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WrightChoiceCare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This comprehensive inspection of WrightChoiceCare took place on 6 and 25 October 2017 and was announced. We gave the provider up to 48 hours' notice because we needed to ensure someone would be at the agency offices to assist with our inspection.

At a comprehensive inspection in January 2016 the service was rated as 'Inadequate' because the provider was in breach of five regulations assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We made requirements regarding non-adherence to the Mental Capacity Act and the ineffective recruitment systems. We issued the provider with warning notices regarding unsafe management of medicines, poor staff training and ineffective quality assurance systems.

At a second comprehensive inspection in June 2016 the provider was no longer in breach of any of the regulations, as they had improved in all of the areas. We could only change the rating to 'Requires Improvement' because we had not seen sufficient consistency in meeting the regulations for a sustained period of time.

At this inspection we found the overall rating for this service remained as 'Requires Improvement'. This was because although sufficient consistency had been achieved by the provider and was sustained over the last 16 months, there were still some areas in which improvements were needed. The rating is based on an aggregation of the ratings awarded for all 5 key questions.

This domiciliary care agency is based in Wistow, near Selby in North Yorkshire. They provide a service through bespoke care packages to children, young people and vulnerable adults, either living with their family, in care or independently. The service can provide companionship and assistance with household tasks, everyday activities, hobbies, outdoor pursuits and personal care. The service currently provides support to 27 people of different ages and with different needs.

The provider was not required to have a registered manager in post, as they were registered as an individual provider. On the day of the inspection the service was being managed by the provider.

People were not always supported by qualified and competent staff, as not all staff had received hoist training from a qualified trainer. We have made a recommendation about appropriate training for staff.

The provider had not always exercised good governance in striving for an improved service based on 'best practice' and up-to-date legal requirements. There was a system in place for checking the quality of the service using audits, satisfaction surveys and meetings, but the audits were not always effective and communication among the staff could have been better. We have made a recommendation about 'best practice' guidance.

Safeguarding systems protected people from the risk of harm because they detected and monitored

potential or actual safeguarding concerns and ensured they were reported to the local authority safeguarding team. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities with regard to this. Risks were managed and reduced for each individual to avoid injury or harm. Staffing numbers were sufficient to meet people's need. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to support vulnerable people. The management of medicines was safe and good infection control practices were followed.

Staff received supervision and an appraisal of their performance. Mental capacity act requirements were appropriately met and people's rights were protected. Staff had knowledge of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005. They understood the importance of people being supported to make decisions for themselves. People were supported with nutrition and hydration. People's homes were monitored regarding safe environments.

Staff were kind, caring and compassionate towards people. Staff and the provider understood about people's preferences and wishes. People's wellbeing, privacy, dignity and independence were respected. This ensured people felt satisfied and were enabled to take control of their lives.

People were supported according to their person-centred care packages, which reflected their needs well and were regularly reviewed. Staff encouraged people to be active and independent and to maintain good family connections and support networks. An effective complaint procedure was available and complaints were investigated without bias.

People had the benefit of a culture that was family orientated and a management style that was positive. People were assured that recording systems protected their privacy and confidentiality as records were well maintained and held securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm. Systems were in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed so that people avoided injury.

People's environments were safely maintained. The numbers of staff were sufficient to meet people's need and recruitment practices were safely followed. When required, people's medication was safely managed. Staff followed safe infection and food hygiene practices.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always supported by competent staff as not all staff had been trained in the use of hoisting equipment.

Staff were regularly supervised and received an annual appraisal of their performance. Mental capacity was appropriately assessed and people's rights were protected.

People received support with nutrition and hydration when requested. Their health and wellbeing was monitored. People's homes were monitored for their suitability for providing them with support.

Is the service caring?

Good

The service was caring.

People received compassionate care from kind staff. People were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were respected.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred care packages, which were regularly reviewed.

Staff encouraged and respected people's choice and preferences.

People had access to a complaint procedure and any issues were investigated without bias.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The recording systems in use protected people's privacy and confidentiality. Records were well maintained and securely held, but the provider was not aware of data protection requirements and was not always striving for 'best practice'.

People had the benefit of a service in which the culture was based on family values and the management style was positive.

Quality assurance systems were in place and being developed to increase their effectiveness. People had opportunities to make their views known.

WrightChoiceCare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of WrightChoiceCare took place on 6 and 25 October 2017 and was announced. We gave the provider up to 48 hours' notice because we needed to ensure someone would be at the agency offices to assist with our inspection. One adult social care inspector carried out the inspection.

