

Your Choice 4 Care Limited

Your Choice 4 Care

Inspection report

505 Hessle Road
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Tel: 07785635949

Date of inspection visit:
30 July 2019

Date of publication:
27 August 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Your Choice 4 Care is a domiciliary care service providing personal care to people in their own homes. 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. At the time of inspection, three people were receiving personal care.

People's experience of using this service and what we found
Recruitment checks and records were not always robust.

People told us they felt safe with the staff who supported them. People were supported by a consistent staff team. Medicines were managed and administered safely. Where risks were identified they were assessed and mitigated.

Peoples needs were assessed prior to them receiving a service and reviewed regularly. 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 were supported by kind and caring staff who treated them with respect. People's independence was encouraged.

People were involved with the development of their care plans and received personalised care.

People were happy with the care they received. People who received a service and staff were consistently positive about the registered manager.

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

Rating at last inspection

This service was registered with us on 12 December 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Your Choice 4 Care

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

This inspection was carried out by one inspector.

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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection activity started and ended on 30 July 2019. We visited the office location on 30 July 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the date of registration. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the director and one care worker. We visited one person in their own home and spoke with two relatives. We reviewed a range of records. This included three people's care records and medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one more person who used the service and two staff members.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment checks were not always robust. Appropriate references were not always sought to ensure potential new staff were suitable for the role for which they were being recruited. When checks were carried out they were not always recorded.
- There were sufficient numbers of staff employed by the service. People told us they were supported by consistent staff teams.
- People told us there were no missed calls and staff turned up on time.
- Following the inspection, the registered manager reviewed their recruitment procedures.

We recommend the provider seek advice from a reputable source regarding implementing and adhering to a robust recruitment procedure.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person said, "Yes I feel very safe and comfortable with the staff."
- Staff had received training in how to safeguard people and had knowledge of what action to take if they suspected abuse.
- Systems and processes were in place to report matters of a safeguarding nature to the appropriate safeguarding team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed and where a risk had been identified, control measures and guidance for staff detailed how to minimise the risk.
- Before a person received a service an assessment of risks in their environment was undertaken. This was to identify potential hazards in the person's home, such as uneven floors or with electrical appliances, and to look at ways to minimise risks.
- People's care plans contained emergency contingencies. This meant people's care could continue for example, if regular carers became unwell
 - Staff were aware of the importance of reporting and recording any incidents or accidents which occurred.
 - Processes were in place to monitor and review accidents and incidents, together with lessons learned from the incident.

Using medicines safely

- People received their medication as prescribed.
- People's medicine support needs were assessed before they started using the service. Information about how people liked their medication administered was recorded in their care plans.
- Staff responsible for administering medicines received training and their competency had been assessed by the registered manager.

Preventing and controlling infection

- Staff demonstrated a good understanding of how to prevent the spread of infection.
- Personal protective equipment was available at all times for staff to use when providing personal care and adequate stocks were held in the provider's office.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received effective care. An assessment of their needs was carried out prior to people receiving support from the service. Care plans provided enough information to guide staff and support good practice.
- People and their families told us they were involved in developing their care plans and these detailed how people wished to be cared for.

Staff support: induction, training, skills and experience

- People were supported by staff that had the appropriate knowledge to effectively carry out their roles. Staff received induction and training. People and their relatives told us that staff were competent in their roles. One person said, "The staff are well trained and knowledgeable."
- Staff were supported in their roles through training, regular supervision and competency assessments.

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

- People's dietary needs had been assessed and their care plans identified any support they needed to maintain a balanced diet.
- Care plans contained information of people's likes and dislikes.
- Staff ensured people had enough to eat and drink and care plans detailed what action staff should take if they had any concerns with people's nutritional intake.

