

Smart Choice Healthcare Ltd

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## 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

Smart Choice Healthcare is a domiciliary care agency providing care to people in their own homes. The service provides support to younger people, older people, people living with dementia, people living with a physical disability and people living with mental health needs.

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 there were 18 people using the service, of which eight people were being supported with the regulated activity of personal care.

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

People and their relatives provided positive comments about the care and support provided. Comments included, "[Family member] has regular [staff] who interact well and definitely try to do their best to keep [family member] safe. Another relative commented, "[Family member] is safe with the [staff]. The knowledge that I know [family member] is in safe hands allows me to go on holiday."

Care plans and risk assessments provided guidance and information to staff to deliver person centred care. People and their relatives told us they had been involved in the care planning process.

A process was in place which supported the recruitment of suitable staff. Staff were supported to complete an induction process which prepared them for their role. The registered manager completed checks of staff knowledge and skill to ensure they delivered safe care.

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 their relatives found the staff to be caring and dignified in their role. Comments included, "The staff genuinely care." And, "[Staff] don't seem to rush [family member] which is good, and they seem to be patient."

A quality assurance system was in place which monitored and reviewed the quality and standard of care provided. The findings were used to drive change and improvement.

People, their relatives and staff found the registered manager to be supportive and approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 08 July 2021 and this is the first inspection.

#### Why we inspected

This inspection was a planned review based in the date of registration.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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 ●

# Smart Choice Healthcare Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

### 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.

### What we did before the inspection

We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 25 October 2022 and ended on 9 November 2022.

We spoke with six people and seven relatives of people who used the service. We spoke with three members of staff including the registered manager, nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the care and support provided by the staff team. One person said, "I am safe with the [staff] as they are well trained." A relative told us, "[Family member] is absolutely safe. The staff go over and beyond as [family member] gets very anxious and they really help to keep [family member] calm."
- The provider had effective systems and processes in place to protect people from harm. Staff had received training in safeguarding awareness and understood how to report concerns internally and to external organisations.

Assessing risk, safety monitoring and management

- People's needs had been assessed and individual risk assessments had been put in place. A relative said, "Risk assessments were carried out when [family member] first had care with Smart Choice."
- Records provided guidance to staff to enable them to support people safely. Regular reviews of records took place and were updated with changes when required. Staff told us the registered manager contacted them via telephone and advised them of any changes made to people's care record.
- Staff told us they had access to care plans and risk assessments which were informative and reflective of people's current needs.

Staffing and recruitment

- People and their relatives told us they received care from a familiar staff team. One person said, "I have the same [staff] who arrive on time. If they are going to be late, they let me know." A relative told us, "[Staff] visit three times a day. They are on time and we have never had any missed calls."
- The registered manager told us they had experienced staff recruitment challenges and had placed a pause on accepting new care packages whilst this was addressed.
- A process was in place to ensure staff were recruited safely. This included obtaining references and completion of pre-employment checks.

Using medicines safely

- A system was in place to support the safe management of medicines. Staff had received training in the safe administration of medicine. The manager conducted a competence check of staff skill and knowledge of medication administration to be assured of safe practice.
- People's medicine records detailed what medicine should be taken and when. One relative told us, "The [staff] are aware of the importance of [family member] having their medicines at the correct time. We have had no problems at all with medication." Another relative said, "[Staff] are aware of [family members] health

issues and are very aware of the risk if [family member] refuses to take their medicines and always let me know should this happen."

#### Preventing and controlling infection

- An infection prevention and control policy was in place. This was reviewed and updated to remain in line with current guidance.
- Staff had received infection prevention and control training and were knowledgeable of actions to take to reduce risk of transmission of infection. This included wearing of face masks, gloves and aprons, disposing of these safely and washing hands thoroughly.
- People and their relatives told us staff demonstrated good infection control measures. One relative said, "[Staff] are very good, always washing their hands and wear their masks and gloves."

#### Learning lessons when things go wrong

- A process was in place to record, monitor and review all incidents and accidents. Incidents were reviewed by the registered manager to identify common trends and take action to reduce the risk of re-occurrence.
- Staff meetings and supervisions provided opportunity for the management team to reflect on incidents and accidents and agree changes to drive improvement.

# 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 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 needs were assessed prior to starting with the service. Assessments captured information about people's medical conditions, likes, dislikes and preferences. One relative told us, "The [registered manager] completed a comprehensive care plan with the involvement of [family member] and I. The needs of [family member] were identified, risk assessments were done and a list of his likes and dislikes"

Staff support: induction, training, skills and experience

- Staff completed a thorough induction when starting employment at the service. This included a mixture of face to face training and e-learning which covered a large range of mandatory and specialist training including dementia awareness and diabetes awareness. The registered manager completed competency checks of staff skill and knowledge to ensure staff applied their learning in practice. One person told us, "I am safe with the [staff] as they are well trained."
- During the induction period staff shadowed experienced staff at work. This enabled new staff to familiarise themselves with people and their routines. One person told us, "The [staff] are well trained. If I have a new [staff], they come with one I know well and can see what my routine is and how I like things done."

