

Mychoice Homecare Limited

My Choice Home Care

Inspection report

5B Medomsley Road
Consett
County Durham
DH8 5HE

Date of inspection visit:
09 June 2016
10 June 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 9, 10 June 2016. The inspection was announced as My Choice Homecare provides domiciliary care to people in their own homes. We gave the service 24 hours' notice to make sure there was someone at the office for the time of our inspection.

My Choice Homecare is a domiciliary care service that provides personal care and support to older people and people living with dementia. The service covers the Consett area of County Durham and at the time of our inspection the service supported 51 people.

At the time of our inspection the service had a registered manager in place. 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.

At the time of our inspection the registered manager was unavailable due to ill health and the inspection was carried out with the deputy manager.

We spoke with care workers who told us that the registered manager and deputy manager were always approachable. We spoke with people who used the service on the day of the inspection and their relatives who also told us the registered manager and deputy manager were always supportive, accessible and open. We looked at staff training and found that not all staff had the same amount of training and some staff had gaps in their training records.

Staff had received a recent appraisal but no regular supervisions were carried out or planned in accordance to the services policy.

We saw that people's prescribed medicines and topical medicines were recorded when administered. We looked at how records were kept and spoke with the deputy manager about how staff were trained to administer medicines. We found that the medicine administration, recording and auditing process was safe; however the auditing system needed strengthening.

From looking at people's support plans we saw they were person centred. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes and needs and choices are taken into account. The support plans described individual's care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the registered manager.

People who used the service received person centred support and their individual needs were respected and valued.

Individual support plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care

professionals where necessary. For example, the mental health team, GP or care manager.

Our conversations with people who used the service and their relatives showed us that people who used the service were supported in their own homes by sufficient numbers of staff to meet their individual needs and wishes.

We looked at the recruitment process and found that relevant checks on staff took place and this process was safe. People who used the service were matched with staff according to preferences and interests as part of the recruitment process.

People where possible were encouraged to participate in activities that were personalised and meaningful to them. People were supported regularly to play an active role in their local community, which supported and empowered their independence including accessing local facilities.

We saw a compliments and complaints procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed them.

We found the service had been regularly reviewed through a range of internal audits. We saw action had been taken to improve the service or put right any issues found. We found people who used the service, their representatives and healthcare professionals were regularly asked for their views about the service via surveys.

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. Any applications must be made to the Court of Protection. At the time of this inspection applications had been made to the Court of Protection and several others had gone through the process.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not always safe.

The service didn't have sufficient fire safety procedures in place or individualised risk assessments in place for people who used the service for fire safety.

The service ensured the safe management of medicines.

There was sufficient staff to cover the needs of the people safely in their own homes.

People who used the service knew how to disclose safeguarding concerns, staff knew what to do when concerns were raised and they followed effective policies and procedures.

Requires Improvement ●

Is the service effective?

This service was not always effective.

Some staff training was out of date or not completed.

Staff didn't receive regularly supervisions.

People could express their views about their health and quality of life outcomes. These were taken into account in the assessment of their needs and the planning of their care.

The service communicated well with other healthcare professionals and people were supported to access other healthcare services.

Requires Improvement ●

Is the service caring?

This service was caring.

People's independence was promoted and people were supported with this.

People were treated with kindness and compassion.

People had the privacy they needed and were treated with

Good ●

dignity and respect at all times.

Staff were knowledgeable about advocacy and people had access to advocacy where needed.

Is the service responsive?

Good ●

This service was responsive.

People received person centred care and support in accordance with their preferences, interests, aspirations and needs.

People were supported to take part in meaningful activities and to be part of their local community.

People knew how to complain if they needed to and policies and procedures were in place to support this.

Is the service well-led?

Good ●

This service was well led.

The service had a registered manager in place.

There was an open culture with an emphasis on fairness, support and transparency. Staff were supported to question practice and those who raised concerns were protected.

There was a clear set of values that included personalised approaches to support.

There were effective service improvement plans and quality assurance systems in place to continually review the service.

My Choice Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9, 10 June 2016 and was announced. The inspection team consisted of two Adult Social Care Inspectors. At the inspection we spoke with the deputy manager, senior staff and four support workers.

During the inspection we spoke with five people who used the service and four relatives both in the office and via telephone calls.

Following the inspection we also spoke with two members of the social work team who both worked alongside the registered provider to support the people who used the service. They were both complimentary about the service and had no concerns.

Before the inspection we checked the information that we held about registered provider. For example, we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service, including commissioners, and no concerns were raised.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

The registered provider completed a provider information return (PIR) prior to our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning our inspection.

