

Choice Support & Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 Support and Care Services Ltd is a domiciliary care service. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were 14 people using this service at the time of our inspection. 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

Staff had not always been recruited in line with the provider's recruitment process. There were enough care staff to meet people's needs and checks were made to ensure staff were competent to provide safe care. The provider had taken steps to help reduce risks to people from abuse and looked for ways to improve when things had gone wrong. Systems were in place to safely manage people's medicines and risks, and actions to reduce them, were identified; however some updates were required to the provider's medicines policy. Measures were in place to help prevent and control infections, including those from COVID-19.

Assessments were completed on people's health and care needs and these were kept under review. Staff were trained in areas relevant to people's needs. Care staff helped with people's meals and drinks and knew people's dietary requirements when this was needed. The involvement of other health and social care professionals in people's care helped to promote people's health and well-being.

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.

Care staff provided a caring service and respected people's privacy, dignity and diversity. People were supported in their independence. People were involved in their care decisions.

Care staff knew people well and understood their needs and supported their choices. People's communication needs were assessed and any methods to help with communication were identified. People were supported to be active and involved in their local communities. A complaints process was in place should a person wish to raise any concerns.

Governance policies and procedures were in place; some required updates which the registered manager was completing. Checks were made on the quality and safety of services. The management team were approachable and communicated with people, relatives and other professionals involved in people's care regularly. People and care staff were involved and engaged with the service.

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

Rating at last inspection and update:

This service was registered with us on 11 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Choice Support and Care Services Ltd on our website at www.cqc.org.uk

Follow up

We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 Support and Care Services Ltd

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 completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission, they were also the provider. Both registered managers and providers 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 notice of the inspection. This was because the inspection was conducted during the COVID-19 pandemic and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 6 December 2021 and ended on 14 December 2021. We visited the office location on 7 December 2021.

What we did before the inspection

We used information received about the service since their date of registration. We contacted local stakeholders to gather feedback on the care provided. This included the local authority commissioning team. On the 6 December 2021 we made phone calls to four people who used the service and two people's relatives to gather feedback about the care provided.

The provider was not asked to send us a 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 reviewed a range of records including the relevant sections of three people's care records and medicines records. We looked at eight staff files in relation to recruitment and supervision. We reviewed other records related to the management of the service, including the provider's policies and staff training records.

We spoke with six members of staff including, the registered manager and provider, the office manager, one senior support worker and three support workers.

What we did after the inspection

We continued to seek clarification from the provider to validate evidence found.



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 as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The registered manager had not always obtained references for new members of staff in line with the provider's recruitment policy. The registered manager told us they had taken other steps to gather information on care staff members' character and conduct in the absence of references. However, no recorded risk assessment had been completed at the time of recruitment; the provider put these in place shortly after our inspection.
- People told us they knew the care staff that supported them and told us their care never felt rushed. People told us care staff usually arrived on time. One relative said, "They are usually on time, but if they are running late, they will always call."
- People told us care staff were competent. We saw spot checks were completed to ensure for example, staff used equipment safely and maintained correct infection prevention and control practices.

Using medicines safely

- There was a medicines policy in place, however it did not reflect the electronic system that was in use; the registered manager told us they would update this.
- People's independence was supported so they retained control over their medicines arrangements when this was safe for them to do so.
- When care staff helped manage people's medicines, care plans and risk assessments were in place.
- Care staff recorded any medicines administered on an electronic medicines administration record (eMAR). The system was monitored by management to ensure medicines were given as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care provided by the service. One person told us, "The staff that come, I feel I can always trust them."
- Care staff were knowledgeable on how to spot indications of abuse and were confident to raise their concerns to help ensure people were kept safe.
- Care staff told us checks were in place to help ensure people were protected from financial abuse when people were supported with their finances.

Learning lessons when things go wrong

- Care staff reported any accidents and incidents. These had been reviewed by management and actions had been identified and taken to reduce any chance of recurrence.

Assessing risk, safety monitoring and management

- Care staff we spoke with were knowledgeable on people's care plans, care needs and what actions they took to reduce risks to people.
- Risk assessments were in place and covered risks relating to people's health and care needs as well as any risks that could be present in their home or when out and about.

Preventing and controlling infection

- People and relatives told us care staff would wear their face masks, gloves and aprons when providing personal care.
- Care staff told us they had access to adequate supplies of personal protective equipment (PPE) and we saw stocks were available in the office to keep staff supplied. Care staff told us they had been trained on how to use their PPE correctly.

