Chosen Care Group Limited

Chosen Care Group Limited - Essex

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

Chosen Care Ltd is a domiciliary care agency providing a service to people living in the London boroughs of Redbridge, Waltham Forest, Havering, and Newham. The service was previously known as Speiuss Ltd. At the time of the inspection there were 135 people using the service.

At the last inspection on 29 June 2015, the service was rated Good.

At this inspection we found the service remained Good.

Each person had a risk assessment which identified possible risks and the actions staff needed to take. Care staff had good understanding of how to recognise and report allegations of abuse. The staff we spoke with showed sound understanding of how to recognise and report allegations of abuse. Staff were appropriately checked to ensure that they were safe to work with people.

Care staff had the experience and knowledge required to support people in their homes. They told us they had received training, induction and supervision to support people effectively. People's nutritional needs were identified and appropriate support provided as required.

People received support that enabled them to have choice and control of their lives. They had an opportunity to advise care staff how they would like to be supported. Care staff demonstrated caring attitude to people and always stayed for the whole time allocated to them to complete tasks.

Care plans and risk assessments were personalised and showed each person received support and care that reflected their needs. People and their relatives were involved in the planning and reviewing of care plans. The service also had a complaints procedure which was used as a learning tool to improve the service.

There was a clear management structure in place for the smooth running of the service. People, relatives and staff told us that they were happy with the management. Quality of care was reviewed through various systems including regular audits of the service, telephone calls to monitor care and survey questionnaires.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service is effective. Staff received training, support and supervision to provide appropriate care to meet people's needs.

Staff sought people's consent before providing care. People and their relatives signed care plans confirming that they were involved and agreed to the support.

Staff followed care plans and support guidance to ensure people's nutritional needs were met.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

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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 is 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.

We gave the provider 48 hours' notice of this inspection because the location provided a domiciliary care service. We visited the location on 22 March 2017 and spoke with people and care staff on 23 and 24 March 2017. We also spoke with social workers on 23 March 2017. The inspection was carried out by two inspectors.

Before the inspection we looked at all the information we held about the service. These included the notifications that we had received from the provider and communications with people's relatives and other professionals. A notification is information about important events which the provider is required to tell us about by law.

During the visit to the location we spoke with two care workers, one care co-ordinator, one office staff, the registered manager and the executive director of the provider. We also checked 10 care files, 12 staff files, and documents such as the provider's recruitment policy, safeguarding policy, staff training records and staff handbook. After the inspection we spoke by telephone to two people using the service, four relatives and five care workers.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe receiving the service. One person said, "I feel safe. I get regular carers [and] I trust them. I am always advised in advance [if they are delayed]." A relative said, "[Staff] are attentive. They try to keep [person] in a safe environment." Another relative told us that people using the service were safe and they had no concerns about this. They told us they were confident with the service and had recommended it to others. However, a few days after the inspection we received an email from a person stating that they were put at risk of food poisoning because staff had failed to check their fridge freezer, which was one of the tasks they were expected to complete. We noted this incident had been raised with the provider and appropriate action taken. The records we checked, and people and relatives we spoke with confirmed that staff always stayed for the whole time and completed their tasks before leaving.

People's files confirmed that risk assessments were completed and reviewed for each person. This included identifying possible risks involving the environment and their care and how to ensure that people received safe care. We noted that there were arrangements in place for some people to be supported by two staff based on their needs and risk assessment. Staff told us they worked as a team to provide service that reflected people's needs. For example, a member of staff said, "I do double-up shifts as part of a team. My team mate and I work together and travel together." The records we checked and relatives confirmed that people who needed two staff were provided with an appropriate service. This ensured that people's health and safety was maintained.

Training records showed us that staff had received safeguarding training and regular safeguarding refreshers. Staff told us how they would recognise abuse and that they would report it to the registered manager or the local authority and Care Quality Commission (CQC). A member of staff said, "If I was concerned a service user was being abused I would make sure they were ok, then report it to the office. I'd make sure I recorded everything in the daily logs and use a body map."

The service had sufficient staff deployed to meet people's needs. All of the people and relatives we spoke with told us that staff always turned up for their visits. The registered manager told us that they had a contingency plan to cover if regular staff were unable to visit people due to unplanned circumstances. A relative said they thought the service had "enough staff".

The service had a robust system in place for safer recruitment of staff. Staff files showed that each staff member had been thoroughly checked to ensure they were suitable to work with people in need of support. Each recruitment file contained an enhanced Disclosure and Barring Service check (DBS) obtained before the staff member started working at the service, at least two references from previous employers in health and social care and proof of the staff member's right to work in the United Kingdom. A DBS was undertaken to ensure that the applicant was safe and did not have any conditions placed on them if they were applying to work with people who required care and support. We saw that each written reference obtained had been verified with the referee over the telephone to ensure it was accurate and valid.

Care plans detailed if medicines were to be administered by staff, by relatives or to be self-administered.

