

Choice Global Limited

Drama Room

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Choice Global (Drama Room) is a domiciliary care service providing personal care and support for people in their own homes. At the time of the inspection the service provided support to 15 people.

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

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Medicines were not always managed safely. Care plans were not always person centred and did not provide consistent information. This meant staff did not always know important information about people. There was limited information recorded in risk assessments to guide staff to care for people safely. Staff understood how to safeguard people from the risk of harm and people told us they felt safe.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. People told us they felt staff needed more training as they often had to show people how to care for their loved ones.

We were not assured peoples nutritional and hydrational needs have been assessed as there was limited information record about people's needs. The provider was not carrying out assessments before they started to deliver care. People did not receive person centred care.

The provider did not have effective quality assurance systems in place to monitor, manage and improve service delivery.

People were happy with the care they received, and they felt the service was well managed.

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 requires improvement (published 18 April 2019). The service remains

rated requires improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Drama Room on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches of regulations in relation to person-centred care, consent, safe care and treatment, staffing and good governance. We made a recommendation to the provider to review their call monitoring process to ensure people receive their care in line with their agreed care packages.

We have sent a Regulation 17(3) Letter to the provider in relation to their failure to effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activities. A Regulation 17(3) Letter stipulates the improvements needed to meet breaches of regulation, seeks an action plan and requires a provider to regularly report to CQC on their progress with meeting their action plan.

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 findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Drama Room

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

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

Service and service type

Drama Room 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

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. 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

We reviewed 5 people's care files, 3 staff files in relation to recruitment, and other documents such as supervision, staff rota, medicines, and a variety of records relating to the management of the service. We spoke with the registered manager, 2 senior workers and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted 11 professionals and received feedback from 1. We sent a questionnaire to all staff and received a response from 12. We spoke with 4 people and 5 relatives.

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 requires improvement. At this inspection the rating has remained 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; Learning lessons when things go wrong

- Risks to people had not always been considered, assessed or planned for to ensure people received care safely. This was identified at the last inspection and whilst the provider had introduced new assessments these were not completed in a consistent way.
- Where a risk management plan was in place for a specific risk such as using oxygen, the information did not relate to the person's own requirements as the names were not recorded accurately.
- We read in one person's care summary record they were at risk of choking, but their risk assessment was not personalised which meant staff did not have the correct information to care for this person safely.
- Two people's moving and handling risk assessment was not detailed as it did not contain information for staff to mitigate the risk of harm.
- If people were using specific medical equipment there was no risk assessment in place to ensure staff had the necessary information to care for people.
- The provider had systems to log incidents and accidents as they occurred in the service, however the registered manager was not always analysing themes and trends to prevent reoccurrences.

We found no evidence that people had been harmed however, systems were either not in place or robust to protect people from the risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not being managed safely. In some people's risk assessments, there was no information on the types of medicines people were using, how to store it or the possible side effects. This meant staff did not have the correct information to help keep people safe.
- We were not assured that medicine risk assessments were personalised to people's individual needs as people's names were not recorded correctly.
- People had been prescribed medicines to be administered as required (PRN). There was no PRN protocol in place to provide guidance for staff as to when they should be administered. When PRN medicines were given, there was not a clear record made of the reason for use and the effect that the medicines had on the person. This meant the provider was not always following their policy as they did not have adequate information to evaluate the effectiveness of the medicines.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014

Following our feedback to the nominated individual they agreed to review all medicine risk assessment and to ensure they were operating within best practice guidelines.

Staffing and recruitment

- The provider did not always follow safe recruitment procedures before employing staff. At the last inspection we identified gaps in people's employment history. Whilst there were some improvements, there were still gaps in employment histories for 3 people.
- We could see some gaps had been highlighted by management, but we could see no evidence of what action was taken to address these matters and associated risks.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff recruitment procedures were effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were not always assured people received their care calls as agreed. The provider used an Electronic Call Monitoring (ECM) system and we reviewed and analysed 1813 calls for 21 people for the month of July. Our analysis highlighted timekeeping issues, including examples where care workers were not logging calls correctly, and people who required 2 carers not always having this.
- These issues were also highlighted in feedback from people and relatives with some people saying that they got their calls on time others told us carers were not coming on time and not staying the required time.
- From reviewing team meeting notes we could see that call monitoring was an issue within the service as some staff were not using the system correctly despite being supported by office staff.

