

Ur Choice Care Ltd

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Inspection report

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Date of inspection visit:
17 June 2019

Date of publication:
05 July 2019

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

About the service

Ur Choice Care Limited is a domiciliary care agency that provides care and support to people living in their own homes. At the time of this inspection the service was providing support to 17 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe using Ur Choice Care Limited. They told us they received continuity of care as the same staff assisted them at the time agreed. They did not feel rushed and they had confidence in the staff that supported them. The risks to people had been identified and managed and staff's knowledge of this was good. People received their medicines as prescribed and were protected from the risks associated with infection. Staff had been safely recruited and there were enough of them to meet people's needs safely and effectively.

Positive outcomes were achieved for people. This was because staff were skilled, had been trained and supported and understood their roles. Staff told us they were happy in their work and people agreed that staff were friendly and engaging which had a positive impact on them. People's nutritional and healthcare needs were met, and staff supported them to achieve this. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People described a staff team that were kind, considerate and compassionate. They felt comfortable with those that supported them and had built trusting relationships with them. Staff understood the need to maintain people's dignity, privacy and independence and supported them to do so. People were partners in their care delivery and were involved in the planning of it. Staff took their lead from those they supported and were flexible in their approach.

Through person-centred care planning, people's needs were met in an individualised manner. Preferences were adhered to and people received care that was personalised to them and those important to them. Care needs were reviewed regularly and as required and changes made as needed. People with specific communication needs had information in their desired method. The service had a complaints policy in place however people told us that the service was good at rectifying concerns should they arise.

The service was well managed by a registered manager people described as involved, engaged and supportive. Morale amongst the staff was good and effective team work was evident. The monitoring of the service was ongoing and achieved via several effective methods. The registered manager had developed strong relationships with other professionals. Registration requirements were mostly met however we have

made a recommendation about events the service is required to tell us about by law.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published on 31 August 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Ur Choice Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 June 2019 and ended on 19 June 2019. We visited the office location on 17 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and eight relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, one senior care worker and three care workers.

We reviewed a range of records. This included four people's care records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and continues to be rated as good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The people we spoke with told us they had no concerns regarding safety. One person said, "I'm very, very pleased [with the service] and very safe." A relative told us, "[Person] is very safe with just everything the carers do."
- Staff had received training in safeguarding people and, through discussion, demonstrated they understood symptoms of abuse and how to report any concerns. They had confidence that the service would act appropriately to concerns. This was evidenced by the records we viewed.
- All staff had a safeguarding application on their mobile phones meaning they had information available to them at all times.

Assessing risk, safety monitoring and management

- The risks to people in relation to the care they received had been identified, assessed and mitigated by the service.
- People gave us examples of where staff had acted promptly and appropriately to manage risk. This included staff performing emergency first aid and, for one person, the identification of a hospital prescribed medication that they were allergic to.
- An assessment tool was used for each person and this gave staff an overview of the associated risks and the support required to mitigate those risks.
- An environmental risk assessment was also completed for each person to ensure their and the staff member's safety. A personal emergency plan was also in place in the event the person's home needed to be evacuated due to fire or another emergency.

Staffing and recruitment

- People told us staff arrived on time and stayed for the allocated amount of time. People did not feel rushed and told us that staff had enough time to meet their needs. They told us they saw the same carers to aid continuity of care.
- Staff agreed that they were given enough time to meet people's needs and provide a person-centred service.
- Missed calls to people were rare and, should staff be running late due to traffic for example, people were made aware of this.

Using medicines safely

- People received their medicines as prescribed and as per good practice guidance. People told us staff were effective at administering their medicines.
- Staff had received training in medicines administration and had their competency to do so regularly assessed. They were able to tell us what action they would take should a medicines error occur that demonstrated knowledge and safety for the person.
- Medicines administration was audited by the service to ensure good practice and identify any concerns or errors.

Preventing and controlling infection

- Systems were in place to protect people against the risks associated with infection.
- People told us staff wore personal protective equipment when assisting them with personal care. One relative told us the staff were, "Always clean."
- Staff had received training in infection prevention and control including effective hand washing.

Learning lessons when things go wrong

- The registered manager was transparent when things went wrong and used incidents to improve the service.
- Staff told us they received regular communication from the service about incidents and reflected learning.
- There had been few accidents or incidents, but a policy was in place to address them should they occur. Where medicine errors had occurred, we saw that these were investigated, and actions taken to mitigate the risk of future occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and continues to be rated as good.

