

Choices Care Ltd

Choices Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Choices Care Ltd provides personal and domestic care and support in people's own homes. At the time of the inspection 12 people were using the service.

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 our inspection 9 people were receiving a regulated activity.

People received safe and effective support from staff who received appropriate training. The provider had safe recruitment process and staff received training in how to recognise and report abuse.

People confirmed they received good support and care in areas such as health needs, medicines management and meals.

Staff supported people to take their medicines safely where required. Staff understood the importance of promoting people's choice and independence. People were involved with decisions about their care and support.

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.

People and relatives were happy with the care provided by staff. People told us staff were kind, caring and compassionate. People's care was reviewed and updated when required. People had the opportunity to express their views and had developed caring relationships with staff. People's communication needs were met.

The management team completed regular checks and monitoring of the service. People's risks to their health and welfare were re-assessed when their needs had changed, care plans were reviewed and revised appropriately to ensure improvements were sustained.

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 27 July 2016).

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 ●

Choices Care

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 undertaken by one inspector.

Service and service type

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

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 48 hours' 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 in the office to support the inspection. Inspection activity started on 29 October 2019 and ended on 5 November 2019. We visited the office location on 1 November 2019.

What we did before the inspection

The provider was 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff, the branch manager, the director and registered manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- Staff had a good understanding of safeguarding and reporting concerns. One staff member told us, "I would always report any concerns to the on-call or the office."
- Staff received safeguarding training and safeguarding was discussed with staff in supervisions.
- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff had access to external professional telephone numbers such as social services and staff were aware of how to escalate concerns if required.

Assessing risk, safety monitoring and management

- People had appropriate risk assessments in place, these were reviewed to ensure people's changing circumstances were risk assessed. However better guidance for staff in relation to diabetes was needed. We discussed this with the registered manager and they implemented the changes with immediate effect.
- People's risk assessments contained guidance in how to mitigate risks in areas such as moving and handling, medication and other identified risks to people's well-being.

Staffing and recruitment

- Staffing levels met the needs of people using the service. People and relatives told us they felt there were enough staff to meet people's needs. One person said, "staff turn up on time."
- People's visits were monitored daily and the registered manager reviewed this information regularly to ensure people received their home visits on time.
- Safe and effective recruitment practices were followed to help ensure staff were of good character, physically and mentally fit for the roles they performed.

Using medicines safely

- People's medicines were managed safely. One person said, "They help me with my medicines, they give me my tablets when I need them."
- We noted that medicine administration processes were completed in accordance with good practice. Medicines records were completed accurately. Staff received appropriate training. This helped to ensure that people received their medicines as prescribed.

Preventing and controlling infection

- Staff received infection control training and wore personal protective equipment such as gloves. Staff understood the importance of good hand hygiene practice to aid infection control.

Learning lessons when things go wrong

- The registered manager took appropriate actions following incidents and learning was shared with staff at supervisions and staff meetings.

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 remained the same. 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

- The provider completed pre-assessments prior to care delivery starting to ensure people's needs could be fully met and worked with people and their families if appropriate to develop their care plans.
- Assessments included people's choices and preferences.
- Care plans were regularly reviewed to help ensure if people's needs changed this was appropriately reflected in care records as well as in the care they received.
- People were happy with the care and support they received. One person said, "Staff are very good, we have a good routine." A relative said, "[Relative] has really settled and happy with their care."

Staff support: induction, training, skills and experience

- Staff were positive about their induction into their role which involved training and shadowing with experienced staff members. One staff member said, "The training is all completed in-house."
- Staff told us training included moving and handling, administration of medicines, and safeguarding people.
- Staff received appropriate training and competency assessments to ensure people's needs were met.
- Staff confirmed they received supervisions and competency assessments to ensure they remained competent in their job roles.

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

- People were supported with food if appropriate. One relative said, "Staff support [relative] with breakfast and lunch." Staff supported people with their meals to ensure people remained independent in their own home.
- Staff documented the care and support appropriately in people's care plans, this was monitored to ensure people received the appropriate care.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the management team worked well with other professionals to ensure that people received appropriate care.
- Where needed staff ensured they communicated any changing needs to their office and peoples relatives where appropriate. One relative told us, "Staff are good at communicating any changes about [relative]."