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

- Information about people's health and medical history were included in their care plans. This set out the person's health condition, how it affected them and the support and assistance they needed from staff.
- People confirmed they received support from staff if required, to meet their health needs.
- Staff were aware of the steps they should take to support people to access help and support if they had any concerns about people's health and well-being.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider met the requirements of the legislation. People who had capacity had consented to their care plans. Staff knew the importance of gaining consent prior to supporting people.
- Where people's relatives had power of attorney this was recorded in their care plans and people had been consulted when required.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were treated with respect by caring staff.
- People and relatives were complimentary about the staff providing the service and the way they delivered care and support. Comments included, "It's care with a capital C, we are very fortunate getting such marvellous girls" and "The staff are excellent they put their heart and soul into the care they deliver we're lucky to have found them."
- People's diverse needs were recorded in their care plans and staff respected these when delivering care.

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

- People told us they led the way in how they wanted their care and support delivered. People had been involved in the assessment process and development of their care plans.
- People told us they were involved in making decisions about the support they received. One person told us, "I am free to tell the carers what I want them to do and when to do it."
- Regular review meetings took place to discuss the care people received and any changes people wanted to make.

Respecting and promoting people's privacy, dignity and independence

- People told us their independence was encouraged. Care plans contained details of how staff should support people to maintain their independence. One person told us, "Yes they maintain my independence, they know what I can do myself and leave me to do it."
- Staff told us they sought to maximise people's independence whilst supporting them. One staff member said, "When they (people) can do things for themselves, we just offer guidance and support. When making meals, if people can use the microwave I encourage them to come and do it whilst I am washing up."
- Staff treated people with dignity and respected their privacy. Care plans contained details of how people wanted their privacy respecting. One person told us, "I feel comfortable with them doing my personal care, they always ensure I have a towel over me."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received personalised care that was flexible to meet their needs. One person told us, "I rang the registered manager because I needed some help with something outside my care call times and they had someone here within the hour, they're very flexible."
- Care plans had been developed based upon an assessment of people's individual needs and preferences. They included information about people's support requirements as well as details of their life histories, likes and dislikes, and their preferred daily routines.
- People had regular reviews to make sure the care and support they received continued to meet their needs.
- Staff demonstrated a good knowledge of the people they supported and their preferred daily routines.

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.

- The registered manager was aware of the need to provide information to people in a way they could understand, in line with the requirements of the AIS. They told us that the service was able to provide information to people in formats which met their needs if required.
- People's communication needs were assessed before they started using the service and identified in their care plans, so that staff had information available to them about how to communicate with people as effectively as possible.

Improving care quality in response to complaints or concerns

- The provider effectively managed people's complaints. We saw complaints had been investigated and responded to appropriately.
- People and their relatives told us they knew how to make a complaint and they expressed confidence that any issues they raised would be dealt with promptly and appropriately.
- The registered manager also encouraged people to document any concerns, so action could be taken promptly.

End of life care and support

- Nobody was receiving end of life care at the time of inspection.
- People's preferences and choices at the end of their lives had not been explored. The registered manager

told us, they would be implementing a detailed end of life booklet which included all peoples' wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were complimentary about the management team and told us they received a person-centred service. Comments included, "They go over and above. It's a relief for us as a family to know they're here. I have great faith in the service" and "The management team are very friendly, helpful and approachable."
- The provider was open and transparent in dealing with issues and concerns; they understood their responsibility to apologise and give feedback to people if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The registered manager was clear about their roles and responsibilities. Our discussions demonstrated they knew individual staff and people who received a service. They also confirmed that they were part of the on-call roster and would undertake care visits when required.
- People's daily records were regularly audited. Action plans were developed when areas for improvement were identified, and appropriate action taken.
- Further oversight was required of the recruitment and recording checks. The registered manager assured us that additional checks would be implemented.
- The registered manager had knowledge of meeting the registration requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged and involved in their care with full consideration given to their diverse needs.
- There were satisfaction surveys for people to complete and these had been analysed to show levels of satisfaction.
- There was effective and open communication between staff and management. The registered manager held staff meetings and was in regular contact with staff. Staff felt well supported. One staff member told us, "They are very supportive and organised."
- Where required the service worked in partnership with health and social care professionals to ensure people received the best possible care.