Safe Choice Care Ltd

Safe Choice Care

Inspection report

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27 July 2022

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Safe Choice Care is a domiciliary care agency which provides care and support to people in living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 70 older people were receiving support with personal care.

People's experience of using this service and what we found
People were not supported by staff who had been safely recruited. Gaps in previous employment had not been explained. People's views about the timing of care calls varied and there was not always travel time factored in between calls.

Risks to people's health, safety and welfare had not been consistently assessed to make sure measures were in place to reduce the risks.

People were not always supported by staff who understood the importance of robust infection control measures. Staff re-training had been completed and the monitoring of staff increased.

People received their medicines as prescribed. When there had been medicines errors, these had been investigated and action taken to ensure it did not happen again. When people required medicines on an 'as and when' basis, the guidance for staff had not been consistently completed.

Checks and audits on the quality and safety of the service were not consistently effective. The registered manager's checks had not identified the shortfalls found during the inspection. Checks had not been completed to make sure staff stayed the length of time they should, and no checks were made to ensure travel time had been allotted.

People and their relatives generally spoke positively about the quality of service they received. Staff felt valued and felt supported by the management team.

Staff worked closely with health care professionals, such as community nurses and GPs. People were referred to health care professionals when needed to ensure they received the support they required.

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

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 14 June 2019).
The provider completed an action plan after the last inspection to show what they would do and by when to improve.
At this inspection we found the provider remained in breach of regulation.

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

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to recruitment of staff, risk assessments and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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 safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Safe Choice Care

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
The inspection was carried out by one inspector.

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.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 21 July 2022 and ended on 27 July 2022. We visited the location's office on 21 and 27 July 2022.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to

make. We used all this information to plan our inspection.

During the inspection
We spoke with four people and four relatives about the quality of care and support provided. We spoke with five staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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. The rating for this key question 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.

Staffing and recruitment

● People were not protected by staff who had been safely recruited. At the last inspection in May 2019, the provider was not able to demonstrate that recruitment of staff was safe and could not demonstrate checks on a person's full employment history had been completed.

● At this inspection full employment histories had not been consistently obtained. Some application forms noted only years of employment and not months. This meant the provider could not be assured they knew the person's full employment history to ensure they were skilled, knowledgeable and experienced to carry out the role.

● Gaps in previous employment had not been explored or explained. For example, on cross referencing an application form with the references received there was an unexplained 18-month gap. The registered manager confirmed they did not check the dates on the application form with those provided in references.

The provider failed to operate effective recruitment processes and ensure information specified in Schedule 3 of the Health and Social Care Act was available for each member of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● Disclosure and Barring Service (DBS) checks were completed before new staff began working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

● People were not consistently supported by staff who arrived on time and stayed the correct length of time. Feedback from people and relatives was mixed.

● People told us, "They can't always be on time, but they do look after me very well. There is not always enough travel time to go from one person to another but that is not a problem for me" and "It is just the timing that is the frustration. There is a lack of information if they are going to be late. We occasionally get a call to tell us – the same if they are going to be very early." Relatives said, "They always text or phone if they are going to be early or late", "They are usually on time" and "The timekeeping is a problem."

● We reviewed the carers rosters. There were several entries in staff care calls when there was no travel time assigned. Time had not been allocated for staff to change their personal protective equipment and go to the next call. This was an area for improvement.

● Management provided on-call cover so staff could obtain advice and guidance outside office hours when needed. Staff told us there was always someone to contact when they needed to.

● There were enough staff deployed to meet people's needs. The provider was actively recruiting. The registered manager and nominated individual covered care calls when staff had taken unexpected

absences, such as sickness.
● Staff told us, "There is generally travel time between calls. There are the odd ones that don't have it. Call length depends on the person in all honestly. If families are there, then they will tell us to leave early with their permission. Every call is different, and some are longer. I think we give plenty of time and people are not rushed", "Mainly I have regular clients. Calls are 30 minutes mainly. Sometimes we take 25 mins. Sometimes calls are longer. I just let the office know if it is taking longer for some reason" and, "Sometimes calls are quicker and then some take longer. It is what it is. We were short staffed in the pandemic, but it is OK now. [managers] cover too if we are short."

