

The Caring Choice Ltd

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## Inspection report

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Inadequate ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

We carried out this inspection on 7 and 8 November 2018. This inspection was announced, which meant the provider was given 48 hours' notice of our inspection visit. We did this because the service is small and the manager was sometimes out of the office and we needed to be sure that they would be available. We also wanted to arrange to visit some people using the service.

The Caring Choice Ltd is a domiciliary care agency. It provides support to people living in their own houses and flats in the community. Not everyone using The Caring Choice Ltd receives support with the regulated activity of 'personal care'; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At time of this inspection The Caring Choice Ltd was providing support to 41 people.

At our last inspection on 10 and 13 November 2017 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 17, Good governance, Regulation 18 Staffing and Regulation 19, Fit and proper person employed. The overall rating of the service was requires improvement.

Following our last inspection the registered provider sent us an action plan with details of the improvements they planned to make to meet the requirements of the regulations. At this inspection we found that sufficient improvements had not been made and the registered provider remained in breach of these three regulations. We also found three further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were; Regulation 12, Safe care and treatment; Regulation 13, Safeguarding service users from abuse and improper treatment; and Regulation 16, Receiving and acting on complaints.

The overall rating of the service is inadequate and the service is in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their

registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

There was a manager at the service, but they were not registered with the CQC. The nominated individual (representative of the registered provider) told us the manager had applied to be registered. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff recruitment procedures were not safe. Relevant checks had not always been completed to ensure staff were suitable to work in the care profession.

Medicines were not managed safely. People's medicine administration records (MARs) were not always up to date. Staff competencies in medicines management were not regularly checked.

The registered provider did not have adequate systems in place to ensure people were protected from abuse.

Staff had not received regular supervisions or annual appraisals which meant their performance was not formally monitored and areas for improvement may not have been identified.

Some staff training was overdue so staff had not been supported to maintain and update their skills and knowledge.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. There were no records of any care staff undertaking mental capacity training. However, staff spoken with were clear on the importance of involving people in making decisions. We recommend the registered provider considers providing training for staff on the Mental Capacity Act.

People's privacy was not always respected. This was because the registered provider shared a reception area with another organisation.

Four people did not have a written care record in place. This would have included risk assessments, which would have given staff information on how to reduce any risks to the person. Where people had care plans and risk assessments in place these had not been reviewed since the registered manager left the service in July 2018.

The registered provider had a compliments, comments and complaints policy and procedure in place. However, the registered provider did not have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by people or persons acting on their behalf.

The registered provider had not ensured there were effective systems in place to monitor and improve the quality of the service provided.

The service had policies and procedures in place. However, they had not been reviewed and therefore may

not have represented the most up to date legislation and good practice guidance.

People and their relatives told us the staff were kind and caring.

Staff told us the manager and nominated individual were approachable and supportive.

During this inspection we found a total of six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Staff recruitment and selection procedures were not safe.

The systems in place to ensure medicines were managed and administered in a safe way were not effective.

The service did not have adequate systems in place to ensure people were protected from abuse.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Staff did not receive regular supervision, annual appraisals, or appropriate training to support them to carry out their jobs effectively.

Staff were clear on the importance of involving people in making decisions.

People were supported with their dietary needs, where this was part of their care plan.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

The privacy of people using the service was not always respected.

People and their relatives told us the staff were caring.

**Requires Improvement** ●

### Is the service responsive?

The service was not responsive.

**Inadequate** ●

Not everyone had access to their care records. Some were incomplete and none had been reviewed in the last five months. This meant the information recorded did not always fully or accurately reflect the person's current level of need.

There were no records or analysis kept of any complaints that were raised.

### **Is the service well-led?**

The service was not well-led.

There was no evidence of regular quality audits being undertaken. This would have enabled the registered manager to assess the safety and quality of the service they provided.

The service had policies and procedures in place. However, they had not been reviewed and therefore may not have represented the most up to date legislation and good practice guidance.

Staff told us the manager and nominated individual were approachable and supportive.

**Inadequate** ●

# The Caring Choice Limited

## 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.

This inspection took place on 7 and 8 November 2018. The manager was given short notice of our inspection. We did this because the manager was sometimes out of the office and we needed to be sure that they would be available. We also wanted to arrange to visit some people in their homes with their permission. The inspection team was made up of two adult social care inspectors.