Information was gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when providers send us information about certain changes, events or incidents that occur. We received feedback from local authorities that contracted services with WrightChoiceCare and reviewed information from people who had contacted CQC to make their views known about service provision.

We visited three people in their own homes to gain their feedback about the service they received. Discussions were held with the provider/manager and their deputy. We looked at paper care files and their electronic equivalents for three people that used the service and at recruitment files and training records for three staff. We viewed records and documentation relating to the running of the service, which included those on quality assurance and monitoring, medication management and records held in respect of complaints and compliments. We spoke with three staff that worked at WrightChoiceCare, after the site visit via telephone conversations.

Good

Is the service safe?

Our findings

People told us they felt safe when they received support from staff that worked for WrightChoiceCare. They explained to us that they found staff to be, "Helpful", "Reliable" and "Trustworthy."

The provider had systems in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer suspected or actual incidents to the local authority safeguarding team. Records were held in respect of handling incidents and the referrals that had been made to the local authority. Formal notifications were sent to us at the Care Quality Commission regarding incidents and events. Therefore the provider was meeting the requirements of the regulations. All of this ensured that people who used the service were protected from the risk of harm and abuse.

Risk assessments were in place to reduce people's risk of harm from, for example, falls, poor positioning, moving around their homes, inadequate nutritional intake and any environmental hazards. People had systems in place to ensure their security at home in the form of locked doors and a key safe so staff could enter. While one staff said they had an identity badge another said they had not, but their uniform identified that they worked for WrightChoiceCare.

The provider had accident and incident policies in place to manage these events and records were maintained to ensure any trends were identified so that further accidents or incidents were prevented.

Staffing rosters, which were maintained in an electronic format, corresponded with the numbers of staff on duty at the time of our inspection. Copies of rosters were sent to people each week so they were aware of which staff would be visiting them. The electronic system was also used to inform staff of any changes in visit arrangements or tasks and support they needed to carry out for people.

Staff told us there were usually enough staff members to provide support to people, but at times of holiday and sickness covering absences could be a problem. One staff member stated they often worked extra shifts. Staff also stated that if changes had to be made to their schedules then travel time between visits was sometimes insufficient and did not appear to be based on logical timeframes for distances to be covered or on local conditions that prevailed: in particular some extensive road works being undertaken in Selby. They said this occasionally forced them to cut a visit short by a few minutes, in order to be at the next visit on time. While people were very understanding of these travel difficulties and said the impact on their care was nil, the provider had not always efficiently planned the travel time between calls during the unusual situation that prevailed. Nor had they undertaken any specific monitoring of staff travel activities and how this might impact on people.

People told us they thought there were enough staff to support them with their needs and to carry out the number of calls they required at their homes. One person explained to us that although they had been assessed to receive support from two care staff after leaving hospital, and the service was providing two staff, the funding for this had not yet been agreed by North Yorkshire County Council. They said, "I now need

two staff to help hoist me to and from the bathroom and although staff are supporting me in twos the service is not yet receiving the funding." Others said that while staff usually turned up on time, there had recently been some odd occasions when they were late due to extensive road works and traffic problems in Selby. This meant that the time allocated between visits was no longer sufficient to cope with the traffic delays during the road works. They said this had not detracted from the care they received and was not expected to be permanent.

The recruitment procedures ensured staff were suitable for the job. Application forms were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Recruitment files also contained evidence of staff identities, interview records, health questionnaires and correspondence about job offers. Staff confirmed the procedures they followed as part of their recruitment. These checks meant people who used the service were protected from the risk of receiving support from unsuitable staff.

People that required it were safely supported with medicines. Medication administration record (MAR) charts were seen for three people and these were accurately completed. Records were double signed whenever information was added to them or changes to medicines were made by a person's doctor. Medicines were obtained in a timely way so that people did not run out of them, they were stored safely, administered on time, recorded correctly and disposed of appropriately.

Where people took controlled drugs (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001) then staff supported them safely. When asked about their medicines people said, "Staff always remind me to take my medicines", "I don't' take any but am sure staff would be helpful" and "I let the staff worry about these things and they cope very well."

Systems in place ensured that prevention and control of infection was appropriately managed. Staff had completed infection control and food hygiene training, followed guidelines for good practice and had personal protective equipment with them to carry out their roles. They adhered to good practice guidelines and ensured people were as safe as possible.

Requires Improvement

Is the service effective?