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 as 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's care needs were assessed, and any changes reviewed. This helped people received good outcomes from their care.
- Assessments covered people's health, care and social needs and identified risks. For example, if people were at risk of pressure areas and what actions staff should take to reduce these.
- Care staff had access to people's assessments through mobile technology and this helped them know what care people needed.

Staff support: induction, training, skills and experience

- People told us care staff had the skills and competency to provide the care they needed.
- Care staff told us they had regular training in areas relevant to people's needs and could ask for any support and guidance from the management team at any time.
- Care staff told us their induction training was completed alongside an experienced member of staff and they also completed the Care Certificate. The Care Certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care.

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

- Where care staff provided care for people with their meals and drinks, care plans and risk assessments were in place.
- Care staff we spoke with knew if risks to people from food and drink had been identified and told us what steps they took to reduce those risks. For example, providing food of a softer consistency and in small pieces to help prevent choking.
- People told us when staff assisted with their meals and drinks, this met their preferences.

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

- Relatives told us where care staff worked with other health and social care professionals involved in people's care. People's care records recorded this involvement. For example, involvement from GP's, mental health teams and district nurses.
- Records showed where care staff supported people with health appointments.

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.

- Care plans identified where people had capacity for decision making.
- Where any restrictions on a person had been considered, records showed this and other less restrictive approaches had been discussed with them.

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; Respecting and promoting people's privacy, dignity and independence

- People told us the care staff and management team were caring. One person told us, "Care staff always make a point of asking me if I am alright, which is good isn't it."
- Care plans and risk assessments promoted people's independence and identified what care they could do themselves.
- Care staff told us what actions they took to respect people's privacy and dignity when providing care. People told us they thought care staff did this well. One person said, "Staff understand about privacy and dignity."
- The registered manager told us they provided care staff with foot coverings so care staff could cover their shoes and show respect in people's homes.

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

- People and relatives told us they felt involved in how their care was provided. Care plans confirmed this as they reflected people's wishes and their involvement in how their care was provided.
- Relatives told us their views had been sought and they had been involved in the initial care plan assessment. Records showed these had been kept under review and updated when required.

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

- People told us care staff knew them well and understood their needs and offered them choices. One person told us care staff listened to them and involved them in their care. Another relative told us care staff knew their relative well.
- Care plans reflected people's preferences and people told us these were met. One person told us how care staff always made their first cup of tea in the morning and that it was always done to their liking.

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 had been assessed and their needs identified in care plans. For example, one person's care plan stated what was the most effective volume setting for their hearing aid. Another person's care plan provided guidance to help staff understand a person's speech.

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 staff supported people with activities in their local communities. We saw people were supported for meals out and to attend social events. These actions helped to prevent people from experiencing social isolation.
- Care plans reflected people's interests and hobbies. One relative told us care staff always spent time talking with them and their relative.

Improving care quality in response to complaints or concerns

- People told us they had no reason to complain but said they knew how to if they should have reason to. One relative said, "We've never had any need to complain, but the office is easy to contact and we would have no problem letting them know if something was not right."
- A complaints policy was in place for the provider to follow to ensure any complaints received would be investigated and responded to. The provider told us they had recently worked with the local authority to help resolve an issue.
- Compliments about the care and service provided had been received.

End of life care and support

- No-one was receiving end-of-life care at the time of this 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.

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

- Policies were in place for the management and governance of the service. A business continuity plan was in place to help reduce risks to the operation of the service.
- Staff told us, and records confirmed, a number of checks were made on the quality and safety of people's care and the service provided. This included checks on infection, prevention and control measures and other health and safety practices.
- The provider had a policy that covered what actions they would take to ensure the duty of candour would be met in instances of this nature.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and relatives told us the care staff and management team were all approachable and that they had confidence any concerns would be listened to and dealt with openly.
- Care staff told us they were able to speak with the management team openly and that they felt supported. One care staff told us, "The registered manager is very supportive and encouraging and I love my job."
- The service worked in partnership with others to help promote good outcomes from people's care. During the inspection the registered manager spoke with a social worker to provide detail and updates on a person's care. Records showed where similar conversations and referrals had taken place with other health and social care professionals involved in people's care.

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

- People told us they felt involved in their care and records showed where care decisions had been discussed with them.
- Assessment processes took account of people's diverse needs and considered their equality characteristics.
- Care staff told us they found the management team supportive and approachable. Team meetings were held, and care staff told us they received regular communication from management and this helped them feel involved.

