

Mrs Geraldine Anne Watterson

Your Choice Homecare

Inspection report

39 Chorley New Road
Bolton
BL1 4QR

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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 

Overall summary

This was an announced inspection carried out on 7 May 2015. This was announced to ensure the manager would be available to facilitate our inspection at the head office.

Your Choice Home Care is a domiciliary care service located in Bolton. The service provides care to people living in their own homes, predominantly in and around the Bolton area. At the time of the inspection the service provided care and support to approximately 17 people. We last visited the service in June 2013 and found the service was meeting the requirements of the regulations, in all the areas we looked at.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

The people we spoke with and their relatives told us that they felt safe with staff coming into their home and as a result of the care provided. One person said to us; "I certainly felt safe with the staff coming into my home. They support my independence on the physical side and also mentally".

Summary of findings

We found medication was handled safely and that people received their medicines at the times they needed it. As part of the inspection we visited one person in their own home to see how medication was stored and also how records were maintained by staff.

During the inspection we spoke with staff about their understanding of safeguarding vulnerable adults. Each member of staff was able to describe the process they would follow if they suspected abuse was taking place. One member of staff said; “I would check that the service user was ok first, report it to my manager and make a record of everything I had seen or heard”.

We looked at staff personnel files to ensure that staff had been recruited safely, with appropriate checks undertaken. Each file we looked at contained application forms, CRB/DBS checks and evidence that at least four references had been sought from previous employers, one of which was a character reference. These had been obtained before staff started working for the service.

The service used a matrix to monitor the training requirements of staff. This showed us that staff were trained in core subjects such as safeguarding, moving and handling, infection control and health and safety. The manager had a system in place to monitor when updates and refresher courses were due. Each member of staff we spoke with told us they were happy with the training and support available to them.

At the time of the inspection staff who worked at the service assisted several people with meal preparation as part of their care package requirements. If this was a requirement, we saw this was clearly recorded within people's care plans.

We saw that staff received regular supervision as part of their on-going development. This provided an opportunity to discuss their workload, any concerns and any training opportunities they may have. We saw appropriate records were maintained to show these had taken place.

The people we spoke with and their relatives told us they were happy with the care provided by the service. One person said to us; “The staff are very friendly and respect my dignity by allowing me to do as much as I can for myself when I am able. They also provide me with companionship”.

People told us they were treated with dignity, respect and were allowed privacy at times they needed it. People also said they were offered choice about how they liked things doing.

There was a complaint procedure in place. There had been no formal complaints at the time of our inspection. The statement of purpose clearly described the process people could follow if they were unhappy with the service and people had a copy of this at their home address.

The staff we spoke with were extremely positive about the leadership of the service, describing it as ‘Outstanding’, ‘Phenomenal’ and ‘Super’.

There were various systems in place to monitor the quality of service provided to people. These included various audits, spot checks, observations and seeking feedback from people through the use of surveys.

Summary of findings

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 safe. The people we spoke with and their relatives told us they felt safe as a result of the care they received.

We found staff were recruited safely, with relevant checks carried out before they worked with vulnerable adults such as written references and CRB/DBS checks.

The staff we spoke with displayed a good knowledge of safeguarding adults and could describe the process they would follow if they had concerns.

Good



Is the service effective?

The service was effective. We found that staff had received training in core topics such as safeguarding, moving and handling, infection control and health and safety.

People told us that staff sought consent before providing care. This had also been provided within people's care plans which they were able to sign.

Staff supervision was consistent, with records maintained to show that a regular pattern of supervisions had been maintained previously.

Good



Is the service caring?

The service was caring. The people we spoke with and their relatives told us they were happy with the care and support provided by staff

People told us they were treated with dignity and respect and were allowed privacy at the times they needed it.

People said they were offered choice by staff with regards to things they liked and enjoyed doing.

Good



Is the service responsive?

The service was responsive. There was a complaint procedure in place. There had been no formal complaints at the time of our inspection. The statement of purpose clearly described the process people could follow if they were unhappy with the service and people had a copy at their home address.

People had their needs assessed and had care plans in place which staff could follow when providing care.

The service regularly sought feedback from people through the use of a survey, with the results analysed.