Prior to this inspection we gathered information from local authority commissioners and Healthwatch, Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch, Sheffield did not hold any information about the service. The local authority commissioning section told us they did not have any information to share about the service. The registered provider had not been sent a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with the nominated individual, the manager, care coordinator and four care staff. We visited three people using the service with their permission, during the visit we spoke with each person and their relative. We also contacted four people using the service, two relatives and five members of staff by telephone. We looked at a variety of records including three people's care plans and six staff personnel files. We also reviewed the checks that had been completed at the service by senior staff and other records relating to the management of the service.

## Is the service safe?

### Our findings

The service was not safe. We checked progress the registered provider had made following our inspection on 10 and 13 November 2017 when we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 19, Fit and proper persons employed. This was because the registered manager had not established safe recruitment procedures.

We checked six staff personnel files and found appropriate references, and disclosure and barring service (DBS) checks were not always obtained to demonstrate staff were fit and proper persons to employ in care. A DBS check provides information about any criminal convictions a person may have. For example, three files did not have any record of a reference from the staff member's last employer, and two files showed a DBS check had not been obtained. We spoke with the manager about this and they confirmed this was the case. Therefore, this continued to be a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

Medicines were not managed safely. The registered provider used an electronic medicines administration record (MAR) for each person assessed as needing support with their medicines. People's MARs were then accessed by staff via their mobile telephones. Staff should initial a person's MAR to confirm when they have given the person their medicines or recorded a reason why not. There were no paper copies of people's MARs. This meant the accuracy of people's MARs relied on the electronic system being updated straight away whenever their medicines changed. For example, one staff member told us it could take up to two weeks for the system to be updated.

The electronic system also relied on staff making sure the information on their mobile telephone was synchronized prior to starting work each day. For example, the medicine audit completed in May 2018, showed one person was supported to take three tablets instead of their prescribed five tablets during one visit because their care worker's telephone had not been synchronized. The person had been upset that the care worker had followed the instructions on their mobile telephone and not listened to them when they told them they had five tablets.

The issues with inaccurate MARs was exacerbated as medicines audits had not been completed since July of this year. Regular medicines audits should have picked up on this issue of people not always receiving their medicines as prescribed.

The manager told us none of the people using the service required time critical calls. However, during this inspection we identified two people who did require time critical calls to ensure they had four hours between taking some of their medicines. One person told us if staff arrived early they left the medicine with them to take it at the right time. We spoke with the manager about this and advised them that people who needed support to take their medicines at the right time required time critical calls.

At our last inspection we found not all staff had completed training in supporting people with their medicines. At this inspection we found medicines training should now be part of care staff's induction to

their role. However, we found there was no system in place to ensure regular checks of staff competency in this area were being undertaken. The National Institution for Health and Care Excellence (NICE) guidelines for 'Managing medicines for adults receiving social care in the community' states care staff should 'receive appropriate training and support, and have an annual review of their knowledge, skills and competencies.'

Staff told us they had access to personal protective equipment (PPE), such as plastic aprons and gloves. People and relatives spoken with told us staff used gloves where required. However, we saw that some staff did not always wear aprons whilst supporting people with personal care.

Where a person had been assessed as being at risk the listed 'risk reduction measures' in their care records included, 'Care worker to read and follow care plan and risk assessment.' We found four people did not have risk assessments or care plans in place. These would have given staff supporting the person details about their care and support needs, and any actions needed to reduce any identified risks to the person.

As the registered provider had not ensured systems were in place to ensure medicines were managed or administered in a safe way, and had not ensured staff providing care to people had the competence and skills to do so safely, and had not assessed the risks to the health and safety of people receiving care this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

The systems in place to help keep people safe were not always effective. We saw the registered provider had a safeguarding policy. We saw most staff had completed training regarding safeguarding adults from abuse. Staff we spoke with were able to describe what abuse could look like and what action they would take if they thought abuse had taken place. All were confident the manager would take their concerns seriously and respond appropriately.

We asked to review the service's incident records. The manager told us there had only been two incidents at the service since our last inspection, one of which related to the management of medicines. We saw this had been investigated and actioned appropriately by the manager. However, during this inspection, two relatives we spoke with told us about two different and recent medicines incidents. We checked and found there were no corresponding incident forms. It is important that any accidents, incidents and 'near misses' are recorded and investigated to ensure action has been taken to reduce the risk of reoccurrence.

We saw a care worker had reported a person she had visited had sustained an injury. There were no details of any subsequent actions, such as a referral to the person's GP, or evidence of any investigation taking place. The manager told us they had investigated it, but not recorded it. We asked the manager if they contacted the person's GP or district nurse. The manager told us the district nurse visited the person regularly so they would have seen it. This demonstrated a lack of understanding by the manager as how to safeguard people.