We also reviewed; six support plans, three daily records, staff training records, five staff recruitment files,

medicine administration records, accident and incident reports, safety certificates, internal communications, quality surveys and records relating to the management of the service, such as audits, policies and minutes of team meetings.

Is the service safe?

Our findings

People who used the service told us they felt safe having the registered provider supporting them in their own home. One person told us "I have sight and mobility problems and the staff know how to support me safely. When we go out I link arms and they help me." Relatives told us they were happy and they felt their family members were safe and they told us; "Yes they are safe they support [name] to use the stairs safely they are always right there supporting them." Another told us "The staff always make sure that food is served at the right temperature and warn [name] if there are any risks."

We saw that fire safety procedures covered evacuation plans for when staff were working in the office but not for when they were working in a person's home in the community. Fire safety plans should provide staff with information about what actions they need to take in the event of a fire or emergency in a person's home. When we asked staff they were not able to explain what the procedure was. One member of staff told us, "We don't have anything in place to follow if there was a fire in some one's home, I would just call 999. Some people we support need two to one support with moving and I'm not sure what I would do if I was on the call on my own." When we spoke with the deputy manager they confirmed that they didn't have personalised evacuation plans in place or guidance for staff. They confirmed that they needed to incorporate this within their initial assessment of people, the staff handbook and within their fire safety policy and assured us that this would be acted upon immediately.

This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we were unable to observe medicines being administered in people's own homes, but could see from people's care plans how they were administered and recorded. We looked at the Medicines Administration Record (MAR) sheets. We found some omissions within the MAR sheets and it was unclear if medicines had been missed or refused. When people were prescribed topical creams these were administered and recorded clearly. When we spoke with the deputy manager about the medicines and the omissions they told us that they checked the MAR sheets on a four weekly basis. They showed us recorded evidence of how staff alert the office if they find an omission within the medicines. The deputy manager agreed that they needed to improve their auditing tool and targeting medicines within their spot checks. We saw that these issues were identified within their service improvement plan.

We looked at what was in place for people who needed PRN medicine (as and when required) and we found that people had procedures in place within their care plans and these were readily available.

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. The staff members we spoke with were aware of who to contact to make referrals or to obtain advice from. Staff had attended safeguarding training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "Any concerns like that we call the office we have a named person who is the safeguarding lead." We saw in their records that safeguarding had been reported appropriately using the Durham County Council safeguarding assessment process that helps the reporter to assess the risks involved.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to people's needs, such as taking medicines independently. Individuals had personalised risk assessments to suit their needs and to enable them to take risks safely.

We looked at the arrangements that were in place for recording and monitoring accidents and incidents and preventing the risk of re-occurrence. The manager showed us the recording system and we saw actions had been taken to ensure people were immediately safe.

During the inspection we looked at the recruitment policy and five staff files that showed us that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, and two previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

People were supported by the right amount of staff to meet their needs. During our inspection we looked at staffing and could see in peoples support plans where people needed one to one for outings or more support for personal care or moving and handling. When we spoke with the manager they told us how they managed this and how they ensured there was enough staff to meet people's needs and they told us; "We agree what is needed from their social workers assessment and our initial assessment." One relative told us; "We have enough hours and the right amount of staff to always meet [names] needs."

We found there were effective systems in place to reduce the risk and spread of infection and staff were trained and aware of the importance of infection control. One member of staff told us; "We have training on hand washing and any protective aprons or gloves we need we can have as much as we need, we tend to keep supplies in our cars and always in our pockets."

Is the service effective?

Our findings

We looked at staff training and competencies within their training records. We could see that a number of staff member's core training had expired or not taken place. These included; medicines, safeguarding, mental capacity act and moving and handling. This meant that staff training was not sufficient. When we raised this with the deputy manager they told us that training was an issue that they knew about and were working within their service improvement plan to improve it.

When we looked at the staff records we could see that staff appraisals had been recently introduced but there were no Individual staff supervisions taking place on a regular basis. Some care staff hadn't had any or some had attended only two in a three year period. Supervisions are one to one sessions with the registered manager or their supervisor to offer one to one support for staff and a chance to identify any issues or address performance issues or training needs. The policy for supervisions stated that staff would have one appraisal and three supervisions per year. When we asked staff they told us they didn't have any. This meant that the staff team was not given supervisions to support them to carry out their role effectively.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For any new employees, their induction period was spent training for three full days and then two weeks shadowing experienced members of staff, to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role.

Following the initial induction period staff were then entered into an NVQ (National Vocational Qualification) in care. When we looked at the staff induction paperwork it was unclear what the induction covered. When we asked the deputy manager why they didn't make use of the care certificate induction training for new staff they told us; "We make sure that the new starters complete the first ten units within their NVQ that are the same as the care certificate." They then showed us the induction training that covered a range of learning including; moving and handling, safeguarding, health and safety, dementia awareness, mental capacity act and infection control. The deputy manager assured us that they were making improvements to the induction paperwork and showed us this within their service improvement plan.

