

Choice Care 4U Services Limited

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Inspection report

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Date of inspection visit:
19 April 2022

Date of publication:
05 May 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Choice Care 4U is a domiciliary care agency. The service provides personal care to people living in their own homes in Selsey and Bognor Regis. At the time of the inspection 43 people were receiving the regulated activity of personal care. Some people were living with dementia, learning disabilities, neurological and health conditions and general frailty.

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

Improvements had been made to quality monitoring of the service. Further development of quality monitoring and governance processes were required to ensure these were effective. A service improvement plan had been implemented to address the concerns found at the last inspection and we were able to see improvements made.

The registered manager had worked hard to make service improvements and meet the required level of compliance. People and their relatives were happy with the service they received. Feedback from people included "I am very happy with the service I am receiving," and "The staff treat me with kindness and respect". Staffing levels were enough to meet people's individual needs. 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.

Systems were in place to protect people from the risk of abuse and improper treatment and staff knew how to identify potential harm and report concerns. People told us they received a safe with the service and did not have reason to doubt staff skills, integrity or honesty. Processes had been implemented to ensure support plans and risk assessments contain detailed and person-centred information. Risks to people's health and wellbeing were managed. Medicines were administered safely.

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

Based on our review of key questions safe and well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture.

Right support: The model of care maximised people's choice, control and Independence and measures had

been taken by the provider to meet the needs of people with a learning disability in line with best practice guidance. Care plans identified which aspects of their care people could manage themselves or the type of support people required in order to promote their independence.

Right care: People with a learning disability received person-centred care and the support people received promoted dignity and equality. People's needs and preferences were known and respected.

Right culture: The ethos and values of the service ensured people using services were empowered to have choice and control over their lives. Staff had received training to ensure they had the skills and abilities to meet people's needs.

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

The last rating for this service was inadequate (published 24 January 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 24 January 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We carried out an unannounced comprehensive inspection of this service on 9 December 2021. Breaches of legal requirements were found in relation to providing safe care and treatment, medicines, protecting people from harm, staffing and the management of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check the provider had followed their action plan and whether the Warning Notice we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met, and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Choice Care 4 U Services Limited on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect

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 section below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led section below.

Requires Improvement ●

Choice Care 4 U 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 Health and Social Care Act 2008.

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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 14 April 2022 and ended on 20 April 2022. We visited the location's office on 19 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to four people who used the service and four relatives about their experience of the care provided. We spoke to five members of staff including the registered manager and care staff. We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including customer and stakeholder feedback, 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure care and treatment was provided in a safe way or that risks to people had been mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were identified and assessed. Since the last inspection the provider had implemented processes to ensure comprehensive risk assessments were carried out to enable people to receive care safely. There was evidence of risk management plans for people who had known health conditions including diabetes and seizures. At inspection a review of people's care records was being undertaken to ensure that appropriate risk management plans were in place for all known risks. The registered manager provided assurances as to when this process would be achieved for each person and by when.
- Improvements had been made to the information contained within people's care plans. There was evidence of improved guidance to staff on how to support people safely. This included where people were at risk of falls or needed support to manage health conditions such as epilepsy. Some care plans were still in the process of being updated and the registered manager had a clear time scale for achieving this.
- People and relatives told us they received safe care. A relative told us they had recently been involved in reviewing their loved ones care and said, "We spoke about this in (name) care plan review and that's how I know the staff are providing what my husband needs and what we've asked for". Another relative said, "They adapt the care to suit (name) needs, they are so flexible. They work with me and help to make sure my relative is kept safe and well looked after and I can't ask for more than that."

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong

At our last inspection the provider had failed to establish and operate effective systems and processes to prevent abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safeguarding service users from abuse and improper treatment).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems and processes protected people from the risk of abuse. At the last inspection we identified support practices which had the potential to expose people to the risk of financial abuse. At this inspection the provider had taken action to address these concerns. New systems and processes had been implemented to support people with financial transactions such as shopping. These had been effective in mitigating the risk of exposure to financial abuse.
- Improvements had been made to ensure people were not deprived of their liberty for the purpose of receiving care without lawful consent. The service was working within the principles of the MCA and appropriate legal authorisations were in place.
- People told us they felt safe and were supported to keep themselves and their belongings safe. Relatives told us they had no reason to feel concerned about their loved one safety. Feedback received included "I feel perfect perfectly safe with the staff who support me. I've never had reason to doubt it for a minute I trust them 100% both in my house and in the care they provide". A relative told us " The care they deliver is safe. I never have to worry, there's never any accidents they know exactly what to do and they treat my relative with respect".
- Action was taken following accidents or incidents to help keep people safe. Since the last inspection the provider had implemented a more robust process for recording accidents and incidents. Staff had received support and coaching on how and when to report injuries including those with an unknown origin. Where accidents and injuries had occurred, these had been considered in line with local authority safeguarding guidance. Accidents and incidents were recorded and regularly reviewed by the registered manager. This ensured robust and prompt action was taken to mitigate a further occurrence and that lessons were learnt.