Good: This meant people were safe and protected from avoidable harm.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's experience of using the service was good and resulted in positive outcomes. One relative told us, "Carers are good, and they make a nice cup of tea, [relative] loves it and they sit and chat which means a lot [to relative]." Another relative explained how their family member's confidence had grown through the interactions with the staff and the service they received.
- The service assessed people's needs prior to using the service to ensure these could be met. All aspects of their physical and mental health were assessed and considered in the care planning process. For example, for one person, the service had acknowledged the need for trusting relationships to be developed between them and the care staff before personal care could be delivered.
- The service based their policies, procedures and working practices on relevant legislation and evidence-based guidance and this was evidenced on inspection.

Staff support: induction, training, skills and experience

- People had confidence in the staff that supported them and told us they were competent in their roles. One relative told us how staff encouraged and prompted their family member in day to day tasks. They went on to tell us how effective the staff had been at managing their family member's pressure areas.
- Staff told us they felt supported, well trained and part of a mutually respectful staff team. This had benefited those that used the service. A person told us, "They [staff] look after me and they are very good at it." One relative said, "Staff are good, and seem very skilled."
- The registered manager had nurtured a supportive and communicative environment where learning was ongoing and achieved in several ways. For example, group and individual supervisions took place on a regular basis, meetings were held, and staff received updates via email. In addition, staff were supplied with applications on their mobile phones that gave them access to instant information and guidance should they need it.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. People told us they were encouraged to eat, and staff assisted them as required.
- Where people required assistance with eating and drinking, we saw that detailed, person-centred care plans were in place for this.
- For one person who had their nutrition supplied via a tube directly into their stomach, staff had received training in this. We saw that nutrition was given as prescribed by the health professional.

- From the care plans we viewed we saw that people's food and drink preferences were considered and staff supported people as required. For example, staff assisted one person to shop for groceries and encouraged them in healthy eating.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager had developed positive relationships with other professionals and understood the importance of this for achieving good outcomes for people.

- We received consistently positive feedback from other professionals who worked with the service regarding the outcomes for people. They described the service as proactive and one professional explained the effective care the service provided to a person with complex needs.

- From the records we viewed, we saw that prompt and appropriate referrals were made to other agencies as required. For example, the local authority safeguarding team and district nursing team. People also confirmed that staff sought medical assistance as and when required.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- The service was compliant with the MCA. No applications had been made to the Court of Protection for people who used the service.

- People told us that staff gained their consent before assisting them and that they were in control of the care they received. They told us they were supported to make decisions. One relative told us, "Staff ask permission before doing anything. [Staff member's name] gets down face to face and asks, 'shall we do A or B first?'"

- Staff had received training in the MCA and demonstrated knowledge through discussions. They understood the principles of the MCA and talked us through how they encouraged choice and decision making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and continues to be rated as good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the kind and compassionate nature of the staff and service.
- One person described staff as, "Very, very kind" whilst a relative told us, "Staff are caring, very much so. We feel comfortable with them."
- Another relative described the service as, "Going above and beyond" in the care of their family member who had complex needs. They spoke of staff attending hospital appointments with their family member and, "A lot of interaction with the GP" to keep them healthy and well.

Supporting people to express their views and be involved in making decisions about their care

- People felt supported and told us the service engaged with them in decisions around the care and support they received.
- One relative told us, "We were involved in the care plan and it's all clear to us." Another relative spoke of a flexible service that adapted their approach to the needs of their family member.
- Staff and management regularly interacted with people to gain their views and ensure any updates to the care they received were communicated and addressed. Staff confirmed this as did the people who used the service.
- The care plans we viewed confirmed that people had been involved in the planning of the care and support they received.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful in their approach to those they supported and understood the need for maintaining people's dignity and independence.
- People told us there were no issues relating to maintaining privacy and dignity. One relative said, "Staff really do uphold dignity and privacy, they really do, and they have a bit of a laugh to make [family member] feel comfortable."
- Staff spoke respectfully of people in our discussions and told us how they promoted dignity, choice and independence. They spoke of the importance of people being in control of the care they received and taking their prompts from them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and continues to be rated as good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were met in an individualised and personalised manner and their preferences met.
- Staff knew people, their needs and preferences well and this was demonstrated through discussion. One person had a detailed plan in place to support their personal relationships, independence and hygiene and staff had a good understanding of the need for this and what support they needed to provide to meet it.
- Care plans were person-centred and detailed to help staff deliver individualised care to people. We saw that personalised details that were important to people were recorded to ensure they were met.
- Staff told us care plans were accurate and up to date and contained all the information they needed to provide a service. We saw that they were reviewed regularly and that people, and others as required, had been involved in these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people required information to be tailored due to a disability or impairment, people told us the service communicated appropriately with them.
- For one person with a hearing impairment we saw that a detailed care plan was in place for this that considered the impact on the person if, for example, their hearing aid failed. It gave staff detailed information on how to prevent this along with communication strategies.
- One relative told us how well the staff interacted with their family member who had complex communication needs, used technology to do so and was private in nature. They told us, "I'm really impressed with how much [staff] do with [family member]. [Family member] interacts with them."