We looked at staff meeting minutes. We could see that staff discussed the support they provided to people in their homes and guidance was provided by the manager in regard to work practices. Opportunity was given to discuss any difficulties or concerns staff had. We could see from the minutes that these meetings were not regular. One staff member told us, "I don't ever go to the meetings; I can just call in when I need to know anything." Another told us "I've been to one before but not in a long time." The deputy manager told us that team meetings were planned and it was sometimes hard for staff to attend.

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. Any applications must be made to the Court of Protection. At the time of this inspection one application had been made to the Court of Protection and two people who used the service had been through the court of protection for their finances.

When we asked deputy manager about the MCA process they were knowledgeable but hadn't taken the lead in the process as this had been led by the mental health team supporting the client. When we asked staff members about their understanding of MCA and the court of protection we received mixed responses. One staff member told us; "I covered the mental capacity act within my NVQ and I know to risk assess so nothing is left out. Some people have dementia but are still OK and I always give them choices."

When we looked in peoples support plans we could see that people with special diets were supported. People were supported by the speech and language team and their assessments were clear. Staff we spoke with gave us an example of how they supported one client with their special diet needs following guidance and how their food had to be a syrup texture. One relative we spoke with told us; "I plan a menu with [name] every week and the staff help with this. Sometimes [name] will want something completely different and that is never a problem the staff will help to find something else."

We saw records that showed the service ensured people's well-being was maintained. Each person's care plan detailed information regarding their healthcare needs. When we asked the deputy manager about what a person would need if they were admitted to hospital and they told us that they would take the care plan with them.

All contact with community professionals that were involved in care and support was recorded including; the dentist, chiropodist, district nurse team and GP. Evidence was also available to show that people were supported to attend medical appointments.

We saw from the support plans that people were supported to access other healthcare professionals including; GP, community nursing teams, speech and language therapy team (SALT) and social work team. Staff had good working relationships with these professionals. When we spoke with a member of the social work team they told us; "No problems working together and in fact the service and the staff team are thought of very highly within the social work team."

Where possible, we saw that people were asked to give their consent to their care and we could see in peoples support plans that they had been involved in the development of the plan and in some plans they or a relative had signed them. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

Is the service caring?

Our findings

When we spoke with the people who used the service and their relatives 100% they told us staff were caring and supportive and helped them with day to day living. One person who used the service told us; "All of the staff are really helpful and friendly and very professional." Another told us; "The staff are great they know what I like." Relatives told us; "The staff are so reliable, it gives me peace of mind." And "[name] knows all the carers really well now and treats them as friends and finds them really good company."

We observed the staff interacting with the people who used the service at the office. The atmosphere was relaxed and staff and people were comfortable with each other; interacting with the people who used the service in a positive and encouraging manner. One person who used the service told us; "The support from the office staff the carers is good and I now confidentiality is always there."

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at home at all times and told us that this was an important part of their role. One relative told us; "The staff are so careful to respect [names] dignity. [Name] wouldn't receive support at first with personal care but now does because it's done in such careful way that [name] doesn't mind."

People who used the service were supported to be independent as much as possible and people who used the service told us; "The staff don't do everything for me if I can do it myself they let me." One relative told us; "The staff help [name] to walk, they help as much as possible to feed themselves too within their capability."

One social worker we spoke with whose client used the service told us how they felt the staff was caring and they told us; "My client always says nice things about the staff and they tell me that the staff never make them feel rushed. They take their time in what they do for them. I think the staff attitude is good."

When we asked the deputy manager about advocacy for people who used the service they told us; "If someone needed advocacy support we would get in touch with their social worker, we have supported people who have had them in past, most people we support have their family to support them with advocacy." When we spoke with staff members, they were knowledgeable about advocacy. This meant that the service respected people's rights and choices.

At the time of our inspection no one was receiving end of life care, but the manager was able to tell us what they had in place and discussed a recent person's experience. They told us; "We have recently supported a person to be at home at the end of their life to enable them to stay at home as they wished."

Is the service responsive?

Our findings

On the day of our inspection we were able to speak with people who used the service. They told us that they were supported in a person centred way. One person told us; "When I go out with my support to the cinema or to a restaurant my support sticks up for me. It happens a lot, people don't talk to me they will speak to my support. My support are good and they tell people who do this to speak to me instead, they say 'don't speak to me ask [name]' I think this is good and it is important for me to have a support worker who sees me as a person."