As the registered provider had not ensured the systems and processes in place were operated effectively to ensure people were protected from abuse and improper treatment this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

## Is the service effective?

### Our findings

The service was not always effective. We checked progress the registered provider had made following our inspection on 10 and 13 November 2017 when we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 18, Staffing. This was because the registered provider had failed to ensure staff had received appropriate training as is necessary to enable them to carry out their duties.

Staff spoken with told us they had an induction to their role, which included shadowing more experienced members of staff and completing mandatory training. Mandatory training is training the registered provider thinks is necessary to support people safely.

We were sent three different training matrixes listing which staff had completed mandatory training and on which date. Some staff were listed on more than one matrix making them difficult to track. Based on the information provided across the three matrixes, we found there were gaps in staff training. For example, two members of care staff who administered medicines were not recorded as having ever completed any medicines training. The staff rota for October 2018 showed us another member of care staff was administering medicines and providing support to people, however their medicines training was not scheduled until the end of the following month, 23 November 2018.

We found staff were not being provided with regular supervisions or an annual appraisal. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

The registered provider had a supervision policy and procedure which stated, 'Every employee will be invited to a supervision session with their manager or supervisor at least 4 times each year.' The manager provided us with a copy of their supervision and appraisal planning list. They understood supervision should be undertaken every six months, not every three as per the registered provider's policy. The manager had recorded there were five six-month supervisions overdue and four annual appraisals overdue.

As the registered provider had failed to ensure staff received appropriate training, professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform this continued to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. People's care records did contain a consent to care document and therefore it was clear whether people had capacity or not to make decisions about the support they received. Where it was recorded people needed support with decision making there was no evidence the nominated person had the legal authority to do this.

There were no records of any care staff undertaking mental capacity training. However, staff spoken with were clear on the importance of involving people in making decisions. We recommend the registered provider considers providing training for staff on the MCA.

Some people receiving a service from The Caring Choice Ltd required support to eat and drink. We saw people's food and drink preferences were recorded in their care records. Staff we spoke with had a good knowledge of people's preferences and requirements.

## Is the service caring?

### Our findings

The service was not always caring as people's privacy was not always respected. This was because the registered provider shared a reception area with a non-regulated service. The registered provider's statement of purpose refers to 'Our Care Staff are all bound by a Code of Conduct which includes preserving the confidentiality of any information that Service Users divulge to us. We will not actively seek confidential information from Service Users unless we feel that it is in their best interests. Where we do have such information, we undertake not to disclose any of it to an unauthorised third party without the express permission of the Service User, except in an emergency or crisis situation.' By sharing office space with another organisation private telephone calls could be overheard and there was the potential for personal records to be seen.

People told us the staff were caring. Comments from people included, "They [care staff] are lovely, every one of them", "They [care staff] are all very good", "[Care staff] are all absolutely amazing" and "I am really pleased with them [care staff]. [Name of care worker] is absolutely smashing."

Relatives spoken with also told us the care staff were caring. Relatives told us, "People [care staff] who come are all very jolly", "They [care staff] go the extra mile" and "I am confident [relative] is being supported. I can relax when I go out."

People told us they were treated with dignity and respect. Comments from people included, "The carers are useful and helpful, always respectful. I would tell a friend they were reliable" and "[Name of care worker] is a lad and I was asked by [manager] if I was okay with this. He was perfect. He just got on with it, never made me feel embarrassed."

Staff we spoke with told us they enjoyed their jobs and would recommend the service to their friends and relatives, if they needed this type of care and support. Comments included, "I would recommend this company. I couldn't think of better carers to go to my family" and "I would 100% recommend [this service]. They are great."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as age or gender. Our observations of care and conversations with staff, people and relatives showed us the service was aware of the need to treat people fairly and to promote people's rights.

## Is the service responsive?

### Our findings

At our last inspection we found people's care plans contained information about people's support needs, but they did not fully explain how this support was to be delivered and did not describe the person's preferences. At this inspection we saw care plans would still benefit from further details to ensure people's individual needs and preferences were known and reflected the knowledge care staff had gained from people. In addition, we found four people did not have a written care plan in place.

For example, two people living together were both living with dementia and receiving support with their medicines. The only paperwork their relative had been provided with was a copy of an out of date service user guide. Staff recorded everything on a task list for medicines on their phone. They did not complete any written records in the couple's home. This meant the relative could not be sure whether the couple had received their medicines as prescribed. The relative had produced their own record for staff to complete each day to say they had been to visit.