Our findings

People told us that they felt the staff at WrightChoiceCare understood them well and had the knowledge to care for them. They said, "Staff know what I need help with and have the training to do so, though new staff sometimes need particular instruction to support me. They have different strengths and weaknesses. The manager takes months to train staff up in her particular ways", "I think staff know what they are doing and do it well. My needs are met twice over" and "Staff are clear about what they should be doing and they soon take on any new instruction. I don't have to tell them more than once."

Effective systems were not in place to ensure staff received all of the training and skills they required to carry out their roles. Staff confirmed this when we spoke with them. They explained that much of their training was sourced on-line. They told us this was fine if they had already completed classroom training, as the on-line information helped refresh their learning, but for anyone new to caring on-line learning was not ideal. The value of this type of learning had already been discussed with the provider, who told us that classroom training was hard to source and difficult to organise due to having a small staff group.

We were informed that moving and handling practical instruction, which had not been completed by all staff, was supplied via an occupational therapist (OT) when people were assessed for the use of a hoist. Staff also indicated that sometimes they were only shown how to use a hoist by a staff member that had been instructed by the OT. However, the provider informed us that if a gap in learning or experience is noted they would promptly put further training in place. While the provider and deputy manager expressed that they were considering a 'train the trainer' course in this topic, which would benefit the service and enable staff to be trained more easily and safely in assisting people to move, the situation was inappropriate and may have put people at risk of harm. We recommend the provider ensures that staff receive the training they require from suitably trained professionals, 'trained trainers' or other reputable sources.

A computerised staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. The provider told us that one staff member was undertaking refresher training in the mandatory subjects on return from a long leave of absence and the provider was reassessing their competence. Records were maintained of all competence and 'spot' checks carried out. Staff completed an induction programme. They were given regular one-to-one supervision and took part in a staff appraisal scheme. Staff confirmed this when we spoke with them.

We looked at methods of communication within the service and while the provider was as yet unfamiliar with the Accessible Information Standard (AIS), they had already developed large print information and letters for one person with impaired vision. The provider told us that in the past they had provided information to people with dyslexia on yellow paper. They said they could also assist people with 'loop' sound systems. AIS requires all providers to identify, record, flag, share and meet people's information and communication needs, so they can access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment. We were informed that some staff had experience of using communication methods for people with disabilities (Makaton, picture exchange communication,

story boards and sign language) and that the provider ensured communication was never a barrier to people accessing appropriate services.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this regarding people that receive care while living in their own homes must involve the Court of Protection (CoP). While we were told that no one had such an order in place, the provider was aware of the need to make these applications via the authorising body. Staff were aware of their responsibility to ensure people were encouraged to make their own decisions.

People consented to care and support from staff by making written declarations or verbally agreeing with offers of support. One person's file evidenced written permission for their medication to be handled and managed by the staff. Others showed that support with personal care had been agreed to. Staff confirmed they understood the importance of seeking consent.

People's nutritional needs were met whenever necessary as part of their support package. Dietary likes and dislikes, allergies and medical conditions were all taken into consideration when supporting people with food. Nutritional risk assessments were in place where people had difficulty swallowing or where they needed support to eat and drink. Staff prepared any meals that people requested and were appropriately trained in food hygiene. One person told us, "I like a good hot meal, have bacon and egg sandwich every morning and am looking forward to some fish tonight. There is always fruit on the table too."

People's health care needs were only supported where necessary, as this was usually the role of relatives. Staff liaised with health care professionals if required of them. Information was collated and reviewed with changes in people's conditions. Staff told us that people saw their doctor on request and the services of the district nurse, chiropodist, dentist and optician were accessed whenever necessary. Health care records held in people's files confirmed when they had seen a professional and the reason why. They contained guidance on how to manage people's health care and recorded the outcome of consultations. Diary notes recorded when people were assisted with the health care that was suggested for them. Staff told us, "We assist people should they fall ill and try to stay with them until an ambulance arrives if they have an accident" and "Of course we would help anyone to get treatment that was ill or had fallen, for example."

For those people that used the service who were living with dementia, staff told us they were extra vigilant with regard to their safety and personal needs when visiting them. We were told that it was important for the removal of any environmental risk, such as damaged or inappropriately placed furniture, burns from hot surfaces or equipment and anything that was premises or weather related. Care was also taken to ensure people's animals were not a risk to staff or the people themselves.

Good

Is the service caring?

Our findings

People we spoke with told us they got on very well with staff. They said, "The girls are marvellous. I look forward to them coming, as they spoil me and so I see them as daughters and granddaughters. They cheer me up no end. It is the best care in the north of England", "Staff are very polite and respectful" and "Staff are very respectful of my particular needs. For example, I have food cravings, which they deal with. I have particular 'do's and don'ts' that I like staff to get to know. And I have social needs that staff and the provider know about, respect and assist me with."

