the records kept in people's homes. This made it difficult for us to assess whether the care being provided people was appropriate due to the limited records available.

We discussed these issues with the responsible person and they assured us they would take immediate action, to address them to reduce the potential of people receiving poor quality and inappropriate care and support from staff.

These were examples of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

The responsible person was not fully aware of their responsibilities to ensure the CQC were always informed of all notifiable events that occurred at the service. They were aware that notifications of significant events needed to be forwarded to the CQC; however, they were unaware what many of these notifications were. It is important that the CQC are notified of these incidents, to ensure an open and transparent approach to providing people with high quality care and support. We reviewed the responsible person's records, and we did not identify any incidents that should have been reported to us. However, the responsible person told us they would ensure they improved their knowledge of what incidents were reportable to the CQC.

People told us they were happy with the quality of the service they received from Choose 2 Care. We reviewed the service's latest survey results completed by people who used the service and their relatives. The feedback was positive. All of the people we spoke with and three of the four people who responded to our questionnaire, told us they would recommend this service to others. One person said, "I would definitely



recommend the company to family or friends." Another person said, "I would recommend the company, they are very good."

It was clear from the feedback we received from people and from the service's own quality surveys that people were happy with the quality of the care provided. We discussed this feedback with the responsible person. They told us they were pleased with the responses from people as it showed they and their staff were doing a good job. However, they acknowledged that to maintain this level of feedback they needed to ensure that the office administration and the quality of people's records needed to improve to ensure people continued to receive good quality care.

People told us they liked the responsible person and found her to be approachable. They told us she was always available to them and responded appropriately to any points they raised with her. One person also said, "I know how to get hold of and speak to the manager." Another person said, "[The responsible person] is always available, the service is excellent." The responsible person told us they prided themselves on knowing each of the people supported by the service and it enabled them to act on any concerns they had quickly. A staff member said, "[The responsible person] is always available to support us, and is very approachable. we work well together."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not ensured effective systems or processes were in place to address the risks to people's safety, to continually improve the quality of the service people received and that people's care records and risk assessments reflected their needs.</p>