Care records we looked at did contain a summary at the front of what support was required by the person at each visit. This was task orientated and did not include the outcomes people expected from their support. The main part of people's care records identified what support was required, if any in each area of daily living, such as mobility and oral care. There was little, if any information about people's social history, likes and dislikes.

As the registered provider had not maintained an accurate, complete and contemporaneous record in respect of each person this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

We saw the registered provider had a compliments, comments and complaints policy and procedure. This gave people details of who to complain to and who to contact if they weren't satisfied with the initial response. A summary of this information was included as part of the service user guide.

There were no complaints records available to review. The manager told us there had been one complaint about one person's foot care, but we were not provided with any information. In addition, we found the record of two complaints within the service's own medicine audits. We found a reference on 30 May 2018, 'Missed medication, service user upset. Apology made to daughter.' On a medicine audit in June 2018 we found the reference, 'Missed call and missed medication logged on 7 June 2018. Apology given to service user family.'

The registered provider's own policy stated, 'Each provider must prepare an annual report in which it must: [including] Give the subject matter of complaints received. Summarise any matters where action has been or is to be taken to improve services as a consequence of those complaints.' There was no annual report available for us to look at. Keeping a record of all complaints and actions taken would have enabled the registered provider to see if any themes or trends could be identified.

As complaints were not acted upon this was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints.

People told us they received care from the same group of staff. However, some people told us they did not experience regular call times and some people had experienced late calls. This was reflected in staff rota records we looked at for October 2018. We found staff completed an electronic record at each person's visit. This detailed their arrival and departure times. We checked planned times against actual visit records for October 2018 and found evidence of late calls, short calls and calls planned between people without any staff travelling time assigned.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw this was referenced as available to people if they needed it in the registered provider's service user guide.

## Is the service well-led?

### Our findings

The service was not well-led. The registered manager had left the service in July 2018. The manager was in the process of registering with CQC. They had previously been employed as a care worker and continued to undertake some care and support visits to people. The registered provider had not changed since our last inspection.

We checked progress the registered provider had made following our inspection on 10 and 13 November 2017 when we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 17, Good governance. This was because the registered provider failed to ensure their audit and governance systems were effective. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

At the beginning of this inspection the manager and nominated individual showed us copies of their most recent audits and told us none had been undertaken since July 2018. They explained this was because they had prioritised delivering care and support visits to people following the departure of the registered manager and two members of staff at the same time. In addition, they told us no care plan reviews or spot checks on staff competency had been completed since the registered manager left in July 2018. The registered provider did not have systems in place to continue to monitor the quality and safety of the services.

Following our previous inspection, the registered provider had sent us an action plan with details of the improvements they planned make to meet the requirements of the regulations. This had not been completed as we found continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 17, Good governance, Regulation 18 Staffing and Regulation 19, Fit and proper person employed.

During this inspection we found a further three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effective and frequent auditing would have identified the concerns we found during this inspection and enabled the registered provider to take remedial action. As the registered provider had continued to fail to ensure their audit and governance systems were effective this was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance,

We asked if people, relatives and staff were asked for their views on the service and given opportunities to make any suggestions for improvement. People and relatives told us feedback was gathered by manager when she was providing care and support to people. There were no formal systems in place to gather views of the service, such as satisfaction surveys or quality assurance telephone calls to people and their relatives.

We did see records of staff meeting agendas and one written record of a staff meeting taking place. Staff confirmed to us there were staff meetings. Staff told us they found the manager to be supportive and

approachable. Comments included, "You can count on colleagues and the manager is really supportive", "[Name] is a fair manager. She always gives you notice if your rota changes" and "Its lovely [working] here. [Name of manager and nominated individual] are both so approachable. There is never any animosity. [Name] is the best manager, she always goes the extra mile."

The service had policies and procedures covering all aspects of service delivery for people, their relatives and staff. However, they were all dated 'May 2016'. As they had not been reviewed and therefore not updated accordingly they may not have represented the most up to date legislation and good practice guidance.

A notification should be sent to the Care Quality Commission every time a significant incident has taken place. During the inspection we found evidence that neither the manager or the nominated individual had notified CQC about a significant incident and surrounding circumstances in line with the Health and Social Care Act 2008.

During this inspection we found widespread and significant shortfalls in the way the service was led. As a result, the service is rated inadequate in this domain, the safe and responsive domains, and is inadequate overall.