Using medicines safely

At the last inspection the provider had failed to ensure systems and processes were established and operated for the safe management of medicines. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicines were managed safely. The provider had implemented electronic medicines records (EMAR) which recorded medicine administration in real time. Electronic alerts were sent to the office if the EMAR had not been completed within a specific time period. This meant the registered manager was able to identify and act in a timely way to concerns such as a carer running late or omitting to complete the EMAR.
- Medicine were accurately recorded. At the previous inspection we were not assured people's medicine records were accurate or were being audited. At this inspection the registered manager was auditing EMAR's weekly to identify medicine errors, discrepancies or omissions. A review of peoples EMAR's evidenced accurate recordings and administration in line with the prescriber's instructions.
- Medicine records and care plans contained information to ensure medicines were administered safely and in line with the persons preferences and wishes. People's allergies and intolerances were recorded, and information was available to staff about each person's prescribed medicines including why they had been prescribed. This meant people were assured of receiving their medicines safely and in line with their personal preferences and the prescriber's instructions.

Staffing and recruitment

- Staff were recruited safely. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Since the last inspection the provider had undertaken checks

on all staff who had a DBS older than three years. This ensured staff employed to support people were safe to do so.

- There were enough staff to meet people's needs. Since the last inspection the provider had introduced an electronic call monitoring system. This enabled staff to quickly identify if a call was late or missed and take action to mitigate the impact of this. Feedback from people was positive, they knew in advance who would be supporting them, and any changes were kept to a minimum.
- People told us the service was reliable and calls were never missed. Comments included, "We never have to worry about who is coming". And, "The office do a decent rota. Very occasionally it gets changed due to sickness but its usually the right people who come". This ensured people received a reliable service from a core team of staff who were familiar to them and understood their needs and personal preferences.

Preventing and controlling infection

- Infection prevention and control processes kept people safe and reflected latest guidance for the global pandemic.
- COVID-19 testing was carried out in accordance with government guidance, the registered manager confirmed staff underwent a regular testing regime.
- The manager had ensured staff understood appropriate use of personal protective equipment (PPE). Staff had been assessed in relation to the correct wearing of PPE; how to safely put PPE on, take it off and dispose of it.
- Staff had access to PPE and there was ample stock available to them.
- Staff had received training in infection prevention and control.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing staff and visitors to the office from catching and spreading infections.
- People and relatives told us they felt assured by the measures that were in place to keep them safe during the global pandemic. A relative said, "Through COVID they've kept us safe, the staff wear gloves, aprons and masks".

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had failed to establish systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection systems and processes had been implemented to improve the quality monitoring and governance of the service. These needed time to be embedded into the culture of the service and further development was required to ensure their effectiveness.
- The provider had recently introduced an electronic care system. At inspection the service was operating with paper based and electronic care records whilst information was being transferred to the new system. We identified some discrepancies between information held in people's electronic and paper records which the providers quality checking processes had failed to identify. We made the registered manager aware of our findings during the inspection and they took immediate action to update records to ensure they were accurate. This is an area that requires further improvement.
- A service improvement plan had been implemented to address the concerns found at the last inspection. This was reviewed weekly by the organisational care and quality manager and used to drive service improvements. This included auditing of medicine records, reviewing accidents and incidents and a process to identify risks to people's health and wellbeing. Systems were in place to ensure care plans transferred onto the electronic care system were documented in a way that supported a person-centred approach.
- Following the last inspection the manager had registered with CQC to be the registered manager of the service. The registered manager was experienced in the care sector and able to demonstrate their knowledge and understanding of their regulatory responsibilities and requirements. The registered manager was familiar with the enforcement action and improvements required following the previous inspection and we were able to see the improvements they had made to meet the required level of compliance.
- Since the last inspection the provider had ensured a process for assessing staff learning, areas for development or if additional training or support was required. Staff had been provided with training to meet the specific needs of people including diabetes, dementia and epilepsy as well as the providers mandatory

training.

- We received positive feedback from staff about the registered manager and the changes that were being implemented. Staff were supportive of the newly implemented electronic care record system and said care processes were more organised which was having a positive impact on the service people were receiving. Staff told us the culture of the service was more positive and they were enjoying being part of the change process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had made improvements to the way staff received formal recorded supervision. Staff records evidenced supervision was being delivered in line with the provider's policy. Staff said this provided them with an opportunity to reflect on their own practice, identify areas for personal development and share ideas for service improvement.

- People had the opportunity to provide feedback about the service they received. Satisfaction surveys were provided to people and stakeholders and this gave people an opportunity to be involved in the running and development of the service. People's feedback about the service was consistently positive. Feedback received from people and relatives described the service as reliable, flexible and caring.

- We received positive feedback about the registered manager and the positive impact of recent changes. A relative said, "They really are a good bunch and have worked really hard to turn things around since the previous provider left. The manager is consensus and really wants to make it work. I give them 11 out of 10".

- Since the last inspection the provider had worked alongside health and social care professionals to implement positive changes to the way the service operated. The provider and registered manager had been open and transparent and had been receptive to the advice and guidance they had been given. This had helped the provider to develop person centred practices and improve the quality of the service being delivered.

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 had been open and transparent with people and stakeholders about the previous inspection report and shared the actions they would be taking to improve the service and meet compliance.

- Records showed that when things had gone wrong the provider had notified the appropriate authorities. The provider had informed the CQC of significant events in a timely way, such as where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.