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.

- We found that the registered manager and staff worked within the principles of the MCA.
- People told us staff always asked for their consent before they supported them with their daily care. One person said, "They do what I want them to."

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

- People and their relatives told us the staff team were kind and caring. One relative said, "[Staff] have been super [relative] is happy." One person told us, "Staff take the time to chat, can't fault them. They always check I'm alright." One staff member said, we build up good relationships. We take the time to chat and learn about our clients. They don't always want us to leave."
- Peoples preferences and individual cultures were documented to ensure people diversity was respected

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

- People and relatives told us they were involved with decisions about their care. One relative said. "Staff have sat down to discuss their care." Another person told us, [Staff member] came to discuss our care plan."
- People had the opportunity to complete annual surveys about the quality of service they received, we noted people's responses were positive about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity were promoted. Staff told us they communicated what they were doing and always checked they had people's consent. One person said, "Staff are very kind and caring."
- Staff told us they promoted people's independence. One staff member said, "Independence is important." They gave examples of how they supported people to do the things they were able to do. For example, supporting them to wash the areas of their body they were able to.

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 meet people's needs, preferences, interests and give them choice and control

- Staff supported people to access the community and to attend appointments where requested. One relative told us that their relative was supported to attend their place of worship. They said, "It is a very important for them to be able to still attend their worship and they also have the opportunity to engage with their friends."
- Care plans contained people's care needs, preferences, likes and dislikes with guidance for staff. This meant that staff had the information they required to meet people's needs in the way that they preferred. People told us they received care and support as they wished.

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 told us they were able to understand information from Choices care. One relative said, "Staff are good at communicating."
- Staff took the time to sit down and listen to people. Staff told us that they used flash cards to support people whose first language was not English. The cards contained pictures and word or phrases in the persons language and in English to support people and staff with their communication.
- The provider also provided the skills for care learning in multiple languages to ensure all staff were supported to fully understand the training.

Improving care quality in response to complaints or concerns

- Staff were responsive to any concerns people raised.
- People knew who to contact if something was not right. One relative said, "So far there has been nothing to complain about."
- We found where people had raised issues these were responded to in line with the provider's complaints policy.
- We also looked at the compliments that people had sent, one stated, "I have been extremely impressed by the service your team have given to my [relative]. You are all kind, compassionate and deliver excellent care."

End of life care and support

- The service did not provide end of life care. People's preferences around this were not sought. However, staff received appropriate training to enable them to correctly identify when people were nearing their end

of life.

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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff received training to ensure staff delivered person centred care that met people's needs. The registered manager said, "We provide in house training to ensure all our staff receive our values."
- The registered manager and care staff were passionate about the care provided.
- The registered manager kept up to date with current legislation and best practice. They completed regular management and staff meetings and discussed various topics to ensure people were receiving a good service. Staff confirmed the registered manager was approachable and could visit or call the office at any time.
- People told us staff provided care that met their needs. One relative said, "[Relative] is really happy with their 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

- The provider understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the staff understood their roles and had a good understanding of their responsibilities. Staff were aware of their rota schedules.
- Audits were routinely completed to ensure the quality of the service, any issues found were discussed and actions taken to resolve.
- The registered manager understood when to report notifiable incidents to the proper authorities.

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

- People and their relatives gave positive feedback about the registered manager and staff. One person said, "[Staff] do other jobs just to help out, like putting out the bins."
- Staff felt supported by the management team. One staff member said, "This is a good company, good team work."
- Staff had the opportunity to express their views and received updates from the registered manager.
- Improvements had been made with the implementation of a new documentation and an electronic

system "E-board" which was being trialled at the time of the inspection. E-board provides a better audit trail and accountability for tasks and supports better communication between the providers locations.

- There was an emphasis on improving staff skills and knowledge. The registered manager said, "We are proud of our consistency. It is important for us to provide this, to encourage good relationships."

Working in partnership with others

- The registered manager worked with other professionals to achieve good outcomes for people.

- We saw evidence of involvement from health care professionals and social workers to support people's needs.