

Choices Healthcare Limited

Choices Healthcare Ltd

Suffolk

Inspection report

25 Princes Street
Ipswich
IP1 1PH

Tel: 01473212120
Website: www.choiceshealthcare.co.uk

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01 March 2023
21 March 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

Choices Healthcare Ltd Suffolk provides personal care to people who live in their own home. The service mainly supports older people as well as autistic people and people who have a learning disability. The service provides live in care staff to people in their own homes. They also have a supported living service which was not active at the time of the inspection.

A supported living service can be shared accommodation or single household properties where people with a learning disability and/or autistic people receive personal care and support to enable them to live as independently as possible. CQC only inspects where people receive a regulated activity of 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 care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked only at people's personal care and support.

At the time of this inspection they were 24 people who received personal care and they were being supported by live in care staff in their own homes.

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

At the previous inspection we found shortfalls in safeguarding people, recruitment, safe care and treatment and governance and oversight in the service. We took enforcement action which included a Warning Notice due to a breach of regulation 17 and the concerns identified with the governance and oversight in the service.

This was a targeted inspection to follow up on the Warning Notice and check improvements had been made to mitigate the risk. We inspected but did not rate the key question of well-led and found that the provider had engaged with relevant partner agencies, was committed to developing the service, the level of risk had reduced and the specific concerns identified in the Warning Notice had been met.

However, the service remained in breach of the regulation as progress to make all necessary improvements to their governance and oversight arrangements was ongoing and due to some personnel changes this had impacted on the delivery timescales.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right Support, Right Care, Right Culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

At our previous inspection we made a recommendation that the provider fully assesses the care and support provision at the service to embed the principles of right support, right care, right culture into care planning and delivery.

At this inspection we noted the provider was updating all their care plans and reviewing their existing training on learning disability and Autism for staff with consideration being given to staff receiving relevant training for their role. This included The Oliver McGowan Mandatory Training on Learning Disability and Autism. This is the government's preferred and recommended standardised training for health and social care to undertake.

Right Care:

Improvements had been made to the provider's systems to assess and manage risks safely for people and were ongoing to support people to have maximum choice and control of their lives and for staff to support them in the least restrictive way possible and in their best interests; the policies and systems in the service to support this practice were also being reviewed.

Right Culture:

Systems for auditing had been introduced but needed further development to consistently evidence and document the actions taken and where applicable lessons learnt. The provider was working to establish an open and transparent culture in service, discussing the outcomes of the last inspection and their improvement plans with staff, people, and relatives.

Overall feedback about the care people received was positive and on occasion where people had an issue the provider had acted appropriately to address this. People and relatives shared that the handover process when the live in carers changed over was not always a smooth transition and communication was still mixed at times from the office but moving in the right direction.

We noted that the provider was taking action to address the inconsistencies raised with handover and communication but it was too soon to assess the effectiveness of this during this inspection.

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 21 January 2023). We found breaches of the regulations and we issued the provider with a Warning Notice. At this inspection we found the Warning Notice had been met, level of risk had reduced, but the provider remained in breach of the regulation.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to regulation's 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We inspected but did not rate the key question of well-led. The overall rating for the service remains requires improvement based on the findings of last inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Choices Healthcare Ltd -Suffolk on our website at www.cqc.org.uk.

Follow up

We will work alongside the provider and 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 well-led?

Details are in our well-led findings below.

Inspected but not rated

Choices Healthcare Ltd Suffolk

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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

This inspection was undertaken by an inspector and an Expert by Experience. The Expert by Experience made telephone calls to people and their relatives to seek their feedback. 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 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. This person was also the provider's nominated individual of the service. The nominated individual is responsible for supervising the

management of the service on behalf of the provider his meant they were legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. We have referred to them as 'the provider' throughout this report.

The provider advised they had recently recruited a new manager to support them in the service and they would be applying to CQC to become the registered manager.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 28 February 2023 when we visited the site office and ended on 21 March 2023 when we gave feedback. We carried out telephone calls to people and relatives on 1 March 2023.

What we did before inspection

We reviewed any information we had received about the service. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and the relatives of 3 people who used the service about their experience of the care provided. We had email contact with 4 members of staff. We reviewed a range of records. This included 4 people's care records and medication records. A variety of records relating to the management of the service, including audits were also viewed.

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 this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the Warning Notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

We found the provider had engaged with relevant partner agencies, was committed to developing the service, the level of risk had reduced, and the specific concerns identified in the Warning Notice had been met.

However, the service remained in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as progress to make all necessary improvements to their governance and oversight arrangements was ongoing.

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 ;

- Progress had been made and was ongoing to ensure people using the service had a person centred care plan in place and appropriate health care related risk assessments and guidance.
- The provider was implementing a quality assurance system to ensure people's care records and staff records were accurate, complete, and up to date. Due to personnel changes in the service timescales for this had slipped. At the time of our inspection not all care plans and risk assessments for people had been reviewed. This meant people were at risk because staff did not always have the guidance they needed to support people safely.
- Work was ongoing to ensure the Mental Capacity Act was fully understood at all levels within the service and that records and practice supported shared decision making.
- Reporting and auditing systems had been introduced but it was too soon to assess their overall effectiveness.
- The provider had made improvements to their recruitment processes, and this was ongoing. Auditing of staff files had begun, and gaps had been identified in some records. However, where actions were required, it was not always evident how this this was effectively tracked and managed.
- People and relatives shared that the handover process when the live in carers changed over was not always a smooth transition and communication was still mixed at times from the office.
- Shortfalls with the management and scrutiny arrangements in the service remained. Since our last inspection the provider had been stretched in making the improvements needed whilst also overseeing the service. However, they had recently appointed a new manager and office staff to support them and were

confident this would enable them to make significant progress.

Systems were not yet robust enough to demonstrate good governance. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Overall people who used the service, and their relatives were positive about their experience of using the service and said the service was moving in the right direction. One person said, "In the last three months things have definitely been better." They shared how they had spoken with the provider who was, "Pro-active and responsive. If I leave a message, they return my call. I usually get a phone call every week to ask how the care is going and are we happy." A relative told us, "The carers are respectful to [family member]. They keep her beautifully clean and they're hyper-conscious about safety."
- No quality care concerns were reported. We noted that on occasion where people had reported an issue the provider had acted appropriately to address this.