

Choices Home Care Limited

Choices Homecare Rotherham

Inspection report

Unit 32 Bradmarsh Business Park
Bradmarsh Business Centre, Bow Bridge Close
Rotherham
S60 1BY

Tel: 01709257777

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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

Choices Homecare Rotherham is a domiciliary care service providing care and support to people living in their own homes in the Rotherham and Sheffield area. At the time of our inspection there were 49 people 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.

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

People told us they felt safe whilst being cared for by staff. Relatives agreed their family members were safe. There were enough staff, to support people's needs, however some people told us their visits were not always carried out at the agreed times. People and relatives said this had an impact on their wellbeing. They also told us they were not informed when staff were going to be late which was not acceptable. The manager told us additional office staff were being recruited which would help to better organise visit times. This also meant people and relatives could be informed if staff were running late.

We have made recommendations that the provider regularly reviews staffing levels to ensure they can meet unexpected demands and implements a robust procedure to engage with people when their service is likely to be disrupted.

There were systems and processes in place to minimise risks to people. These included making sure staff knew how to recognise and report abuse. Staff were recruited safely, and pre-employment checks were carried out prior to them commencing work at the service. Staff felt supported by the manager. Staff had received supervision to help them in their roles and training had been completed or in the process of being arranged for them.

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 were supported to receive adequate food and drink to remain healthy. People chose what they wanted to eat and drink. Staff knew the people they were supporting and provided a personalised service. Support plans showed how people wished to be supported and people were involved in making decisions about their care. Staff treated people with respect and people's dignity and privacy was actively promoted.

The manager understood their regulatory responsibilities. Systems and processes for monitoring quality and safety were effective. The management team had identified some audits were overdue and had started taking action to address this. Systems were in place to deal promptly and appropriately with any complaints or concerns.

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

Rating at last inspection

This service was registered with us on 20 August 2020. On 23 November 2020 we carried out a focussed inspection covering the key questions safe, effective and well-led. We did not give the service an overall rating.

Why we inspected

We undertook this comprehensive inspection to give the service a rating.

Follow up

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 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 Homecare Rotherham

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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager who was in the process of registering 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 manager short notice of the inspection. This was because we needed time for the agency to request permission from people for us to contact them by phone to gain their views of the service.

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 and professionals who work with the service. 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 over the telephone with six people who used the service and six relatives. We emailed all staff to ask a range of questions. We spoke with eight staff in person, including the manager, a care coordinator, the assessment and review officer and care workers. We visited the office location to review written records. We looked at four people's care records. We checked records relating to the management of the service including policies and procedures 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 our last inspection we rated this key question good. At this inspection the rating 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

- People were protected from the risk of abuse.
- The service had safeguarding procedures in place to report concerns to the relevant professionals including the local authority and the CQC.
- People told us they felt safe. One person said, "I feel safe with the girls [care workers] and happy to a certain extent."
- Staff told us they had received training in safeguarding and would report any concerns to the manager or external agencies.

Assessing risk, safety monitoring and management

- Risks to people were identified with assessments and care plans in place. For example, specific risks associated with falls had been considered and guidance was available for staff to follow to mitigate those risks.
- Staff knew people's individual risks and understood how to maintain people's safety and independence. This included risks in relation to people's underlying health conditions.
- One person said, "They get me a meal ready and help me use the commode as I cannot walk. I am okay with things but sometimes the times they come aren't the times they should, but they have never missed a visit." A relative told us, "They [care workers] go above and beyond with their knowledge of equipment that's available to make mums life easier and know how to use the equipment safely."

Using medicines safely

- Medicines were managed safely. Staff who supported people with their medicines were trained and had their competency regularly assessed.
- People we spoke with did not express any concerns around medicines.
- The newly introduced electronic system for recording medicine administration was well liked by staff and managers. The system meant any errors or omissions were picked up quickly and resolved.

Preventing and controlling infection

- The service had effective systems for managing infection risks including those presented during the COVID-19 pandemic.
- Most people and relatives told us staff were using personal protective equipment (PPE) effectively and safely. One person said they had spoken to the manager about improvements needed when staff were using PPE.
- Infection outbreaks were effectively prevented and managed by staff taking daily lateral flow tests.

- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed. The service identified lessons learned and took action to help prevent repeat events. □
- The manager and office staff communicated important information to all staff. Learning discussions helped staff to improve their knowledge and abilities. The management team used different communication systems, such as, Apps, emails and group chat. This helped to ensure staff were kept up to date.

Staffing and recruitment

- Enough staff were employed to keep people safe and meet their assessed needs, however we got a mixed response from people about the timing of their calls.
- Some people told us their visits were sometimes late. A relative told us, "In the main the girls [care workers] are very good but there are times when they are late, and this puts a lot of extra pressure on me. Another relative said, "They have been reliable with their calls until recently, but last week was bad."
- People and relatives also told us they were not informed if staff were going to be late. One person said, "I wish the office would give me warning. The other week they came, at 11.30 and they're supposed to come at 12.15 and I wasn't ready for my lunch. Then other times they come much later."
- The manager said they were regularly reviewing staffing arrangements due to the impact of the pandemic on staffing numbers. The manager said they would continue to closely monitor timings and set up a system whereby people would be informed if their visit time was changed or running late.

We recommend the provider regularly reviews staffing levels to ensure they can meet unexpected demands on their service to improve their future performance.

- Appropriate checks were carried out before staff were employed. This Included a Disclosure and Barring Service (DBS) check, which provided information about any convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 our last inspection we rated this key question good. At this inspection the rating has remained 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

- A full assessment had been completed, which provided the service with detailed information about the person's care needs. Care plans and risk assessments had been devised using this information.
- Care plans gave staff enough information to keep people safe while helping people to be as independent as possible.
- Staff were appropriately trained and knew how to support people safely. They told us they received information about any changes in how they should deliver care. One care worker said, "There are paper copies of all care plans in people's homes which we can look at and we also have regular electronic updates about any changes to people's care needs."

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well and had the skills and training to meet their needs.
- Staff told us before they could care for people, they completed the Care Certificate and had shadowed experienced staff. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff said they had regular supervision, team meetings and regular contact with the managers via a 'WhatsApp' group and a 'Connect App' which showed all company updates such as changes to guidance and policy relating to the pandemic.
- A relative told us, "They [care workers] need to improve on catheter care as not everyone is up to scratch. I have mentioned it to the girls [care workers] but not the office". Other than this they are very good and care for [name] well. They go above and beyond with their knowledge of equipment that's available to make [name's] life easier and know how to use the equipment safely." This information was shared with the manager.

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

- Care plans detailed how people were supported to eat and drink in line with their assessed need. One person had been referred to the speech and language therapist (SALT) due to them having difficulty swallowing. The advice from the SALT team was recorded in the person's care plan.
- Most relatives told us people received good support with nutrition. One relative told us they had raised a concern with the social worker regarding staff not spending enough time with their family member to ensure they were eating enough. This was being investigated.
- Staff had good knowledge of people's nutritional needs. Staff told us about one person who required extra

supervision throughout their meal as they had difficulty with their hands. They told us they stayed with the person to ensure they were eating enough.

- A staff member told us they would prepare food in the slow cooker on their lunchtime visit and then this was ready for people to eat when they returned for their tea visit.

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

- Care plans contained information about people's health so staff could provide appropriate support.
- Details of people's key healthcare contacts were recorded in their care plan such as their GP and optician. A relative told us, "I have no complaints and I am happy with the carers who contact me if there are any issues and deal with the GP straight away. They manage any issues arising well and I have no concerns as they help us out."
- People were supported to attend appointments or contact healthcare professionals when required.

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 MCA 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.

- The service was working within the principles of the MCA. The manager was aware of their legal responsibilities under the MCA.
- People told us they were fully consulted in all aspects of their care and their choices were respected. This was reflected in the feedback received from relatives.
- People's care plans held signed consent forms.
- Staff had received training in DoLS and had awareness regarding the MCA.

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 of this key question. 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

- In the main people and relatives were complimentary about the care provided by staff and told us they had developed good relationships with them. They told us they were treated with compassion and kindness.
- Where people were less than complimentary was when staff were not turning up on time and people and relatives were not made aware of the reason for this.
- The service had appropriate policies in place to provide staff with information and guidance about respecting equality and diversity.