We recommend the provider review their call monitoring process to ensure people receive their care in line with their agreed care packages.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place; however, they were not always following their policy as they did not notify the CQC of a recent safeguarding concern. We saw evidence that senior staff had investigated and responded to the concern. Following the inspection, the Nominated Individual sent in the notification.
- People told us they felt safe, one relative said, "I would like to think [person] is safe and I have no reason to think otherwise."
- Staff understood how to safeguard people from the risk of abuse, one staff member said, "Safeguarding is any action taken to promote the welfare and ensure the safety of adults and children at risk of abuse, neglect or exploitation."

Preventing and controlling infection

- People were protected from the risk of infection. Staff used personal protective equipment such as gloves and had good hand hygiene practice to aid infection control and staff completed training for infection control.
- When spot checks were carried out infection control was checked as part of the review to ensure staff were working within the providers policy.

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 changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager did not have effective processes in place for identifying and supporting people who lacked mental capacity as it was not always clear how decisions around people's care had been made or agreed.
- The provider had not completed capacity assessments for people whose capacity to consent was in doubt. It was unclear how many people lacked capacity as the paperwork we reviewed for people was not consistently been followed.

This meant systems were either not in place or robust enough to ensure people's care was provided in line with the principles of the MCA. This was a breach of regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider was not completing initial assessments of people's needs. The local authority completed assessments of people's needs prior to the provider starting to provide care and support. We identified 4 people who had no assessment completed, this meant important information was missing from care plans.

We discussed this with the Nominated Individual and they told us they would revisit how assessments were completed and would make the necessary improvements.

Staff support: induction, training, skills and experience

- The provider did not always ensure staff had the suitable skills for their role, it was mandatory for the provider to provide training for staff in learning disability and autism including how to interact appropriately with autistic people and people who have a learning disability. The Nominated Individual was not aware that this training was required, however on the day of the inspection booked training for all staff to attend.
- People and their relatives told us that they felt staff did not have the correct training to carry out their role, one person said, "The thing that I don't like is when a new carer comes, I am expected to train them and explain all the time what I need doing and how to do it fortunately this isn't too often".
- People also told us that new carers rarely shadowed more experienced care staff, one person told us, "One of the things I have noticed is that some of the carers don't really know how to do some things and I have needed to show them or explain how to do things.
- We identified gaps in staff supervisions as no staff were consistently receiving supervision in line with the providers policy.

Following the inspection, the nominated individual confirmed that staff were booked for training to support people with a learning disability, and they are conducting a review of all staff training and how staff are supported to care for people.

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

- We were not assured peoples nutritional and hydrational needs have been assessed in a consistent way. Some people had information on how staff could support them to maintain a balanced diet, but it was not always easy to find within the summary care plan. One person had a food safety risk assessment in 2002 which spoke about slips and trips, contact with steam, knives, but did not cover how to prepare food the person liked.
- We did not always see evidence of food preference forms There was no information to record, dietary requirements, allergies, likes but not dislikes.

We discussed this with the Nominated Individual and following the inspection the provider sent us an action plan to address the concerns raised.

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

- Relatives all told us people were supported to access healthcare professionals. including how the staff routinely liaised with GPs, district nurses, occupational therapy, physiotherapy and local authorities to provide people's care.
- Where people required specialist support or a review of the care provided, appropriate referrals were made to a range of health care professionals, so people received effective and timely care.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the care staff who supported them were kind and caring. Comments included, " Person is treated with the utmost respect at all times and all the carers are so kind " and "I am very happy with my care."
- However, people's diverse needs, including religion, culture and language, were not assessed as part of the care planning process. We discussed this with the Nominated Individual, and they showed us evidence how they would be gathering this information going forward.

