

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Choice Homecare Limited

24 Ronver Road, London, SE12 0NJ

Tel: 02088577717

Date of Inspection: 29 November 2012

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|--|---------------------|
| Respecting and involving people who use services | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Management of medicines | ✓ Met this standard |
| Requirements relating to workers | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Choice Home Care Limited |
| Registered Manager | Mrs. Lee-Ann De Villiers |
| Overview of the service | Choice Homecare Limited is an introduction agency, arranging live-in or hourly rated care workers for people in their own homes. People accessed the service due to various needs, including older people, people with mental health conditions and people with physical disabilities. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 November 2012, sent a questionnaire to people who use the service and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with four people who use the service and their relatives. People were complimentary about the service and the care staff at Choice Homecare Limited. One relative told us, "The service is perfect. I have recommended it to others." Another relative told us, "My mother's happiness, comfort and safety is paramount and we are very fortunate that the care staff are able to ensure this."

People with relevant qualifications, knowledge, skills and experience were employed to care for people at Choice Homecare Limited. Robust recruitment and background checks were completed before new staff joined the service. We spoke with three care workers and the managers of the service. Staff told us they had access to suitable training and their work was monitored.

The provider sought people's views on how the service was provided, carried out audits and surveys, and completed assessments of risks to monitor the quality of service provision.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment, and understood the choices available to them. People who use the service told us about the discussions they had with the staff at Choice Homecare Limited to ensure that a carer was identified who was appropriate to support their specific needs. The staff also told us that they would try and involve the person who received the service in the care delivery as much as possible, for example, supporting them to dress themselves and choose what to wear when possible.

People's diversity, values and human rights were respected. One relative we spoke with told us, "My mother is treated with the utmost respect and dignity". Another person described Choice Homecare Limited as offering a 'personalised service' to meet their relative's needs.

People who use the service were given appropriate information and support regarding their care and support. Information about the services offered and costs was available in the Choice Homecare Limited brochure and on their website. People were also able to contact the service's office location and discuss matters concerning their care and support arrangements.

People were supported in promoting their independence and community involvement. Choice Homecare Limited specialises in live-in care, which allowed people to have full-time care in their homes, and remain in their local community.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan. Each person using the service had a care plan in place which was developed with their involvement. Relatives of people who use the service told us that there were ongoing discussions and open communication around the care choices available to them. One relative told us, "The service is as we want it and it is tailored to meet my mother's needs". Another relative highlighted the flexibility of the service and told us, "If I am going away and cannot visit my mother, they can arrange for another carer to come in so that my mother has one carer in the morning and one in the afternoon. This all happens very smoothly".

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. A relative told us, "My mother's happiness, comfort and safety is paramount and we are very fortunate that the care staff are able to ensure this". Staff also told us that if they had any concerns about a person's welfare or thought that there was deterioration in a person's health they would discuss this with the family and their manager.

None of the people we spoke with had any cultural or religious practices they needed support with observing. However, the manager told us that people could be matched with carers who were of the same cultural background. Religious beliefs, food and cultural preferences were all discussed as part of the initial assessments with people new to the service, so that they had opportunities to express their needs and preferences in these areas.

We reviewed the care plans of three people and found they had clear information about how the person was best cared for. Care plans included information on recommended daily routines, manual handling plans and meal plans. People were involved in the review and development of their care plans. The manager told us that the frequency of care plan review meetings depended on the person's needs, and varied from monthly to six monthly reviews. People's comments in response to their plan of care were recorded. People signed their care plan in agreement with its content.

The service worked collaboratively with other providers to ensure people's needs were met. For example, we saw the outcomes of falls clinic appointments, review meetings with mental health teams and best interest meetings led by social work teams were

documented in people's care plans, and that the service had responded by updating the care plans and adapting the level of care provided.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. All staff had training in safeguarding procedures. Staff also told us that there were clear lines of communication and access to the managers of Choice Homecare Limited if they had any safeguarding concerns. People who used the service told us that they had choice and control in how their needs were met, and did not ever feel taken advantage of by anyone in the service.

The provider responded appropriately to any allegation of abuse. Incidents involving people using the service were recorded and reported to the managers. We reviewed the records of incidents and found that there had been no recent incidents of allegations of abuse. Care workers we spoke with demonstrated an understanding of the appropriate actions to take in response to abuse, allegations of abuse, or neglect. They told us they discussed any concerns with the manager and / or social services.