One person also said, "It is a big advantage knowing the care staff and I really like the social side of my visits. This is often under-rated." They described the relationship they had with staff as being family-like where they were all fond of each other. They gave examples of how staff had been caring towards them at a time of bereavement, during low moods and when family members or carers also needed support. Staff confirmed that the staff team were dedicated, treated people as they would want their own family treated and respected people's wishes.

The provider sometimes had hands-on involvement with people that used the service and led by example. They accompanied us on our visits to people that used the service and we observed that they were polite, caring, attentive, informative and friendly in their approach to people and their relatives. They also held a great deal of knowledge about people's needs, preferences and wishes and nurtured a close family-like approach to supporting people.

We saw that people were treated as individuals with their own particular needs and that these were met according to people's preferences and wishes. Two people had pets which featured greatly in their lives and care was also taken to ensure these were considered when providing people with support. Environmental risk also included people's pets. Care plans, for example, recorded people's individual routines and preferences for particular support and choices. They also recorded people's different food preferences and how they wanted to be addressed. Staff told us they were fully aware of these details and responded to them accordingly.

People were supported with their general well-being in that staff knew them very well and understood about the things that upset their mental health or affected their physical capability. One staff member said, "We get to know people so well, as if they are our family. We recognise when they are not themselves, feeling poorly or upset."

People told us their privacy, dignity and independence were respected. They said, "I have no embarrassment regarding anything, the girls are very discreet" and "I am usually helped with a strip-wash and my dignity is always upheld." They also said, "I am treated respectfully" and "The staff couldn't be any kinder than they already are." Staff understood about maintaining dignity and said, "While most people are on their own, I still make sure their bathroom door is closed and curtains are pulled across when assisting people with personal care" and "I make sure people have time alone to use the toilet or when in the shower and I know what their preferences are regarding how personal care is to be given."

Good

Is the service responsive?

Our findings

People told us they felt their needs were being appropriately met. One person's comments included, "The service is extremely responsive to my needs regarding the package they provide. I need short stints of time out due to my health needs and this is accommodated. Staff are flexible and help with haircutting and my nails. The provider has also assisted me greatly with other family needs that go beyond what was expected. They have also responded to emergency needs."

Comments from other people included, "I appreciate that staff assist me in the way that I want to be assisted and that they do extra, like wash my dinner pots", "I not only have my care and support needs met, I also get to attend social events in the village and surrounding area. I've been to a Macmillan coffee morning and to a flute concert" and "I have one staff member that helps me shop for presents that I need for my family. They ring up and let me know what they have seen so that I can make a decision on its suitability."

The provider had a computerised system for managing care provision that linked to a mobile phone 'app' – 'Care Planner'. Staff found the system to be extremely useful and reliable. Files in use were kept in an electronic format, but with paper copies as a back-up. They contained details of people's social and health care needs assessments, risk assessments, personal care support and schedules for their visits. Staff could use the phone 'app' to send updates and notes to the system and the provider could use it to send memos and information to the staff.

Care plans were person-centred and contained information under targeted areas of need. Staff had instructions on how best to meet people's assessed needs. Personal risk assessments showed how staff responded to and mitigated risks that people might encounter. We saw that care plans and risk assessments were reviewed monthly or as people's needs changed.

The service also supported some people with learning difficulties but we found the provider and staff were not fully aware of the 'positive behaviour support' (PBS) model of care for people that experienced anxiety and presented challenges to those that supported them. PBS is a person centred framework for providing long-term support to people who have, or may be at risk of developing, behaviours that challenge. It is a blend of person centred values and behavioural science and uses evidence to inform decision-making. Behaviour that challenges usually happens for a reason and maybe the person's only way of communicating an unmet need. PBS helps carers understand the reason for the behaviour so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.

Some staff used equipment to assist people to move around their homes, all of which was assessed and risk assessed to ensure no one used it incorrectly. When appropriate, people were supported with the use of adaptive cutlery and crockery, as well as telecare, so that they could maintain their independence and safety. Telecare systems enable a carer to support someone living in their own home, maintaining a safer environment, possibly reducing the risk of accidents and providing a way for them to get help if required.

People's relationships were respected and staff supported people to keep in touch with family and friends if

requested. Staff spoke with people about their family members and friends and sometimes supported extended family where appropriate. It was this area of support in which staff exceeded what was expected of them. For example, staff helped family members with different health concerns by signposting them to the right community based services to meet their needs, where it was important to prevent any knock-on effects that could impact on people that used the service.

