

Ur Choice Care Ltd

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Inspection report

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Ratings

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

Summary of findings

Overall summary

Ur Choice Care Ltd is registered to provide personal care to people who live in their own homes. There were nine people receiving personal care from the service when we visited. This comprehensive inspection took place on 4 August 2016 and was announced. It was carried out by one inspector.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 were knowledgeable about reporting any incidents of harm. There were a sufficient numbers of staff to provide the required care and recruitment procedures ensured that only suitable staff were employed.

There were effective procedures in place to ensure that people were safely assisted with their medicines.

The CQC is required by law to monitor the Mental Capacity Act 2005 (MCA). The provider was acting in accordance with the requirements of the MCA.. The registered manager demonstrated how they supported people to make decisions about their care and where they were unable to do so, there were records showing that decisions were being taken in people's best interests.

Staff were supported and trained to do their job and additional training was provided for people's specific care needs to be fully met. The staff were in contact with health care professionals to ensure that care and support was well coordinated. Risk assessments were in place to help ensure that care and support could be safely provided.

People were treated by kind staff who they liked. They and their relatives were given opportunities to be involved in the review of their individual care plans. People's privacy and dignity was respected and their support was provided in a caring and a patient way.

People were supported, where required, to ensure they ate and drank sufficient quantities and people were able to make choices about the meals and drinks provided.

Care and support was provided based on people's individual personal and social care needs.

There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

There were quality assurance processes and procedures in place to monitor the quality and safety of the service and people's care. People were able to make choices in relation to the support and care that was provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were aware of their responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's care needs.

People were appropriately supported with their medicines.

Is the service effective?

Good ●

The service was effective.

The provider had procedures and training for staff in place regarding the Mental Capacity Act 2005 (MCA) so that people were not at risk of unlawful restrictions being placed on them.

Staff were supported by the provider to carry out the expected care and support for people.

People were assisted with their healthcare and nutritional needs.

Is the service caring?

Good ●

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views about their needs.

Is the service responsive?

Good ●

The service was responsive.

People were involved in reviewing their care needs and this was

carried out on a regular basis.

Staff knew people well and responded to their individual needs.

People were aware of the complaints procedure and knew who to speak to about their concerns.

Is the service well-led?

Good ●

The service was well-led.

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to discuss their issues with the registered manager.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Ur Choice Care 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 was undertaken by one inspector and took place on 4 August 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office and we needed to be sure that they would be in.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we visited the service's office and looked at four people's care records and we visited three people supported by the service. We spoke with the registered manager, office administrator, two care staff and two relatives. We saw records in relation to people's support, the management of the service, the management of staff, recruitment and training records. We also spoke with a care manager, a district nurse and a commissioning officer from the local authority who had contact with the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, "The care staff are helpful and I feel safe when they are here." Another person said, "The staff help me with my tablets and having a shower and never rush me at all." A relative told us that the staff helped their family member at various times throughout the day and they had no concerns about the support being provided. Another relative said, "The care staff are lovely with my [family member] and I feel that they are in safe hands."

Staff were aware of their responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and told us that they would not hesitate in raising any incidents or concerns with the registered manager. We saw that the contact details for reporting safeguarding incidents to the local authority were available in the service's office. The staff we spoke with displayed a good knowledge of the safeguarding reporting procedures and one member of staff said, "I would never hesitate in reporting any incident or allegation of harm to my manager."

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Samples of risk assessments included people's mobility, environmental risks and supporting people with their medicines. We saw that the levels of support that people required with their medicines were recorded in their care plan. Where a person's relatives or the person administered their medicines this was also recorded. People told us that the staff always made sure that they administered their medicine as prescribed. "One person said, "They [care staff] always make sure I have my tablets and bring me a drink to help with swallowing them."

We saw that the registered manager conducted audits of medicines to check that all prescribed medicines had been accurately recorded and administered. We saw that the service was also in contact with relatives and people's district nurses and GP's where any changes had been made such as to people's skin care.

