

Mrs Elizabeth Jane Horne

# WrightChoiceCare

## 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: WrightChoiceCare provide a service through bespoke care packages to children, young disabled adults and older people, either living with their family, in care or independently. They can provide companionship and assistance with household tasks, everyday activities, hobbies, outdoor pursuits and personal care. There were 25 people being supported with personal care at the time of our inspection.

People's experience of using this service: We received very positive views from people about the support provided to them. Without exception, people said they felt safe and staff were respectful.

People received their medicines safely and on time and their health was well managed. Staff had positive links with health care professionals which promoted people's wellbeing.

People said they received care in a timely way from a regular team of care staff. They had good communication with the office and were given information about which care staff would be making their visits each week.

Staff had received appropriate induction, training and support to enable them to carry out their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The registered manager and senior team worked with the staff team and led by example to ensure people received a good service. People and staff told us the registered manager and senior team were approachable and listened to them when they had any concerns. All feedback was used to make continuous improvements to the service.

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: Requires improvement (report was published 20 January 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service has improved to good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 ●

# WrightChoiceCare

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: WrightChoiceCare is a domiciliary care agency. It provides personal care to people living in their own homes and specialist housing. It provides a service to older people, younger disabled adults and children.

Not everyone using WrightChoiceCare receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. For these people we also take into account any wider social care provided.

The service had a manager registered 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 service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did: Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. The provider sent us a provider information return prior to the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the provider, who is also the registered manager, deputy manager and

five care staff. We also spoke with four people and four relatives.

We looked at six people's care records including medication administration records (MARs) and a selection of documentation about the management and running of the service. This included recruitment information for two members of staff, staff training records, policies and procedures, complaints and staff rotas.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Systems were in place to identify and reduce the risks to people who used the service. People's care plans included risk assessments. These were individualised and provided staff with a clear description of any risks and guidance on the support people needed. Staff understood to promote people's independence and freedom, yet minimise the risks.
- Accidents and incidents were recorded and responded to appropriately. The registered manager had oversight of these and recognised that further work was needed to develop an effective process for monitoring them for any trends or patterns and recording where lessons were learnt. They developed documentation to do this whilst we were inspecting and said it would be implemented straight away.
- People who used the service said they felt safe, confident and happy when being supported by staff. One person said, "I have no concerns about the staff, they are all lovely. They know what they are doing and I feel safe with them."

Staffing and recruitment.

- People and relatives told us they received care in a timely way. They were notified if calls were going to be late, but this was a rare occurrence.
- Staff said they covered gaps in the rota and worked together well. People confirmed they had a core team of staff who supported them and they usually received regular care from the same team.
- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed when they were no longer required. People were encouraged to manage their own medicines where they had those skills. One person said, "They do all my medicines for me and they do them fine."
- Since the last inspection the registered manager had improved the quality of the Medicine Administration Records (MARs) and was carrying out regular checks of these. The audit process did not capture all the work the registered manager was doing to improve the risk management of medicines. The registered manager

agreed to amend and implement this.

Preventing and controlling infection.

- Staff followed good infection prevention and control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

## 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.

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.

- Assessments of people's needs were completed and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. One relative told us, "We know the staff will give [Name] the support they need to maintain their mobility. It does not matter who comes, they all follow the care plan."

Staff support: induction, training, skills and experience.

- A staff induction and training programme was in place.
- Staff had opportunity for supervision and appraisal. The registered manager had good systems to understand which staff required training to be refreshed and who required supervision. Staff told us they felt supported.
- People told us staff had the right skills to look after them. One person said, "Yes, they're trained, and they know what they are doing."

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

- Where staff needed to support people with their meals this was carried out in a way which ensured the person used their skills as much as possible to maintain independence.

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

- Where staff required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- Staff recognised where other professionals could support people to become more independent and made appropriate referrals for example to occupational therapists.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.

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 Act 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 with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. None



were required for the people supported by the service when we inspected.

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. People told us they could make individual choices and decisions about their daily lives.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People appeared comfortable and well looked after and staff demonstrated a friendly approach which showed consideration for their individual needs.
- Staff communicated with people in a caring and compassionate way. They gave time for people to respond. People appeared well looked after.
- Staff listened to people and provided sensitive support to ensure their needs were promoted. One person said, "I like all the staff and got on well with them. I have no issues with my care and support as the staff do things how I want them to be done. They check everything is okay before they leave."
- Staff treated people on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files.

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

- Staff supported people to make decisions about their care, and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.
- Staff directed people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

- People said they were treated with compassion, dignity and respect. They told us staff addressed them by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when in their company.
- People whom we met appeared comfortable and their personal care needs were met. They told us staff demonstrated a friendly approach which showed consideration for their individual needs. One person said, "They make you feel like part of a big family."
- People said staff were supportive in helping them to remain as independent as possible. People were offered choice and control in their day to day lives.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control. Positive behaviour support is a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.

- The service worked creatively with people and had implemented positive behaviour support files for several people who used the service.
- An assessment was carried out prior to the start of the service, to identify each person's support needs. Care plans were developed outlining how these needs were to be met. Involving people in this assessment helped to ensure support was planned to meet people's individual care preferences.
- Care plans and risk assessments contained relevant information and were up-to-date.
- Staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. People and their representatives were involved in reviews of care. This made sure care plans were current and reflected people's preferences as their needs changed.
- People's needs were identified, including those related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- There was a complaints procedure and information was provided to help people understand the care and support available to them. Complaints were dealt with appropriately by the registered manager when received; there had been none in the last 12 months.
- People and families knew how to provide feedback to the management team about their experiences of care and the service used a range of accessible ways to enable this to happen. This included one-to-one meetings to discuss care, satisfaction questionnaires and telephone calls.
- The registered manager had received compliments about the care being provided by the staff team. The most recent one thanked staff for their kindness and compassion towards an individual.

End of life care and support.

- Staff were aware of good practice and guidance in end of life care, and knew to respect people's religious beliefs and preferences.
- The registered manager explained that when required people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a welcoming and family orientated approach to care. Staff morale was high and the atmosphere in the office and out in the community was warm, happy and supportive.
- The culture of the service was open, honest, caring and fully focused on people's individual needs.
- Our observations were that it was well run and people who used the service were treated with respect and in a professional manner.
- Regular checks were carried out by staff and the registered manager to ensure people were safe and happy with the service they received.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The service benefited from having a registered manager who was committed to providing good quality care to people who used the service.
- Relatives said, "Staff really know people here very well, and go out of their way to make sure [Name] is able to live as normal a life as possible" and "We feel [Name] has the best possible care."
- The registered manager and staff at the service understood their roles and responsibilities.
- Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and told us they worked as a team to deliver high standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service, relatives and health care professionals. Recent satisfaction surveys had been sent out but responses were still coming back. From the last completed survey the analysis showed 100% positive feedback had been received. An example of the feedback was, "Very satisfied with care, makes you feel part of a family" and "Everything satisfactory, no problems, we would let you know if anything was not to our liking."

Working in partnership with others.

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

Continuous learning and improving care.

- The registered manager demonstrated an open and positive approach to learning and development. Improvements had been made following our previous inspection to ensure people received good quality care. Work was ongoing to ensure new ways of working were embedded in practice.