Assessing risk, safety monitoring and management
● Risks to people's health, safety and welfare were not consistently assessed, monitored and regularly reviewed. Staff competency, to ensure they were safe moving people, had not been completed.
● Some people used bed rails to reduce the risk of falling out of bed. There were no risk assessments to guide staff on their safe use, for example to reduce the potential risk of entrapment.
● Some risk assessments needed to contain further guidance for staff to make sure people were safe. For example, when a person was at risk of choking, there was guidance for staff about how to reduce the risks and the possible signs which may indicate the person was choking. The action needed was generic and not tailored to individual people. Staff were advised to 'Carry out first aid as per training and ring 999'.

Care and treatment were not provided in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● When people were at risk of developing pressure areas, there was guidance for staff about how to reduce these risks.
● Staff were knowledgeable about the people they supported. They spoke with us about how they moved people safely and made sure equipment, such as walking frames and lifelines, were within reach when they left the care call. Staff spoke about the need to be observant of any changes inn a person's demeanour. One member of staff commented, "We document it in our notes if a person is not right. I always read the notes the carer before has written before I go into a client. I check to make sure nothing has changed or is different."
● Environmental risks were assessed. For example, staff had guidance about parking, accessing people's homes using a key safe and whether there was CCTV in situ.
● When people used a 'lifeline' to summon support in an emergency, staff made sure this was worn / within reach. A relative said, "The carers are all well-trained. They all know how to support [my loved one]. They use special equipment to help [my loved one] move. They all know how to move them safely. I think they are all very competent."

Preventing and controlling infection
● People were not always supported by staff who understood the importance of infection prevention and control (IPC). For example, the service had received a complaint regarding a person being given food, and on another occasion medication, whilst sat on a commode. This action was neither hygienic, nor dignified. The registered manager was following their complaints process, liaising with the local authority safeguarding team. Staff involved had undergone re-training and their performance was being monitored through increased spot checks. The registered manager told us this incident was detrimental to the person's dignity, as well as an infection control risk. They had interviewed the staff involved and discussed their poor practice.
● Staff completed training about IPC which included information about COVID-19. Spot checks were completed to make sure staff wore personal protective equipment (PPE) appropriately. Staff continued to

follow Government testing guidance to reduce the risks of COVID-19 transmission.
● People and their relatives told us staff wore PPE. One member of staff said, "I have plenty of PPE. I still wear a mask, apron and gloves. I have never had a problem getting PPE. There are visors, shoe protectors and sanitisers all available if I need them. I test twice a week and that helps me stay safe and keep people safe too. I am looking after vulnerable people and it is really important to protect people.".
● A relative commented, "They always leave the place spotless. Their food handling and their hygiene in general is good. They label the food with dates when they open something and put it in the fridge. They keep the fridge very clean."

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risks of abuse, harm and discrimination.
● The provider had a safeguarding policy which included what should be reported and to whom. When a safeguarding incident had been raised, the registered manager liaised with the local authority safeguarding team.
● Staff had a good understanding of the potential signs of abuse. They knew how to report concerns. Staff said, "I would raise a concern [on the electronic application]. That is flagged as low, medium or high risk. I would also ring the office" and "If I saw a bruise on someone, I would ask the person about it and ask for consent to take a photo and contact the office. The manager would deal with it. I know I can contact the local authority if I still had concerns."
● People told us, "I can't say a word against them. I always feel very safe. No doubt, I would ring the office if I was worried" and, "We both feel very safe with the carers coming in."
A relative commented, "I know the minute there is a problem they are in touch straight away. [My loved one] feels safe with them going in and I feel they are supported safely."

Using medicines safely
● People generally received their medicines safely and as prescribed. A relative commented, "[My loved one] has medication. They have a bit of anxiety and depression. I am absolutely happy with the medicine's management."
● There had been medicines errors. When this had happened, this was investigated. When needed, staff had been re-trained, and competency assessed to reduce the risk of it happening again. For example, there had been a recent medicines error which happened outside office hours, a new system was introduced to ensure any missed dose was immediately notified to the on-call cover so action could be taken straight away.
● Some people needed medicines on an 'as and when' (PRN) basis. The electronic application included PRN protocols to show when medicines should be offered and how many could be taken in a 24-hour period. These had not consistently been completed. This was an area for improvement.
● When people needed creams to help keep their skin healthy, there was information for staff about where to apply creams and how often.
● One member of staff told us, "People's medicines are stored in Dossett boxes. Medicines are given safely. We record when we have given medicines on [the electronic application]. Managers come and do spot checks to make sure we are supporting people right and they check we are administering medicines at that time."
● The management team monitored the electronic medicines records. An alert appeared on the system if a medicine had not been administered as prescribed. This meant checks could be made immediately, with the staff concerned, to make sure people received their medicines safely.