Staff told us that they had received training in administering medicines which included a competency test to check their understanding and ensure safe practice was adhered to. We saw a sample of training records which confirmed this to be the case. The registered manager told us that additional training would be given to staff if their competency needed to be improved before they continued to administer medication.

People said that there were always enough staff available to them to safely provide care and support. People told us that staff were available to them during the day to assist them with their personal care and discuss their issues or concerns. People told us that they knew which staff would be visiting to assist them with their personal care needs.

We saw that effective recruitment procedures were in place to ensure that only staff who were suitable to work with people who used the service were employed. We saw that satisfactory recruitment checks had been carried out and included completed application forms, two references, and proof of identity, and a satisfactory Disclosure and Barring Service check (DBS).

The registered manager told us that any gaps in employment were pursued during the person's interview. The registered manager also confirmed that all recruitment checks were completed before care staff commenced working with people and provided them with care.

One member of staff we spoke with told us that their recruitment had been effective and had to complete an application form and provide references and have a DBS check. They also said that they had received an induction. They also told us that they had felt supported had completed shadow shifts with the registered manager before confidently working on their own to ensure people's safety.

Is the service effective?

Our findings

People spoke positively about the staff who supported them and they were satisfied with the care and support they received. One person told us, "The staff help me with getting a wash and a shower and making my lunch and always offer me a choice – they [staff] are really lovely." A relative we spoke with was positive about the care provided and had observed staff to offer choices and ensure that it met their family member's needs.

The registered manager confirmed there was a programme to make sure training was kept up to date. Training records showed, and staff confirmed that they received regular training throughout the year. Examples of subjects covered included; safeguarding, dementia awareness, infection control, moving and handling, MCA, health and safety, first aid and administration of medicine. Staff we spoke with confirmed that they were completing a the Care Certificate (a nationally recognised qualification for care staff) One member staff had recently completed the diploma in health and social care and they said, I am really proud of receiving my diploma and [registered manager] has been very supportive with this. "

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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 when this is in their best interests and legally authorised under the MCA. The registered manager confirmed and we found that no one receiving the service was subject to any restrictions on their liberty.

The provider had procedures in place in relation to the application of the MCA. The registered manager and the staff were knowledgeable about these. Staff we spoke with confirmed that they had received MCA training. The manager and staff were knowledgeable about the situations where an assessment of people's mental capacity could be required. At the time of our inspection all of the people who were using the service had the capacity to make informed decisions for themselves either with, or without, support from staff. The registered manager was also aware of the relevant local authority contact details and reporting procedures should a person's mental capacity to make certain decisions about their care change. What did people tell you about choices they could or couldn't make?

Training was monitored by the registered manager to ensure that staff remained up to date with refresher training booked on an ongoing basis throughout the year. This was confirmed by staff and in the training records we were shown. Staff we spoke with told us they had received regular supervision from the registered manager and had also received an annual appraisal. Staff told us that they felt well supported by the registered manager and by their other staff colleagues. Staff were made aware of the service's policies during their induction so that they were aware of their role and responsibilities. One member of staff said, "We work well together and I feel very supported by my manager." This showed that there was an effective system of training and support for staff.

We found that assessments of people's nutrition and any dietary needs and food preferences had been completed as part of their support needs. People told us that the staff assisted them with their meals, daily routines and some shopping. The staff also encouraged healthy eating choices as much as possible. During our inspection we saw that staff assisted people with drinks and snacks and discussed their choice of meal at teatime.

People were assisted, where necessary, to access healthcare appointments including visits to the local surgery. We spoke with a healthcare professional who had contact with the service and they said that they found the service was responsive to advice given and that communication had been good.

Is the service caring?

Our findings

People that we visited confirmed that the staff were kind and caring. For example, one person said, "They help me with what I need [and] ask me if there is anything else I want to before they leave and make sure I am comfortable." A second person said, "They [staff] help me with getting washed and dressed and assist me to bed." A relative said, "The staff are excellent and have been really kind to my [family member] and they are really settled and happy." We observed that there were friendly, respectful and cheerful relationships in place between staff and people they were providing care for. One member of staff said, "I try my best to give the best possible care and help people to be independent as possible and be able to stay in their own home." A third person said, "They [staff] are very good and speak to me respectfully and I have no concerns about the support I receive – the manager came to introduce new staff so that I would know them when they came to support me."