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

- People and relatives were involved in decisions around care and support.
- People told us staff listened to them. One person said, "I am content most of the time and most of the time they are on time but not always. "They do what I ask and always seem happy, so I am happy. They listen to what I need, and I wouldn't change anything."
- Staff were respectful of people's wishes. They encouraged people to make decisions about things. One person said, "I am happy with them [care workers] as they have sent the same carer for the last few weeks. They come once per week to wash my legs and put cream on so everything is fine, and the staff are good."

Respecting and promoting people's privacy, dignity and independence

- People told us personal care was provided in a dignified manner. For example, staff always closed the curtains to ensure privacy was maintained. One person said, "I always have a shower and they are just nice people and if I ask them to do something extra, they do it."
- Relatives told us, "I think the carers are good and really kind with mum. For example, they speak to her nicely and some of them go above and beyond like when they came back at lunch time but had extra time, so they shampooed and set her hair. They do get delayed at times, but they've never not turned up. The office could let me know but they don't," and "I have no complaints and I am happy with the carers. They are fantastic in the things they do and if there are any issues, they let me know straightaway. I have absolutely no complaints."

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 of this key question. 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

- 'Care Line Live' was the electronic system used where staff could access all care records, record daily interventions and inform managers of any changes needed to care provision. Staff told us this helped to ensure individualised care was provided and maintained.
- Care plans described how people wished to be supported. These had been written using a person-centred approach and included information about what was important to the person.
- A relative told us, "I asked the staff to bathe [name] each week as she wasn't getting bathed since being bed bound. So now they hoist her into the bath weekly and give her a good wash the rest of the week. I do think they listen to me."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available to people in accessible formats.
- One person had requested information sent to them was in a large font. Another person had asked for information to be sent to them in a specific font colour, as this helped with their dyslexia.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to access the local community and take part in activities they enjoyed.
- A staff member told us they supported a person to go into town as this is what they loved to do.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was reviewed and updated as needed.
- The manager responded to complaints in a timely manner. They had a record of complaints and the outcome to the complaints in line with their policies and procedures.
- Relatives told us where they had raised any issues, they felt they had been listened to and actions taken to resolve their concerns. One relative said, "We have not had any dealings with the office, but I would have no problem ringing the office if I had any concerns."

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 good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted a person-centred culture which supported the manager and staff to achieve good outcomes for people. Overall people and relatives were positive about the management team.
- Staff expressed confidence in the management team. A staff member told us, "They are here for us whenever we need them. I will give them ten out of ten."
- Staff told us they were informed when any changes were made. Regular staff supervisions and team meetings were held which covered areas relating to quality and safety.
- People who used the service, relatives, and stakeholders had been asked to feedback on how the service was being run or what could be done better to drive improvements. Communication across the service did not always ensure everyone was kept up to date. People and relatives wanted to be informed when their care worker was running late, or changes were made to their regular visits.
- The manager told us they were in the process of recruiting another care coordinator to work in the office. The manager said this would help with the better organisation of visit call times and people and relatives being better informed when delays or changes were made.

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

- Systems and processes for monitoring quality and safety were effective. The service carried out a range of checks such as continuity audits, call monitoring and annual reviews with people who used the service. The management team identified they had fallen behind with some audits and had started taking action to address this.
- When we asked what could be improved one relative said, "Communication as they don't always pass on messages between each other and from the office to the carers."
- The manager was open and honest in recognising the recent shortfalls in the service. A severe shortage of staff during the pandemic had caused issues with call times. The local authority had helped by providing additional staff, but this had meant people's visit times had varied and caused them upset. The manager said they were now better staffed and continuing to recruit. The manager was aware of people's concerns and was working to put this right.
- The manager was working with the local authority compliance and performance team and had completed the actions required from their last visit to further improve the service.

We recommend the provider implements a robust procedure to engage with people when their service is likely to be disrupted to drive forward continuous improvement.

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 manager was fully aware of their responsibility under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- The service was open and honest if things went wrong and proactive about putting things right. They investigated such things as accidents, incidents and complaints and made sure people and relatives were kept involved and informed of the outcome.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.
- The manager and staff understood the importance and benefits of working alongside other professionals.