

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

Choice Homecare Limited

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Date of Inspection: 27 January 2014

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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
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 27 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

This inspection took place at an address different from that registered with the commission. The regulated activities were being carried out at the address we inspected. The original address was the business address at the time of our inspection.

At the time of inspection, the service had 12 people who used the service and 30 care workers. We spoke to the registered manager, the development manager and the office Manager. We also spoke with four care workers, one person who used the service and three family members. We looked at eight care worker files and six files of those who used the service.

We found the provider made suitable arrangements to ensure that those who used the service were helped to make decisions. A care worker told us "I give them lots of choices about things."

We found that people's care needs were met. We saw that each person who used the service had a care plan specific to their needs. A person who used the service told us "they're good people. They do everything to help me."

We found that people who used the service were protected from the risks of abuse as robust safeguarding procedures were in place.

We saw that there were effective recruitment procedures in place. The registered manager told us "we introduce good quality carers whom we believe will enhance the home environment."

We saw that the provider kept in regular contact with people who used their services and regularly sought feedback information.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We saw that people who used the service were given appropriate information and support regarding their care or treatment. We noted that the information pack given out by the service contained a client guide which included information about purpose and objectives. There was a clearly defined fee structure in place. All of this information was available in Braille, large print and the preferred language upon request.

A care worker told us how they supported the person who used the service to access the community by going to the local shops, cafes and to coffee mornings. They also told us "we are here to encourage independence and where possible, we do things with the person rather than for the person." In this way, people were supported in promoting their independence and community involvement. One care worker told us how they respected the dignity of the person who used the service when they did personal care with them. They ensured that the person understood and agreed with the activity before it was carried out and that it was carried out in an appropriate manner and environment. We saw on one person's care plan, whom was initially reluctant to accept any form of support, how the care worker needed to build up the trust of that person before they undertook any specific activity of care. We subsequently noted that the person who used the service had accepted a wide range of support which assisted with their independence.

We saw from the records of those who used the service that a variety of support was discussed with the person and their family and their agreement to it was obtained before it began. Those who used the service, or their families, were encouraged to make known their preferences, which were then incorporated into the care plan. One person was supported to dress in a particular way each day. In this way, people who used the service understood the care and treatment choices available to them. We also noted that people's values and diversity were respected as those who wanted to attend Church were assisted to do so by their care worker.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the records of six people who used the service. We saw that Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw documented information about how a person who lacked Capacity displayed unsafe behaviour which necessitated a Best Interest meeting. This meeting was led and facilitated by the local Authority and included the person's Independent Mental Capacity Advocate, solicitor and the registered manager of the service. A decision of this meeting was to seek guidance and agreement from the General Practitioner [GP] about issuing covert medication. We saw from the records that the GP agreed and issued guidance on how to do this. We also saw how the decisions of that meeting and the advice from the GP were subsequently incorporated into the care plan. We were told by the registered manager that the care workers were trained to respond to this development.

We saw how people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw on each file that there was an initial assessment carried out by the registered manager prior to the start of the service. This contained a detailed amount of background information on the person who used the service and included contact details of family; likes and dislikes; risk assessments specific to the person and projected outcomes.

We noted that there was a person centred daily schedule on each record. We noted from the record of a person who used the service that weight loss was of concern for this person. When we spoke to the care worker, they told us how they encouraged the person to eat by "frequently offering small amounts of food, as they are put off by having a large amount of food on their plate." We noted that there had been a weight gain for that person, and also noted that it continued to be monitored. We saw from e-mails on file that there was a good level of contact maintained with the family or representative of the person who used the service. One family member told us that "the manager is very accessible. She always responds to my calls quickly and sorts out the issue." This showed us that there was continuity of care as a result of effective communication between the person who used the service and those providing the care.

We were told by the registered manager that care plans were formally reviewed once a

year and more frequently as the needs of the person changed. We saw on the record of the person who used the service that these reviews took place in the person's home, usually with them, their family and their care worker. We saw how actions from these reviews were followed up. In one instance, it had been agreed that the person would benefit from an assessment at a memory clinic. We noted that this assessment had happened soon after the Care Plan review. In another, the person who used the service indicated that they wanted to go to a West End show. The care worker subsequently told us how this had been booked. The registered manager also told us that they did a review visit every six or eight weeks with the care worker and the person who used the service. This ensured that the package of care still met the person's needs and was used as a supervision session for the care worker. The registered manager may find it useful to note that whilst it was evident from the records that the person who used the service was present at reviews, there were no signed care plans on the six records we viewed.

There were arrangements in place to deal with foreseeable emergencies. Each of the four care workers we spoke with told us how they would deal with an emergency, depending on the type. They said that in addition to dealing with the emergency on hand, they would also inform their manager. The registered manager told us that care workers had training in basic life support and emergency first aid as part of their induction.

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 used 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. We saw on each of the eight care worker records we looked at that all had completed Safeguarding training. One care worker we spoke to told us "I always monitor for abuse" and could tell us about the different types of abuse. They also told us that there was a safeguarding policy, which they had looked at as part of their induction and a copy of which was held in the office. We were shown this policy by the office manager.

We noted on each of the records of those who used the service that there were financial risk assessments in place. A care worker told us how "every penny is recorded, clearly written down and all receipts kept." We also saw in one instance that there was an action plan in place to minimise the risk of financial abuse occurring. This was where the person who used the service insisted on carrying a substantial amount of money with them at all times. A family member told us how they felt their relative was kept safe from harm and that "the carers are all very kind to my relative."

There were no recent Safeguarding incidents within the service at the time of our inspection.

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

Appropriate checks were undertaken before staff began work. We looked at eight staff files, all of which included a photograph of that person. We looked at how those members of staff were recruited and noted that there were effective recruitment and selection processes in place. We saw that references were robust and relevant to the post of care worker. The provider may find it useful to note that there was a two year gap in employment history on one of the records we viewed, although we did not see if this had been explored within the recruitment process.

We noted that appropriate checks were undertaken before care workers began work as we saw confirmation from the Disclosure and Barring Service [DBS] that there were no recorded convictions. We saw that there were copies of passports and visas on file, and immigration status was clarified. We saw from training records that care workers had done a mandatory induction course prior to starting work, as well as other training such as safeguarding, manual handling, dementia, medication and infection control. This showed us that the care workers had the skills necessary for the work to be performed.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service and their representatives were asked for their views about their care and treatment and they were acted on. Those who used the service and their representatives were encouraged to complete an on-line method of registering their views on their care, treatment, management and value for money, which was then published on a public website. We saw that there had been five recent responses entered. We were told that the registered manager kept in regular contact with people who use the service and their representatives and ensured that they were able to feedback information about the service frequently. People we spoke with told us that they had frequent communication with the office. One person told us "If there are any problems, you can go back to them and things are always sorted out quickly." We saw an e-mail from a family member which stated "a big thank you to all staff for all the hard work. We all appreciate it."

The provider took account of complaints and comments to improve the service. We saw that there was a complaints procedure and that people were made aware of this through the information folder which was left in people's homes when the service started. We noted how one complaint made by a relative was promptly responded to and resolved. We saw evidence documenting that a meeting was held with the relative and the registered manager. The manager met separately with the care worker. A new plan of care was agreed between all parties and this was introduced immediately. We saw an e-mail from the relative confirming that the resolution was to their satisfaction and in the best interest of the person who used the service.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We viewed an incident report and noted how the member of staff reported it and what the management response to it was. The outcome was documented and included an e-mail trail to the family member outlining the course of action, with the family member's agreement also documented.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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