One person told us they did not require support in medicine administration whilst a relative said they were responsible for administering a person's medicine. Where staff administered medicines, they recorded and signed the medicine administration sheets (MARS). We saw a copy of a completed MARS in a person's file and noted that staff had appropriately recorded and signed. We also noted that staff who administered medicines had attended relevant training. Staff and records confirmed that where staff prompted people to take their medicines, they recorded that they did so. We noted that supervision of staff at people's homes included observing them administer or prompt people to take their medicines and auditing the medicines.

Good

Is the service effective?

Our findings

At our last inspection in June 2015 we found that the service was not always effective. We found that even though staff had attended a range of training programmes related to their roles, there was no evidence to confirm that they had appropriate guidance or knowledge for supporting some health conditions not included in care plans. We recommended at the time that the registered manager put guidance in place to ensure staff were aware of people's health conditions and how to support them in cases of emergency. Following that inspection, the provider had sent us a detailed action plan explaining how they would address the concerns. During this inspection we found that staff knew how to respond to emergency situations not included in people's care plans.

People and relatives told us staff knew what they were doing. One person said they had no concerns about staff ability or skills to meet their needs. A relative told us that staff were experienced and knew how to use equipment and respond to people's needs. Another relative said they found staff knowledgeable and "willing to learn new things, which was reassuring". A member of staff told us that it was "difficult at the beginning" but now "I really like my job" because of their training and ability to ask to change shifts [to suit them]. Another member of staff told us how they would respond to an emergency, "I haven't had any emergency situations but I know what to do if there was one where someone needed an ambulance, [I will] call 999 then let the office know."

People received support from staff who were appropriately trained and supported to meet their needs. We saw that before staff started working with the service, they received an induction based on the requirements of the Care Certificate, including classroom training and shadowing of other staff. The Care Certificate is a set of 15 standards and assessments for health and social support workers who were required to complete the modules in their own time. We asked the registered manager how long the shadowing period lasted and they told us, "Until the service user tells us they are happy with the staff member." Staff confirmed to us they had shadowed other staff for at least three days before working on their own. As part of their induction, staff also underwent an assessment of their competence in moving and handling people, and administering medicines, before they could perform these tasks.

The service provided regular, ongoing training for staff to ensure they had the skills and knowledge to meet people's needs. Records showed that staff had been trained in general topics such as food hygiene, first aid, health and safety and safeguarding adults and children from abuse. Staff had also been trained in topics specific to the needs of the people they supported, such as PEG care and management and epilepsy awareness. A care worker told us, "I get lots of training, all that I need. I support [a person] with very complex needs so I have had a lot of specialist training including epilepsy, PEG feeding using the special type of pump, challenging behaviour, autism. All of the training!"

The service ensured staff were appropriately supported through regular supervision meetings and an annual appraisal of their work. Records showed staff had supervision meetings with their line manager every three months, and these usually included a spot check or observation of practice to enable the line manager to provide feedback to the staff member and develop an action plan to support them to improve their

performance. Supervision meetings included an opportunity for staff to raise any issues of concern about the people they supported, and their own personal and professional development. Records showed that most staff held a qualification in social care, and those who did not were supported to obtain one.

Staff sought people's consent before they provided care and support. One person said that they told staff how they wanted to be supported and that staff always respected their wishes. Another person told us that staff asked for their consent before they provided care. A care worker confirmed that they explained what they were doing to support people and waited for people's consent. We noted that people and, where appropriate, their relatives had signed care plans and initial assessments to confirm that they were involved in and agreed to the plans.

People and relatives told us, and records showed, that most of the people using the service did not need support with food. However, where needed, staff supported people to have sufficient amounts to eat and drink. A relative told us that when they were not present, staff supported a person to have their meal. A member of staff said they followed care plans in providing support with nutrition.

Good

Is the service caring?

Our findings

People and their relatives told us that the care workers treated them with respect and dignity. One person said, "I am happy with the care workers. They treat me with respect." A relative said the care workers were "kind and nice". A relative told us staff were "really caring", if "I thought they were not caring, I wouldn't leave [my relative] with them and go out."

People and their relatives confirmed staff respected their privacy. They told us staff always knocked on their door before entering their room. However, one person told us that the provider had sent them incorrect (another person's) information and did not realise that this had happened. We noted from this that a person's personal information had been inadvertently passed to a third person.
We recommend that the provider refers to best practice guidelines for privacy impact assessment processes and put an action plan to ensure people's privacy is always respected.

Most of the care staff we spoke with listened to people and treated them with respect. A relative told us, "The carers listen, they do tasks the way I want them to do." Another relative said they always completed tasks and stayed for the whole time. They said they were happy because staff often did more than they were expected to do for them. However, one person using the service wrote that a care worker spent time talking on the telephone whilst they were supposed to do care work.

We noted that the provider had guidance for staff not to use their personal telephone when working. We also noted that staff rightly declined to speak on the telephone with us saying that they were at work when we rang them for interview as part of this inspection. Nevertheless, we recommend that the provider looks into other best practices to re-enforce their guidance regarding the use of telephones at work, to ensure all staff do not make personal calls whilst supporting people.