Good



Is the service well-led?

The service was well-led. There was a manager in post who was registered with the Care Quality Commission.

The staff we spoke with were extremely positive about the leadership of the service, describing it as 'Outstanding', 'Phenomenal' and 'Super'.

Good



Summary of findings

We found there were various systems in place to monitor the quality of service provided within the service.

Your Choice Homecare

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection carried out on 7 May 2015. This was announced to ensure the manager would be available to facilitate our inspection at the head office. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the provider information return (PIR) sent to us by the service. A PIR 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.

At the time of the inspection the service provided care and support to approximately 17 people. During the day we spoke with the registered manager, three people who used the service, three relatives and three members of staff. We spent time at the head office looking at various documentation such as care plans, staff personnel files, policies/procedures and quality assurance systems. We also visited one person in their home to see how medication was handled. Our expert by experience spoke with people who used the service and relatives over the telephone as part of the inspection, to seek feedback about the quality of service being provided.

At the time of our inspection, the service was not commissioned by a local authority, so we were unable to seek feedback from other agencies prior to undertaking the inspection.

Is the service safe?

Our findings

People we spoke with told us they felt safe as a result of the care they received. One person said to us; “I feel safe with the carers coming in to my home and I have a team of carers to help me with day to day living”. Another person said; “I feel very safe with the staff whether it’s with my personal care or when they go shopping for me. They are absolutely brilliant and I am always introduced to new carers coming into my home. I get a rota of carers for the week they are my little angels”. A third person told us; “I certainly felt safe with the staff coming into my home. They support my independence on the physical side and also mentally”.

We also spoke with relatives during the inspection and asked if they felt their loved ones were safe as a result of the care they received. One relative told us; “I feel that my mother is very safe with the carers coming in. They spend extra time with her two days a week doing crafts with her and they always make sure that she has clean clothes on. The same core team of carers come into see to mum”. Another relative said; “Absolutely. Mum is safe with the staff coming to look after her. They get her ready for the day care activities on site and help with personal care, teatime preparation and medication”.

During the inspection we spoke with staff and asked them about their understanding of safeguarding vulnerable adults. Each member of staff could clearly describe the process they would follow if they had concerns about people’s safety. One member of staff said; “I would check that the service user was ok first, report it to my manager and make a record of everything I had seen or heard”. Another member of staff said; “I would go straight to manager who would keep me informed about what was happening”. The training matrix identified that all staff were trained in safeguarding adults as well as when any refresher training was due.

People were protected against the risks of abuse because the home had a robust recruitment procedure in place.

Appropriate checks were carried out before staff began working at the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at four staff personnel files. Each file we looked at contained application forms, CRB/DBS checks and evidence that at least four references had been sought from previous employers, one of which was a character reference. These had been obtained before staff started working for the service. This evidenced to us that staff had been recruited safely.

We looked at how the service managed people’s medicines and found that suitable arrangements were in place to ensure this was done safely. We looked at a sample of medication administration records and found these had been completed correctly without any signature gaps or omissions. We saw people’s care plans detailed whether they wanted to either administer medication themselves, or whether they required assistance from staff. Additionally, we saw that all staff had received medication training to support them in doing this safely.

We found that people had various risk assessments in place to keep them safe within their own home. These covered areas such as moving and handling, nutrition and their home environment. We saw that where any problems were identified, there was detail of what was needed to be done by staff to keep people safe. For example, one person’s environment risk assessment described how floors, stairs and walk ways must be kept clear to avoid any trips or falls. We read within people’s daily notes that staff had undertaken these checks when they first arrived at this person’s house.

Some people who used the service lived alone and staff required the use of a key to access their house. We saw the keys were appropriately stored in a ‘key safe’ outside each house we visited. This required staff to enter a pin code before gaining access to the key so they could go in and deliver care safely.

Is the service effective?

Our findings

There was a staff induction programme in place, which staff were expected to complete when they first began working for the service. The induction covered areas such as health and safety, infection control, safeguarding, communication, privacy/dignity, and delivering person centred care. Each member of staff we spoke with told us they undertook the induction when they first commenced their role. One member of staff said; “I did the induction when I first started. It covered various aspects including moving and handling, medication and safeguarding”. Another member of staff said; “The induction covered everything I needed to support me. I was also given the opportunity to go and see the people I would be caring for which was very important”.