We saw staff providing reassurance and talking to people in a kind and attentive way. One person said, "They [staff] assist me with my personal care and help to keep my flat tidy which is a great help." Another person told us that they had been involved in discussing their support they needed?

Observations we made and people we spoke with told us that care staff respected their privacy and dignity. People told us that they usually had the same care workers providing care and support and usually knew in advance which staff would be visiting them. People confirmed that care staff turned up on time and that if they were running late they were contacted by phone to advise them when they would be arriving. People and their relatives said that care calls had never been missed. Members of staff described the aims of people's support in enabling them to live as independently as possible and have a good quality of life. One member of staff said, "It is good to help people remain in their own home and remain independent." Another member of staff said, "Every day is different and I love supporting people."

Care and support plans reflected people's wishes and preferences and how staff should support them. We saw that the registered manager had taken steps to ensure, as much as possible, to meet people's individual preferences regarding whether they wished to be supported by male or female staff. One person told us that where they had preferred to have a different care staff to visit them, their preferences were responded to. We observed conversations between staff and people using the service and there was a positive and caring attitude towards people in place.

People told us that staff had taken time in talking with them about things which were important to them in a respectful way. It was evident that there was a good rapport between staff, the person receiving care, and their relatives. Discussions with staff during the inspection showed that they had a good understanding about individual's care and support needs. It was evident from discussions with healthcare professionals that there was a close and good contact with the service to ensure that people's care and support was well coordinated.

Records showed that staff received training as part of their induction about how to promote and maintain respect and equality and diversity and meet people's needs in a caring and supportive manner. The staff we

spoke with displayed a great deal of warmth about their work and the care they provided for people. One member of staff said, "I really love my job and we try our best to provide the best possible care." People met told us that the staff were very helpful and kind to them.

The registered manager told us that no one currently had a formal advocate in place but that local services and their contact details were available as and when required. We saw that relatives had regular contact with the service and were involved in the planning and reviewing of their family members care and support where appropriate.

Is the service responsive?

Our findings

All of the people we spoke with, and their relatives, told us they were involved in planning their care and support and were able to make changes when necessary. For example, one relative said, "They [the staff] always let me know of any changes to my {family member's} care and support." Another relative said, "My [family member] has really made progress and is able to happily live independently with the support of the staff."

People said they were able to choose the care workers they preferred, their preferred time of care and what was important to them. This included likes and dislikes such as the meals they preferred and assistance with their daily routines. One person said, "The staff are good and I see them every day to help me out." The registered manager told us that the service only provided care where the service had capacity to do this and reliably and effectively ensure people's needs were met. We saw that the service carried out assessments prior to providing care to people and we saw examples during our inspection of assessments in people's care plans. This was confirmed by healthcare professionals we spoke with who were in contact with the service.

We found that assessments of people's needs had been carried out by the registered manager prior to people using the service. People's preferences were recorded regarding their history care and support needs, likes and dislikes and meal choices to aid staff's understanding of each person. We saw that the service had also received detailed assessment referrals from the local authority regarding the care that was required. These were used to formulate the support plan and outline the care which was to be provided.

People's care plans contained guidelines that were in place for each visit so that care staff were clear about the care and support that was to be provided. We saw details in place regarding the person's personal preferences as to how care and support should be delivered. People told us that where they were assisted with their meals the staff had always asked them about their individual preferences. Times of the day for each visit were recorded as well as the expected length of time care staff would stay during the visit. We saw however, that two care plans were in an older format and there were less detailed guidelines regarding the care to be provided. The registered manager was updating these care plans to give more detailed guidelines that we saw in other care plans.

Examples of care and support that people received included assistance and prompting with personal care, preparation of meals, administration of medicines and household chores. We saw that there were agreements in place, signed either by the person or their representative, regarding the care and support to be provided. Staff we spoke with were knowledgeable about the expected care people required and were able to give examples about the varying types of care that they provided to people. For example, assisting people with washing and dressing, preparing meals at lunch and teatimes and assisting and administering people's medicines. Care was provided based on people's individual needs and helped reduce their sense of social isolation. One person said, "I look forward to my carers coming to help me and we have a chat and a laugh and joke together."