Learning lessons when things go wrong
● Accidents and incidents were recorded and monitored by the registered manager to prevent similar incidents happening again.

● There were processes to analyse incidents to identify possible trends. This helped to ensure any referrals to health care professionals, such as the falls team and community nurses, were completed and to make sure opportunities to reduce risks were not missed.

Requires Improvement

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 requires improvement. The rating for this key question has remained 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.

At the last inspection in May 2019 the provider failed to improve the quality and safety of the services and ensure that they maintained complete and contemporaneous records.

At this inspection, whilst some of those concerns had been addressed, we identified further issues around the governance of the service. The provider remains in breach of regulation.

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

- The management team completed some checks and audits. However, these were not consistently recorded and had not identified the shortfalls identified during the inspection.
- Care plans and associated records were kept under review and updated when needed. However, the registered manager had not identified there were risk assessments, such as regarding the safe use of bedrails, which needed to be completed.
- The registered manager did not effectively review the time staff were taking in care calls. Whilst a report was completed, there was no analysis to check why calls were shorter or longer than the funded time to ensure people were receiving the level of support commissioned.
- Checks had not been completed to ensure travel time was allocated in between care calls.

The provider failed to improve the quality and safety of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staff completed notes following each care call. These were reviewed daily by the management team to ensure any action, such as a referral to a health care professional, was completed in a timely way.
- The registered manager was part of a local registered managers forum, where best practice was shared. The management team utilised available resources from Skills for Care. Skills for Care supports social care employers to deliver compassionate and safe care to their service users.

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

- People and their relatives' comments about Safe Choice Care were generally positive. People said, "The girls are so kind. They know how I like things done and they let me do things myself. They don't hurry me up or anything" and "They really are a wonderful company."

● Staff told us they felt valued and supported. Staff said, "Our clients get a good quality of care and support. The management is really supportive. I have supervision and we have staff meetings" and "Our mission is to keep people as independent as possible for as long as possible and to support them to stay in their own homes."

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 registered manager understood the Care Quality Commission's (CQC) requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement

● Notifications had been submitted to CQC in line with guidance.

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

● People and their relatives told us they were regularly asked to provide feedback about the quality of the service they received. Care plans and associated risk assessments were reviewed with people. During this process, the management team asked people if they were satisfied with the service they received. Policies were written in line with the Equality Act 2010. For example, the recruitment process included an equal opportunity monitoring form.

● People and their relatives told us they were involved in their care and support. One person said, "I decide how much help I need, and we discuss it. Having Safe Choice coming in is like having family come in." A relative commented, "They always let me know if they are worried about [my loved one's] health. The slightest worry, they check it out. This is tremendous peace of mind for me."

● Staff told us, "Training is mainly on-line. Have spot checks and competency checks done and they feed that back afterwards. Have supervision meetings and staff meetings. Am well supported" and, "I have one to one supervision and we talk about how I am doing and how they think I am doing. They always ask if I feel I need any support with anything."

● Staff told us the morale was good and they felt valued. They said, "The management are really good" and, "I feel supported and valued for the work I do. I have supervisions every few months and we have staff meetings too."

Working in partnership with others

● Staff worked closely with health care professionals, such as community nurses and GPs. Staff recorded any concerns about people's health and welfare, along with any action taken, on the electronic application.

● Referrals were made, in a timely way, to health care professionals to make sure people had the support they needed. For example, when a person was noted to sometimes have difficulty in swallowing, staff contacted their GP. A referral to a speech and language therapist was completed.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment were not provided in a safe way.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to improve the quality and safety of the service.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to operate effective recruitment processes and ensure information specified in Schedule 3 of the Health and Social Care Act was available for each member of staff.