The staff we spoke with told us they were happy with the support and training they had available to them. We looked at the training matrix, which showed staff had undertaken a variety of courses including moving and handling, infection control, medication, safeguarding, MCA/DoLS and fire awareness. One member of staff told us; “All training is regularly updated. I am very happy with the training and support”. Another member of staff said; “Absolutely. I am happy with all aspects of my training and support. The manager is up to date with all the courses we need to do”.

We found that staff supervision was consistent. We looked at a sample of staff supervision records which suggested that they took place approximately every three months. This provided managers with the opportunity to evaluate the performance of staff, discuss any training requirements and offer any suggestions for areas of improvement. One

member of staff told us; “We have formal supervision on a regular basis but we are constantly supervised in other ways through various observations and spot checks done by the manager”.

The people we spoke with told us that before receiving any care, staff always asked them for their consent. People had also been able to sign their care plans stating that they were happy for their care package to commence. Additionally, people had signed their own service agreement which explained various processes in relation to medication, fees, confidentiality and terminating their care package. One relative said to us; “All the staff have worked very hard with mother to get her to take a shower but still ask for consent before doing so to check that it is what she wants”.

On the day of our inspection we were told nobody was at significant risk with regards to poor nutrition and hydration. However, people’s care plans covered ‘food preparation’ which provided guidance for staff to follow if people needed additional support at meal times. For example, some care plans stated how some people needed help with meal preparation, whether or not they could eat independently and that they would like to be offered choices of food by staff. One person said; “I am given choice on how things are done for me as well as my meals and what food I would prefer to eat”.

We saw that the service worked closely with other professionals and agencies in order to meet people’s care requirements where required. Involvement with these services was recorded in people’s care plans and included Dietitians, Chiropodists, District Nurses and Doctors.

Is the service caring?

Our findings

The people who used the service told us they were happy with the care and support they received. One person said to us; “The staff are very friendly and respect my dignity by allowing me to do as much as I can for myself when I am able to. They also provide me with companionship”. Another person said to us; “The staff are very friendly and make the effort to spend time talking with me”. A further person commented; “I am quite satisfied with everything”.

The relatives we spoke with were happy with the care being provided to their loved ones by staff at the service. One relative said; “The staff are very friendly and treat mum with dignity and respect. There are no staff that we do not like and they will talk to mum whilst carrying out tasks for her to explain what is going on”. Another relative said; “The carers are very friendly and treat my wife with dignity and respect when carrying out personal tasks for her. We have the same staff all the time who is a very experienced lady. This gives me a chance to go shopping and get other things done”. A further relative added; “Mum thinks all the carers are her friends. They treat her with dignity and respect. They also sing with her and she listens to the radio a lot with music being her favourite”.

During the inspection people who used the service told us they were treated with dignity and respect by staff. The staff we spoke with were clear about how to treat people with dignity and respect when providing care. One member of staff said; “Treating everybody individually is important when providing care”. Another member of staff said; “I

would always make sure people are covered up and would never deliver personal care in front of other people to respect their privacy”. A further member of staff said; “Simply asking people first shows respect”.

Whilst speaking with staff we found they were able to describe how they offered people choice and allowed them to retain as much independence as possible. One member of staff said; “We always offer people choice of what clothes they would like to wear or the food they would like to eat”. Another member of staff said; “One person usually wants to stay sat in the same room whenever we go to their house. But that is their choice and I respect that”. One relative also added; “Staff give mum choices and preferences to how things are done for her. They are not rushed when carrying out tasks and do not rush mother either”.

People said they could express their views and were involved in making decisions about their care and support. The service undertook reviews of people’s care requirements regularly to establish how people’s care packages had progressed and were conducted within people’s own homes. The reviews took into account people’s views of the staff, the care they received and any concerns they may have. Additionally, people were able to make further comments about any other aspects of their care. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. They were able to tell us about people’s preferences and how they endeavoured to ensure care and support provided was tailored to each person’s individual needs. This demonstrated a person centred approach to delivering care, with people who used the service at the centre.