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

- There was no evidence that people were involved in decisions about their care and support, however when we spoke to people, some told us they were asked how they would like their care to be delivered.
- People were also able to request if they preferred a male or female care worker. One person told us, " We did ask for just female carers but again this doesn't always happen, but I honestly don't think there is enough staff to ensure there are enough female carers". we discussed this with the Nominated Individual and they told us they would ensure people would get their care provided in line with their preferences.
- Senior staff knew how to support people to access advocacy services if required, however at the time of inspection this was not required. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about the importance of encouraging people to be independent. One staff member said, " Independence is about enablement and carry people along and encourage them to do as much as they can."
- People we spoke with felt their independence was promoted and their dignity and privacy maintained. Comments included, "When helping me with my personal care my dignity is always maintained. I am kept covered and the door is shut to maintain my privacy " and " When they are helping [person] with personal care I hear them chatting away and there is often a laugh as well."
- The provider had a policy on confidentiality to help guide staff in this area. Confidential records were stored securely in locked cabinets and on password protected electronic devices.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always receive person centred care. 5 people did not have detailed care plans in place which meant it was hard to find information on how people wished their care to be delivered. Instead, people had a summary care plan which was not always detailed.
- There was no information recorded on people's likes and dislikes, how they liked their personal care to be delivered, oral hygiene, people's backgrounds, hobbies or interests. This meant there was a risk staff were providing care which did not meet people's needs. We raised this with the registered manager, and they told us they would review the care planning process.
- People using the service and their relatives were not always involved in developing their care. Care plans were not stored in people's houses and people told us they did not always have access to their care plan.
- There was no evidence of reviews being held to update people's records and help ensure they received care appropriate to their changing needs.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the Nominated Individual told us they would be reviewing all care plans and they would ensure people could have request to their care plan if they wished.

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 were not recorded in their care plan. We identified 2 people who had specific communication needs in place but there was no information to guide staff to care for people. We raised this with the registered manager during the inspection and they told us they were not aware of the AIS standard.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

End of life care and support

- At the time of the inspection the provider was not supporting anyone who was end of life. The registered manager was not recording peoples wishes, the Nominated Individual told us some cultures did not wish to discuss death, but they recognised the need to ensure staff recorded information correctly.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place to respond to any complaints. We could see what action the provider took to address complaints and concerns.
- Relatives we spoke with said they knew how to make a complaint. For most people who had made a complaint, they said it was dealt with appropriately.

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 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.

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

- The registered manager lacked an understanding of the regulatory requirements to keep people safe. Overall, we found a lack of oversight in relation to, care planning, person centred care, and recruitment systems. This included learning lessons following incidents.
- The registered manager did not always have appropriate oversight of the management of medicines as people did not have PRN protocols in place.
- The provider had not always kept up to date and accurate records regarding people's care and the management of the service.
- People's care plans did not always clearly record who had the legal authority to consent to their care arrangements if the person lack the capacity to make this decision.
- Accurate, complete and contemporaneous care records were not always maintained. Whilst there was documents in place to support people to have safe care they were not completed correctly and the registered manager was not aware that staff were not recording or completing information correctly.
- The provider had put new systems in place following the last inspection, however the new procedures were not consistently implemented.

The above shows that systems were either not in place or robust enough to demonstrate the quality and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- On the day of the inspection, we communicated the significant concerns we found at the service to the provider's senior management. The provider took urgent action following the inspection to demonstrate to CQC that people were receiving safe care and treatment. The Nominated Individual provided the CQC with an action plan demonstrating how they were taking action to address the issues identified during the inspection.

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

- People spoke positively about the registered manager and how staff were also responsive to their request for support.
- People spoke positively about their care and told us they felt supported by staff who knew their care

needs. Their comments included, " Yes I would recommend the company as its certainly made my life more bearable having such good help " and " I feel very safe with them all it's not like being with the carers it's like being with friends."

- The provider had recording systems in place to engage with staff and people using the service and people told us they felt the registered manager was approachable. One person said, "I am in regular contact with the manager, she is always very respectful to me as are all the carers".
- The registered manager had regular staff meetings where relevant issues were discussed, for example infection control and call monitoring.
- People and staff felt the service was well run and they were supported, one staff member said, " The service is led by dedicated and efficient management team who are supportive of staff members. "

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 Nominated Individual spoke knowledgeably about their responsibilities under the duty of candour. The Nominated Individual told us they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things go wrong.

Working in partnership with others

- The provider worked in partnership with a variety of agencies such as district nurses, podiatrists and social care professionals. This helped to ensure people's needs were met.
- Senior staff attended local authority training to help inform their practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always ensure that care was delivered to people with a view to achieving their preferences and ensuring their needs were met. Regulation 9 (1)</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not always seek consent for care and treatment from the relevant person and did not demonstrate they always acted in accordance with the Mental Capacity Act 2005 where a person did not have the mental capacity to make an informed decision. Regulation 11 (1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users. The provider did not always ensure the proper and safe management of medicines. Regulation 12 (1) (2)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good</p>

governance

The provider did not always have effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17 (1)

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider did not always ensure that staff were safely recruited. Regulation 19 (1)