The care plans that we looked at contained personalised risk assessments and daily routines. They had some person centred information but were mainly focused on care tasks. 'Person-centred' is about ensuring the person is at the centre of everything they do and their individual wishes and needs and choices are taken into account. The care plans gave limited details of the person's likes and dislikes but it was clear from speaking with staff that they understood people's preferences from getting to know them. When we discussed this with the deputy manager they told us they would introduce a one page profile to give a more person centred description of a person and their care needs.

When we spoke with people's who used the service and their relatives about how people were supported to take part in activities and be part of the community they told us; "Where ever I want to go and whatever I want to do they help me do it." another told us; "We go out to the local shops, they take me shopping and they help me on the bus."

One of the social workers we spoke with commented on how they had found the service to be responsive and they told us; "They are definitely person centred and very responsive to my client's needs." Another social worker told us; "The staff are person centred they offer my client choices they plan with them what they want to do and support them to go out and take part in activities and planned outings in the community. They also support family members to access respite services."

From speaking with people who used the service we were able to establish that staff enabled people to maintain their choices, wants and wishes. One person who used the service told us; "My support staff help me rather than take over, they don't over support me and do things for me, they always see what I want to do and let me choose."

People who used the service were not directly involved in the recruitment process for new staff. However people were asked what type of carer they preferred and were matched to care staff that had similar interests. The deputy manager gave us an example of how they aim to build the right staff client relationship, they told us; "We supported a client with dementia get the right staff. We worked together with the Alzheimer's society and had taster sessions with the client and their family with the proposed staff members. From these sessions we could see how the client reacted to the different carers. They loved crafts, going for walks, charity shops and animals. We built a small team up from this using the carers that the client engaged with the most." They also told us; "We have no problem changing staff for people if it doesn't work out, not everyone can along."

The service had a compliments and complaints procedure in place and the deputy manager and staff were able to demonstrate how they would follow the procedure and deal with complaints. When we asked staff if they knew how to make a complaint they told us; "Yes I would ring the office." When we asked people who used the service one person told us; "Yes I'm aware of how to complain, but I've never had to." We also asked relatives if they were aware of how to raise any complaints and one relative told us; "I've never had to complain, but I would just call the office if I needed to." This showed us that people who used the service, their relatives and staff knew the complaints procedure.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. There was a manager in place who was managing the service and was competent and experienced to manage the service effectively. We carried out our inspection with the deputy manager as the registered manager was not available due to ill health. One person who used the service told us that their experience of the manager and the deputy manager had been positive and they told us; "The management is really good if I want to talk to staff or the manager I can about any issues."

During our inspection we could see that the deputy manager knew each client and could tell us all about them and their needs from getting to know the clients and from carrying out the initial assessments this showed us that the manager was knowledgeable of the clients the service was supporting. When we spoke with one of the social work team they told us "The management team are very approachable and hands on."

Staff and relatives told us that they were supported by the registered manager and the deputy manager. We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. One relative told us; "The management is strong." and one member of staff told us; "I feel I am really supported by the management, I can call into the office for a cuppa and a chat about issues whenever I want and I do."

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The deputy manager told us; "Our aim is to provide quality care that meets the needs of our clients to be flexible and good quality."

We saw up to date evidence of quality checks carried out by the registered manager, which were recorded. Spot checks were carried out three to four times a week and staff and clients were selected at random. On the spot check the call prompt list would be followed to ensure tasks had been carried out and feedback gathered from clients.

Staff members we spoke with said they were kept informed about matters that affected the service by the registered manager. They told us staff meetings took place but not on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm this. Staff we spoke with told us the manager was approachable and they felt supported in their role. One staff member said, "I don't come to staff meetings but I call in the office whenever I want and can speak to the manager at any time."

We saw how the registered manager and deputy manager adhered to company policy, risk assessments and general issues such as, accidents and incidents. We saw analysis of incidents that had resulted in, or had the

potential to result in, harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

During our inspection we saw that the service carried quality assurance through carrying out regular surveys with the people who used the service and their relatives. The most recent surveys had been returned in May 2016 and we looked at the feedback that contained positive feedback.

Complaints were managed, monitored and clearly recorded by the manager. We saw the most recent monitoring of complaints and we could see that there had been one recent complaint made and from the records we could see how that complaint had been responded to and the outcomes were recorded appropriately. Staff, relatives and the manager were knowledgeable of the complaints procedure.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation, good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. This showed us how the service sustained improvements over time.

We found the registered provider reported safeguarding incidents to the local authority and notified CQC of these appropriately. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service didn't have individual risk assessments or procedures for staff to follow to protect people from fire risk.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not supervised or trained effectively to carry out their role.