Is the service responsive?

Our findings

Each care plan we looked at contained evidence that initial assessments had been completed prior to people's care package commencing. This enabled staff to gain an understanding of people's care needs and how they could best meet people's requirements. These covered areas such as people's current health, mobility and an overview of the care that people needed to receive.

People who used the service had a care plan that was personal to them. This provided staff with guidance around how to meet their care needs and the kinds of tasks they needed to perform when providing care. Copies were kept both at the head office and within people's own homes. During the inspection we looked at a sample of people's care plans and saw they were reviewed at regular intervals, or in line with any changes to people's requirements. One person said to us; "I have a care plan in place and it has been reviewed. My visits have been dropped from seven days a week to three days a week which was discussed during the review. We have completed a survey as well". A relative added; "My mother has a care plan which is reviewed roughly every 12 weeks. They are very good at ringing us up and we feel that we are part of their caring team".

We found that there was a continuity of care delivered and people told us that staff were responsive to their individual needs. One person said to us; "I am satisfied with the care I receive. I have the same core group of carers and they are my friends. They are usually on time depending on the traffic but will ring if they are going to be very late. They

spend the complete time with me and are never rushed. We also have some good conversations, especially this weekend being VE day as I was a bomber pilot during the war". Another person said; "I am satisfied with all the staff. They will also do other things for me if I do not feel well enough for my daily tasks to be carried out". A relative added; "We have the same staff all the time. They are on time, they do not rush my wife and are very patient with her"

We saw that surveys were sent to people who used the service and their relatives asking them for their views of the care provided. We saw that an overall analysis had been provided in response to feedback from people and how aspects of the service were to be improved as a result. One comment made on a survey stated; "Your Choice Homecare does what it says and more. We couldn't ask for better quality of care". Another stated; "Exceptional service provided. Much appreciated".

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care, although there had been no complaints made against the service at the time of our inspection. People told us that if they needed to complain they would speak with staff or phone the office. Additionally, the statement of purpose specifically addressed complaints and informed people what they needed to do. The service also collated various compliment cards. One of these stated; "A big Thank you for caring for my dad in such a sensitive way. He was able to maintain his dignity as a result".

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

The staff we spoke with felt that the service was both well – led and managed. One member of staff said; “The manager is super. She knows all the people in our care and therefore knows what they want”. Another member of staff said; “I can’t praise the manager enough for what she does. She is outstanding”. A further member of staff added; “The leadership is phenomenal. She constantly asks about staff welfare. Everything is spot on. Nobody works as hard”.

People who used the service and relatives spoke favourably about how the service was managed. One relative said; “Management are very good and will go the extra mile for my mother”. One person who used the service commented; “Management is very good”.

The manager and senior care staff undertook regular observations of staff delivering care. These observations covered infection control practices, record keeping, care delivered and medication. In addition to observations, quality assurance systems were further enhanced through regular spot checks. This focused on the appearance of people who used the service, checking staff followed the care plan and what communication was like when delivering care. These systems provided an opportunity for management to see how staff worked and if care was being delivered in line with people’s care requirements.

We saw that staff were given the opportunity to provide feedback and reflect on their work over the past few weeks or months. These were clearly documented and covered if staff were still enjoying their work, any further training or learning they needed and how they had made a difference as a result of the care they had provided. This meant that the manager was able to further monitor staff performance and could offer further help or support where required.

Team meetings were held at the service regularly. Topics of discussion included confidentiality, safeguarding, client records, training and continuous development. We saw staff had been able to offer their opinions at regular intervals about areas of potential improvement.

There were various policies and procedures in place at the service. These covered complaints, consent, infection control, safeguarding, fire, whistleblowing and home security. Staff told us they could were covered during induction and were available to look at during times when they needed to refer to them.

The manager regularly audited areas such as care plans and staff personnel files. This was to ensure all necessary documentation was present and that the required checks had been undertaken. We saw they addressed any areas where gaps had been identified or action needed to be taken.

We saw a newsletter which was sent to people who used the service and their relatives. This provided people with an update on the types of things currently going on in the service, anything that was going to change or any issue or announcements in relation to staff.