The service had a safeguarding policy in place, which made suitable references to authorities that must be informed of any potential safeguarding concerns. A summary of the safeguarding policy was also included in the care workers handbook, which is provided as a reference to all care workers.

Financial monitoring forms and financial risk assessments were completed for people using the service, so that all parties were clear on the person's abilities to manage their own money. People were encouraged to manage their own money, and where support was needed from the carer, the extent of the support was clearly specified in writing. Gifts and tips were discouraged in the service.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. The provider gave advice and information to staff regarding excessive control and restraint. People received regular reviews with their mental health teams to check that their care and support arrangements did not subject them to unlawful or excessive control or restraint.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People had varying degrees of support with the management of their medicines. Some people did not receive any support with their medicines at all from the care staff, instead having this support from their family members or being able to manage this aspect of their care themselves.

Choice Homecare Limited offers three levels of support with the management of medicines. Level one provides general support with requesting and collecting repeat prescriptions from the GP and pharmacy, returning unwanted medicines to the pharmacy and prompting people to take their medicines. Level two includes checking the medication before administration, the administration of medicines, and keeping clear and accurate signed records of administration. Level three support was only offered after additional specialist training and supervision to ensure competency in specialised administration such as injections.

Appropriate arrangements were in place in relation to the recording of medicine. We reviewed one set of medication administration records and found them to have been completed accurately.

Care staff received training in medication administration during their induction programme with the manager of the service. The manager was qualified to train staff in medication in care, but the provider may find it useful to note that at the time of our inspection the manager's training qualification had expired on 10 December 2010. Following our inspection, the manager made arrangements to attend the necessary training on 29 January 2013.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People using the service at Choice Homecare Limited were cared for and supported by staff members who were competent and reliable. The provider obtained references from previous employers to verify their skills and experience, and requested information about their full employment history.

People spoke well of the care staff that were carrying for them or their relative. They described them as 'kind and considerate. People told us they did not experience delays or omissions in the care provided to them. One person told us, "They are never late and always stay for the time they are meant to". People confirmed that if the carers were on annual leave or had sickness absence, cover was always arranged and communicated to them so that their care needs continued to be met.

Appropriate checks were undertaken before staff began work. New members of staff were not allowed to start work before their full Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks had been received by the provider.

There were effective recruitment and selection processes in place, which ensured that staff with relevant qualifications, knowledge, skills and experience were employed. Tests of knowledge and competency were included in the recruitment process, which employed staff members had completed successfully.

New staff members provided evidence of their right to work in the United Kingdom before they began work.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who use the service and their representatives were asked for their views about their care and they were acted on. People who use the service and their relatives told us about the open communication channels between themselves, their carers and the office staff at Choice Homecare Limited. If any changes were needed to existing care arrangements, people told us that they were made quickly and smoothly.

The provider had an effective system to regularly assess and monitor the quality of service that people receive, which included spot checks on the care being delivered in people's homes.

Risks to people who use the service, staff members and visitors identified in the care plans. Risk assessments highlighted specific risks and the actions to be taken to minimise or eliminate them. For example, following a falls risk assessment, one person was provided with a personal care alarm.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incidents relating to people using the service were recorded, in line with the accident and incident reporting policy in place in the service. We found that appropriate actions were taken in response to incidents and that these were clearly documented. Annual reviews of incidents were completed in the service. In 2011, falls were reviewed in particular detail as they were the most common type of incident. The falls review led to the publication of a related article in the provider's care workers newsletter and further training was provided to staff in the prevention of falls.

The provider highlighted areas of good practice and shared the details of these with the care team. One care worker was found to have responded particularly well to an incident and the scenario was anonymously shared through the staff newsletter, and included as a case study example in incident reporting training.

People who use the service and care staff confirmed that monitoring activities took place. They told us that the manager visited people in their homes every few months to check that they were satisfied with the service and that their carers were carrying out their duties as expected. Biennial surveys were also carried out for care workers and people using the

service.

At the time of our inspection, the '2011/12 clients' survey' was in progress and the provider had so far received responses from about 70% of people using the service or their representatives. The responses indicated that people were mostly extremely satisfied with the service. Among the freehand comments, one respondent said the service was 'excellent', and another respondent thanked the service for their 'kind attention'. However some suggestions for improvements had been made by respondents particularly around dressing, providing emotional support and improved meal options.

The most recent 'care worker satisfaction survey' was completed in July 2012. Care staff indicated they were mostly satisfied with the support and training from Choice Homecare Limited, that they found the newsletters useful and were happy with their placement arrangements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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