People were treated as individuals because of the small team of staff and the continuity of people's care. One member of care staff said, "People like to have the same staff so we get to know people and they get to know us." People and relatives told us that there were usually the same staff members who provided the care. Daily notes were completed by care staff detailing the care and support that they had provided during each care visit and we saw samples of these notes, People we spoke with confirmed that they read the daily notes and that they accurately reflected the care that staff had provided.

We saw that there were reviews of the care plan with people and their relatives where necessary to ensure support was kept up to date and met the person's needs. One person said, "I meet with the staff and [registered manager] to review how things have gone and change things when I want." We saw samples of reviews completed regarding the care and support that was being provided. Additional information was included in support plans such as where a person received specific personal care such as with showering was recorded. We also saw that reviews from care managers from the local authority involving the person and staff from the service had taken place.

People we spoke with felt able to raise and discuss their concerns at any time with care staff, and with the registered manager. One person said, "If I have any concerns I speak with the staff and [registered manager] and we sort things out." People and their relatives said that whenever they had raised any concerns and they had dealt with in a timely and professional manner.

A copy of the service's complaints procedure was included in people's information packs. The registered manager told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. All complaints were recorded and we saw samples of correspondence which confirmed that concerns that had been raised had been satisfactorily resolved.

Is the service well-led?

Our findings

People told us that they had regular contact with members of staff the registered manager and knew who to contact if they wished to discuss any concerns or issues about the care and support being provided. One person commented, "I can always speak to the managers and staff about any concerns I may have."

We saw that there was regular contact with people and their relatives to gauge satisfaction with the services being provided. Quality assurance satisfaction surveys were sent to people who used the service to gain their opinions regarding the care provided. We saw the returned 2015/16 surveys received from people using the service. These contained positive comments about the care and support that was being provided. Information people provided in their surveys told us that the registered manager obtained people's views about their care. One person said, "I filled a form in and was asked questions [about my care]." The registered manager told us that people's views were regularly obtained during reviews of their planned care and records we saw confirmed this to be the case.

The registered manager demonstrated that they understood their roles and responsibilities and the staff we spoke with told us that they felt the service was well managed. For example, the registered manager was aware of the notifications they needed to send to the CQC in the event of people being placed at the risk of harm. Staff said they felt supported and that they were able to raise issues and concerns at any time. They also said they felt supported by the registered manager at all times, including during out of business hours. One member of staff told us, "The staff work well together and I feel that I am supported." Another staff member told us that, "My colleagues are helpful and very supportive."

There was an open culture within the service. Staff told us they enjoyed their work and working for the service. Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. One member of staff said, "I feel that I would be confident in reporting any concerns to my manager and that I would be protected if I did." This showed us that there were systems in place to keep people safe.

The registered manager regularly considered the quality of care the service provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals and whose views were sought regularly. We saw records of unannounced checks of staff's competence that were undertaken by management staff to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with. This showed us that the registered manager was proactive in identifying any issues or concerns before they became a problem.

We saw that the registered manager monitored and audited key areas of the service. These audits included observations of support being provided, care and support records, reviews of care, and discussions with people and their relatives. Audits also included those for complaints and concerns, staff recruitment, training and health and safety arrangements.

The registered manager and care staff worked in partnership with other organisations and this was

confirmed by comments from health care professionals we spoke with. These included a district nurse, care commissioning officer and a local authority care manager who had regular contact with the service. Comments were positive and they felt that any concerns and issues were proactively and promptly dealt with and that communication and queries with the registered manager were responded to in a proactive and professional way.

The service was also a member of the 'Trusted Trader' directory via Norfolk County Council where members are assessed by their own customers, through a system of surveys. We saw samples of these surveys and comments which were positive about the services provided. This showed that the service was proactive in receiving comments about the care and support they provided in a variety of ways.