

Review of compliance

Choices Housing Association Limited Choices Housing Association

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| Region: | West Midlands |
| Location address: | 1a King Street Newcastle-under-Lyme Staffordshire ST5 1EN |
| Type of service: | Domiciliary care service |
| Date of Publication: | February 2012 |
| Overview of the service: | Choices Lifestyles support up to 80 people in their own homes who need personal care and support. The area covered is predominately Stoke on Trent and Staffordshire, although some services are provided in Cheshire and Shropshire. |

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Choices Housing Association was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Choices Housing Association had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 9 January 2012, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We carried out this inspection visit because we had not visited for sometime and we did not have recent information about the service. We needed to assess whether the service was meeting the essential standards of quality and safety.

A person receiving care and support in their own home told us that they were very satisfied with the service they received. We were told: "I have a rota at the beginning of the week telling me which staff will visit me each day. If there are any changes, they tell me in advance. If they are running late I have a telephone call to say so. It is an excellent service"

A person using the service said that they had two previous care providers before switching to Choices Lifestyles and "This is the best agency by far".

A relative told us that "The service is fantastic. Staff are friendly, but professional, they listen to my (relative) if complaining of pain and find the reason. They are always on time, even with the recent snow I went along to be sure, but staff were already there. We have been having the service for a year and there is not one negative comment we can make".

The local authority commissioning the service told us that they had no concerns about how the agency operated and felt that a good service was offered to people.

We spoke with four members of staff who said unanimously that the provider was a good employer, they had good induction and follow-on training with regular support from managers both face to face and by telephone. They told us they used the 24 hour manager on-call system and always had access to advice or information.

What we found about the standards we reviewed and how well Choices Housing Association was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People receive the care and support they need based upon their individual needs.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Arrangements are in place to adequately monitor the quality of service provided.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04:

Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spent time in the provider's office, talking to staff, looking at records and care plans.

Through a process called pathway tracking we looked in detail at two plans of care. We spoke with the person, relatives and staff who had been directly involved in providing care and support. Pathway tracking helps us understand the outcomes and experiences of people using the service enabling us to make a judgement about whether the service meets essential standards of quality and safety.

Care plans contained good pre-service assessments, clearly outlining the actions needed to meet people's identified needs. The two care plans seen outlined the complex needs of each person. Four visits each day were made to each person's home to provide the personal care and support they needed. There was evidence of good dialogue between the service and other providers, such as the district nursing service, and the joint arrangements in place to provide a seamless service to them.

We saw detailed plans with clear instructions for providing personal care.

Risk assessments were in place in relation to daily living, including moving and handling, fire, medication, and use of equipment in the person's home. An example being the use of a ceiling tracking-hoist and the specific slings to be used for transfers.

A list of the person's diagnosed conditions was not complete and we agreed with the

manager that this was particularly important where staff may need to contact paramedics in an emergency. We saw that an updated document for assessment, support and review had recently been introduced, but not yet implemented for all people using the service. This will give total and greater detail of diagnosed conditions.

We saw that written consents to care and treatment had been obtained from the person prior to the service commencing including consent to share information with other agencies. People had clearly been involved in care planning and copies were kept in the person's own home. We also saw that the agency had reviewed and updated both care plans and packages of care with the person and together with the social worker from the commissioning agency.

One person self-medicated, although records showed a prescribed cream was applied by staff. When speaking to staff we found that two creams were in use and it was unclear which was to be applied. There were no instructions to inform staff which cream was to be applied, where, when and how often. The manager will clarify and ensure there are clear instructions in the person's home for staff to follow.

Medication is administered by staff to a person four times each day. Staff we spoke with had not signed medication records as proof that the medication had been given, although the person using the service confirmed that there was a record for this in their home. This will be resolved by the manager.

Other evidence

We spoke with six members of staff. All had detailed knowledge of the needs of the people they supported. They said that they had received good induction and ongoing training. Regular meetings with managers and other support workers had been arranged who provided good support in their work. One said "Choices is a good employer, we have had good training and back-up from managers and can ask or ring the office at any time if we are unsure about anything" Another person said "Before we visit anyone new, we are well-briefed and come into the office to read the care plans and all the information about the person". Staff told us that they enjoyed working with people in their own homes and felt part of a team.

People using the service and their relatives spoke highly of staff who visited them. They told us that they were treated with respect, staff listened to them and they always asked them if there was anything further they could do for them before they left.

When asked if any improvements could be made, staff did say that they had good basic training but only "touched upon some particular medical conditions such as epilepsy and diabetes". They felt that more training for specific conditions would be helpful in "making sure we know as much as we can about a person's health care needs".

Our judgement

People receive the care and support they need based upon their individual needs.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The provider has 17 other services they provide in Staffordshire to people with learning disability needs. This service provides predominantly for people with those needs but also includes people of varying ages with physical and health care needs. The provider has an established proven process for monitoring quality of service.

There is a system for reporting to the provider's office on a weekly and monthly basis of quality audits of the service. This includes review of hours, staffing, complaints, safeguarding and health and safety.

Other evidence

Incident reports are sent to the senior manager responsible for the service. These are reviewed and if necessary lessons learned and changes made to areas of practice or operation.

Annual service satisfaction questionnaires are sent to people using the service and their representatives. The outcome of surveys are used to make changes or additions to the service to further improve quality.

Staff also complete satisfaction questionnaires and are able to express views about the quality of service or suggestions for improvements.

Staff confirmed to us that they felt valued and were able to raise any concerns or

suggestions about the service at any time. During our office visit staff were arriving to seek information from records or to have pre-arranged meetings with their manager. They confirmed that annual appraisals were carried out and apart from at least quarterly supervision meetings they had ongoing contacts by phone and office visit with people managing the service.

Quality managers visit and review this service that is based in the provider's office and this provides the opportunity for daily contact and monitoring.

Our judgement

Arrangements are in place to adequately monitor the quality of service provided.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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