The provider had a complaint policy and procedure in place, a copy of which people had in their homes. We saw that while these were in typed word format in English, this was appropriate to ensure the information was accessible to people that used the service at that time. Records showed that complaints and concerns were appropriately addressed and resolved. Issues mainly included different staff members visiting people, lunch time calls a little too early and a few more hours support required. These had been addressed, except that extra hours could not be provided due to contracted agreed hours on the part of the local authority involved. People told us they knew how to complain. One person commented, "I don't know if I have a written complaint procedure, but I would easily find out how to complain if I needed to. At the moment there is nothing to find fault with." Compliments were also recorded in the form of letters and cards.

Requires Improvement

Is the service well-led?

Our findings

People told us they felt the service had a pleasant, family orientated atmosphere and that the provider was extremely helpful, active and accommodating. They said, "There is nothing that [Name of provider] wouldn't do for us" and "[Name of provider] and everyone that works for WrightChoiceCare is so helpful." Staff said the culture of the service was, "Forward thinking" and "Friendly and caring."

The provider told us they were looking to step back from the running of the business and register their deputy manager to take over this role. However, they had not yet shown that the service was being as well-led as it might be under their management. Quality monitoring was not covering all areas of service provision. While the provider was aware of the Information Commissioner's Office (ICO), Accessible Information Standard (AIS) and 'positive behaviour support' (PBS) model of care, they were unable to evidence that any requirements of these were being met. This meant that while the provider may have been striving to keep up-to-date with 'best practice' and continuous improvement, it was not always achieved.

We looked at audits, which the provider used as part of their systems for monitoring and quality assuring the delivery of the service. Audits were completed on a regular basis, for example, with regard to medicines safety, staff training and visits made to people. Audits on other areas, such as infection control and health and safety were still being developed. The provider analysed information they did collect and reported on shortfalls, which were looked at and addressed in order to improve some areas of the service. The provider was aware that occasionally staff left calls a few minutes early when they knew they had to negotiate traffic concerns. They explained about the traffic issues requiring longer travel time. They had spoken about this with people that were affected and obtained their agreement for support workers to leave a few minutes early. They had apologised to people. However, people had still raised this with us.

The provider kept records regarding people that used the service, staff and the running of the business. These included, for example, electronic and paper copy documentation containing personal and private information about people that used the service and staff, how the service was managed and business and financial details. The provider was managing documents in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held. However, the provider had not become registered with the ICO, which is a requirement of all businesses where personal details are held in a recorded format.

We recommend the provider takes a more proactive role in ensuring 'best practice' is followed and looks to sourcing and following relevant guidance from health and social care organisations. This is to ensure they support people according to the most up-to-date models and in line with legal requirements.

The provider was not required to have a registered manager in post and on the day of the inspection the provider was managing the service. They had been both provider and manager of the service for four years. Their management style was positive, progressive, inclusive and approachable. Staff told us they felt able to express concerns and ideas freely and that these would be received positively. One staff member said they sometimes felt 'micro-managed' with regard to making decisions and using their initiative, but generally

other staff told us they were well informed.

Staff felt that support from the provider was very good and especially so at times of personal disruption in their lives. They said the provider was very good at making amendments to accommodate people that used the service and staff too. However, staff told us that on occasion when they had used the on-call system, the response had not always been prompt. So meeting their request for help was sometimes delayed due to personal commitments of the on-call team. They stated that the provider was the more flexible person of those assigned to the on call responsibilities. Staff expressed that sometimes communication among the staff team was not as good as it could be, because not all staff received details of the changes in people's needs or circumstances in a timely manner. One staff told us they sometimes learned more from the people they supported.

The service had written visions and values in the form of a letter containing details of the company ideology, which was sent to all new employees. Staff vaguely knew about these values, but were unable to say what they were and why the organisation had them. Staff were also given a 'handbook' in which there was information on how to conduct oneself at work, what was expected of them and copies of forms to be used, as well as policies and procedures.

Satisfaction surveys were issued to people that used the service and their relatives, although those for 2017 were overdue. Some comments in surveys that had been returned as part of the 2016 quality monitoring check revealed that people were generally satisfied with the service. They included, 'I am very happy with the carers and look forward to seeing them each day', 'I would recommend WrightChoiceCare to anyone' and 'The care I receive is first class. Nothing is too much trouble [for the staff].' We were assured by the provider that 2017 surveys would soon be issued.