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

- Care records contained information advising of people's dietary requirements and the support which was required.
- People and their relatives told us the staff made meals of their choice and offered encouragement at mealtimes. One relative told us, "The [staff] are very helpful with preparing meals and providing lots of drink." Another relative said, "[Staff] are aware of [family members] medical condition and health needs and the importance of their dietary requirements."

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

- Staff recognised deterioration in people's medical conditions in a timely manner and reported concerns to the registered manager. The registered manager updated people's relatives so that health professional input could be sought in a timely manner.
- One relative said, "[Staff] are on the ball identifying problems." Another relative told us, "The [staff] alert me if there is a change with [family members] skin or any other health issues."

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.

- People and their relatives told us the staff always sought their consent when providing care and support. One person said, "The [staff] always ask for consent from me before they help."
- Staff had received MCA training and had a good understanding of this. One staff member told us, "This is about supporting people in the decision-making process. It is important to offer choices and respect a person's response."

# 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 and their relatives provided positive comments about the kind and caring nature of the staff. Comments included, "I never feel rushed and am always made to feel comfortable with the care staff. When [staff] provide my personal care, they give me privacy and keep me covered with a towel, so I am not always exposed." And "{Staff} are so kind and treat [ Family member] with dignity and respect at all times".
- One relative said, "[Staff] are very good at encouraging [family member] to be independent and involve [family member] in their care." Another relative told us, "With patience and encouragement from the [staff], [family member] has started to accept more care now and has become more amenable."

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

- People and their relatives told us they had been involved in the care planning and review process. Comments received included, "I was involved with my care planning." And, "The [registered manager] regularly visits and checks I am happy with my care."

# 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; 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

- People told us they received care in a manner which they found comfortable. One person told us, "I was asked if I wanted male or female [staff], and my request was listened to and I have regular female [staff]." A relative said, "The company have a care plan in place for [family members] which identifies what the requirements are. This means the care is delivered effectively."
- People received care from a team of consistent staff. This meant the staff were familiar with people and their individual likes, dislikes and preferences. One relative told us, "[Family member] is safe. They have continuity of care and knows the staff well. This helps as the staff know [family members] routine."
- Staff understood the importance of person-centred care. One staff member told us, "Person centred care is focussing on the person and the care and support they request, providing this in a manner which they want when they want it."
- Records contained information about people's hobbies and interests. Staff used this information to support engaging with people during their care visit. For example, one relative told us, "The [staff] will put on the music that [family member] likes and they have a dance together, which is great."

### 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.

- People's communication needs had been assessed and recorded in their care plan.
- The registered manager was aware of their responsibility in providing information in alternate forms if required.

### Improving care quality in response to complaints or concerns

- A complaints policy was in place and had been shared with people, their relatives and staff. One person told us, "I have never had to make a complaint, but I know who to speak to if there were any issues."

### End of life care and support

- At the time of inspection there was nobody in receipt of end of life care.
- Staff had received training in end of life care and understood the importance of providing care which was compassionate and involved the person and their relatives.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the care which they received. Comments included, "The [staff] are all very nice people and work hard." And, "Staff have a good understanding of {family member} which makes the care package work well." One relative told us, "I don't know what we would do without them. We are so grateful for the wonderful care [family member] is receiving."
- The registered manager promoted a person-centred approach to care and shared this passion with staff.
- Staff were aware of the values and vision of the service, and expectations of the registered manager which were discussed during interview, staff meetings and supervisions.

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

- The registered manager was aware of their responsibility in reporting notifiable events to the Care Quality Commission (CQC) and other organisations where required.
- The registered manager was aware of the need to be open and transparent and to apologise to people when something went wrong.
- A quality assurance system was in place which identified shortfalls of the service. This was under continuous review of the provider to ensure it remained robust in driving change and developed the service.
- Staff told us they felt supported by the registered manager, who was approachable and accessible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager regularly contacted people and their relatives via telephone or through face to face visits to obtain their views and opinions on the service which they received. People's views and feedback was used to develop the service. One relative told us, "The [registered manager] usually calls once a fortnight to check we are happy with everything."
- The registered manager welcomed feedback from people and professionals and used this to support making changes and driving improvement in the service.

Working in partnership with others

- The registered manager had developed good working relationships with health and social care professionals to ensure support was provided to achieve good outcomes for people. As a result of this,

people had received appropriate changes to their care packages to enable them in remaining at home safely.