Staff told us they had worked with the same people for a long time and knew their needs. They told us they read care plans so they knew if any changes were made. They told us that the care plans were kept at people's homes and the copies were available at the office. The provider was introducing a new electronic based system for sending care plans, rotas and monitoring the service. We were told that the new system would be implemented once it was tested and judged to be effective.

The registered manager told us that as far as possible, staff were allocated to areas nearer where they lived. They said that the service tried to assign care workers with the same people to ensure consistency and continuity of care. This was confirmed by people, relatives and staff who told us that usually the same care staff were allocated to visit people. This also made travelling easier for staff which meant that they were punctual. A relative commented that care staff were "always on time."

Good

Is the service responsive?

Our findings

People's care and support reflected their needs and preferences. The registered manager told us and records confirmed that each person had a care package which consisted of a minimum of 30 minute visits. We noted that some people had live-in care workers which meant that they received continuous support. Some other people had several staff visits a day to assist them with their personal care. This showed that people received personalised care.

Care files showed that initial assessments were carried out by the registered manager, before the person received a service from the provider, to decide whether the service was able to provide the required care and support. Once it was established that the service could meet the person's needs, a care plan would be developed detailing the specific tasks to be undertaken and the times of visits. Where people had been referred to the service by the local authorities or clinical commissioning groups (CCGs), the service would make sure that the care plans corresponded to the copies they had received. People and their relatives were also involved and agreed to the care plans and risk assessments.

People's care plans and risk assessments were regularly reviewed. People and relatives told us that care plan reviews included any changes to their needs and the support required to meet their needs. A relative said they would inform the service if a person's need changed and staff would provide appropriate support. Team leaders visited or rang people monthly to monitor if they were happy with the service. People, relatives and staff confirmed that team leaders had visited or rang monthly to monitor that people were satisfied with the care provided to them. The care plans contained guidance and advice for staff on how to respond to emergencies and certain medical conditions.

People had care plans in their homes and a copy was held in the office. We looked at examples of care files and noted that staff had written in their daily contacts any significant issues their colleagues needed to be aware of, to ensure people's needs were met.

The provider's service user guide contained details of how people could make a complaint. One person said, "I know the manager, I can contact him [if am have a concern]." Another person told us, "I had made a complaint, the manager visited me and resolved it." A relative told us that they knew how to complain but they didn't have to as they were satisfied with the service.

Information about the service's complaints procedure was included in their website. We noted that the registered manager kept records of the complaints received. Records showed that seven complaints had been received, investigated and resolved since January 2017. The registered manager said they encouraged people and staff to complain. They said complaints were a learning opportunity for them to improve the service. They said they had provided refresher training for staff as a result of a complaint.

Good

Is the service well-led?

Our findings

The service had a policy on equality and diversity and staff told us they were aware of the policy and ensured that people's human rights were respected. They told us their induction included equality and diversity. The registered manager said their equality and diversity policy and practice covered both staff recruitment and service provision. We noted that staff were from various backgrounds. The registered manager told us that they matched staff with people depending on their skill and experience.

There was a clear management structure in place. The registered manager was accountable to and supported by an executive director, who had been in post for a few months before our visit. There were six care co-ordinators who oversaw staff rotas and enquiries relating to specific London boroughs. The care-co-ordinators worked along with ten team leaders who were responsible for care plans and who liaised with a field supervisor. We were informed that there was a training lead who checked, organised and managed training for staff.

Although they were relatively new to the service, the registered manger was able to demonstrate a good understanding and knowledge of the people who received the service and the staff who worked there. He was knowledgeable of his responsibilities in notifying the relevant supervisory bodies, such as the local authority, Clinical Commissioning Group (CCG) and the CQC of any incidents, risks and complaints. Relatives also knew the registered manager by name and were able to confirm that they were confident he would listen and resolve any concerns.

The service had a system in place for monitoring the delivery of care. At the time of our visit an electronic call monitoring (ECM) system was used to monitor late and missed visits. The registered manager told us that they were about to introduce a new system (a software application). It was developed not only to monitor care was delivered but also to communicate with staff their rotas and any changes to care plans and risk assessments. The registered manager and staff confirmed that training was being provided for staff to be able to use the new system. We were informed by the registered manager that this would eventually enable to them reduce the amount of paper they used.

Care workers told us they liked working for the service. They told us that they could talk to their line managers and there were opportunities for them to attend group meetings and one-to-one supervision. Care staff told us that they were usually assigned to work with people in their local areas, which they said was helpful for making it easier to travel and arrive for work on time. They also said they could claim their travel expenses and could also ring the office or people to let them know if they were running late.

The service had a range of systems in place for monitoring and assuring the quality of the service. .All the care files we checked contained completed monthly telephone monitoring forms demonstrating that the registered manager contacted people to check their experience of the service. This was also confirmed by people and relatives we spoke with. There was also a survey questionnaire form for people and relatives to comment on various aspects of the quality of the service. The last survey, which was undertaken in August 2016, showed people, their relatives, and staff were satisfied with the service and the registered manager

said any areas that needed improvement had been implemented. We noted that the registered manager was planning to send survey questionnaires to people, relatives and staff for this year.