Improving care quality in response to complaints or concerns

- People told us they had no need to complain or, where they had, this had been managed appropriately and quickly resolved. One relative told us, "If there is ever a mistake, I let [registered manager] know and they remedy it." Another person said they were in regular contact with the office and that, "If there's any problems, it's all written down."

- We saw where formal complaints had been raised, these had been investigated appropriately and responded to in a professional and timely manner.

End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their life.
- The registered manager explained that should a person approach the end of their life then this would be discussed with them, or sooner if applicable. The provider had a policy in place to address care at the end of a person's life.
- We saw a positive review from the family of a person who had recently passed away after using the service. We saw that the family described the care as, "Considerate, gentle and attentive."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and continues to be rated as good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well-led by a registered manager that demonstrated commitment, passion and a willingness to improve themselves and the service.
- Several professionals spoke positively about the communicative and engaging nature of the registered manager. They described them as responsive, interested and willing to ask questions to clarify and ensure understanding.
- Staff agreed that the registered manager led by example and was a positive role model. They told us they had confidence in them and that they provided consistent support. One staff member said the registered manager, "Was always at the end of the phone." Another told us, "[Registered manager] always makes the effort to make sure I'm okay."
- The registered manager understood their regulatory requirements however we did identify an isolated incident that had not been reported to CQC as required. This was discussed with the registered manager who apologised and accepted the error.

We recommend the service reassesses its system for reporting incidents to CQC as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefited from an open and supportive culture at the service that meant staff were happy in their roles. This had a positive effect on those that used the service. One person told us, "The carers are very, very kind and one especially is very friendly and talks to [family member] and jollies them along."
- The registered manager encouraged staff in continuous learning, and communication between them and the staff was regular and engaging. Staff confirmed this.
- Staff spoke positively and respectfully about the people they supported and clearly knew them well. They told us they were listened to when they made suggestions for improvements and consulted on when discussing people's care and support needs. They demonstrated a commitment to providing person-centred, high quality care.
- Effective and mutually respectful team work was evident, and this had a beneficial effect on the care and support people received. Staff communicated and worked well together with the shared aim of delivering the best care possible.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was candid in their approach which meant people were always given clear information, not only when things went wrong.
- People spoke positively about the registered manager and their relationship with them which aided an open approach. One relative explained, "I feel very confident [in the registered manager] and I just tell them anything; they are very robust."
- We saw from records that the registered manager informed people, their relatives and staff as appropriate when incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People we spoke with talked of an engaging service that consulted them.
- Feedback on the service was encouraged and it gave people several opportunities to do so. Surveys were completed, and regular meetings held. The registered manager visited people who used the service on a regular basis and this gave them the opportunity to discuss any concerns they may have and share information.
- The service had also joined the local authority's independent customer survey scheme that encouraged people to provide feedback on the care they received.

Continuous learning and improving care

- The registered manager demonstrated a commitment to improving the service and was involved in several forums that shared knowledge and good practice.
- Quality monitoring was ongoing and completed by different methods. Staff were regularly assessed to ensure they demonstrated the appropriate skills and attributes and they received regular supervisions.
- To further monitor the quality of the service, audits of care notes and medication administration records also ensured best practice was followed and safe and effective care delivered.

Working in partnership with others

- The registered manager worked with several organisations to improve the service, their own knowledge and competencies or their staffs. The feedback we received from professionals associated with these organisations was positive and described an engaging registered manager.
- The registered manager had identified the need for ongoing staff recruitment and retention and worked with local schools, colleges and job centres in engaging people in a career in health and social care.
- We saw that the registered manager had developed relationships with several professionals to benefit those that used the service. For example, social workers, health professionals and trainers.