

## Personal Choice Carers At Home Limited

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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 

### Overall summary

The inspection took place on 5 March 2015. Personal Choice Carers at Home is a domiciliary care agency which offers personal care, companionship and domestic help to support people living in their own home. There are currently 16 people using the service.

The service has a registered manager. 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.

People were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had up to

# Summary of findings

date information about people's needs which meant they were more effective in delivering appropriate care. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff had received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including GPs, district nurse and occupational therapist. People were supported with their nutrition and hydration needs. Staff supported people with their medication as required.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff were attentive to people's needs and treated people with dignity and respect.

People were supported with activities which interested them. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The manager had a number of ways of gathering people's views including talking with people, staff, and relatives. They carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

People were supported with their medication if required.

Good



### Is the service effective?

The service was effective.

Staff attended various training courses to support them to deliver care and fulfil their role. Staff received an induction when they first started work at the service.

People's food choices were responded to, and they were supported with their nutritional choices.

People were supported to access healthcare professionals when needed.

Good



### Is the service caring?

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Good



### Is the service well-led?

The service was well led.

People, staff and other health professionals were complimentary of the management and the support they provided.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



# Personal Choice Carers At Home 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.

The inspection took place on 5 March 2015 and was announced. We told the provider one day before our visit that we would be coming. We did this to ensure the manager was available as they could be out supporting staff or people who used the service. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service, including the Provider Information

Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority.

On the day of the inspection we met the manager at their office and spoke with them and one member of staff. We reviewed three care records, training records, two staff recruitment and support files, audits and minutes of staff meetings. After the inspection visit we undertook phone calls to five people that used the service and two care workers. We also spoke with a health care professional and an occupational therapist who was involved in the care provided to people who used the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service, one person said, “The girls all look after me, I feel safe with them.” Another person said, “The girls always make sure the house is locked up for the night.”

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. Staff told us, “If I had any concerns I would report it to the manager or social services.” There had not been any safeguarding concerns raised by the manager with the local authority.

There were arrangements in place to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. This was recorded in people’s records and all receipts were kept.

The service undertook risk assessments to ensure people were supported safely and that staff were safe when working in people’s homes. The risk assessments included making sure the environment was safe, for example, that there were not any loose rugs or carpets that people could trip over. The assessments also checked that people had smoke alarms fitted or care alarms if needed. When required the manager had made arrangements for people to have mobility assessments. One person told us, “I am meant to use a walking frame, if I get up to walk without it the staff always remind me to use it.”

Staff knew what to do if there was an accident or if people became unwell in their home. Staff told us, “If I was concerned I would call for an ambulance.” Staff also said they would make family members aware if they had concerns for a person’s health or contact their GP. Staff had reporting procedures to follow which included talking to the manager and recording any concerns in the case notes.

There were sufficient staff employed to keep people safe. The manager ensured there were sufficient staff employed to meet people’s needs. One person told us that they had used the service for two years and had received care from the same three care staff, they called the care staff, “My three musketeers.” People said that the staff never let them down or cancelled calls and that staff arrived on time.

The manager focussed their service in one area, which made all the calls local to each other. Staff told us that they always had plenty of time to spend with people and never felt rushed. Staff said they signed in and out of people’s homes and that if they thought that they were going to be late for a call they would let the manager know, who in turn let the person know. Records and people confirmed this.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People who used the service were responsible for their own medication. These were usually provided in a monitored dosage system for medicines. The system supported people to manage their medicines more easily because each dose of medicine was pre-dispensed by the pharmacist in a sealed tray. Where required staff supported people to take their medication. One person told us, “The staff always remind me to take my medication.” Another person said, “They always make sure, I have my supply of medication and that I don’t run out.” The manager told us if required they would drop off prescriptions and pick up medication for people to ensure they had the correct supply.

# Is the service effective?

## Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. We asked people if they thought staff had the correct training to do their job. We received such comments as, “The staff are all very good, they know what they are doing.” And, “The staff are well trained.” Staff told us that they were supported to complete nationally recognised training courses. The manager sourced additional training for staff to match the needs of the people they supported. For example, they had trained staff in supporting people with Parkinson’s and they had also received training in stoma care from the stoma nurse. Records we reviewed confirmed this.

Staff undertook a thorough induction when they started at the service. The manager and deputy worked alongside new staff to ensure they had a good understanding of people’s care needs. We were told that this would continue until the staff member was confident to work on their own and when the people they were supporting were happy with this. Staff confirmed that they had never supported a person on their own until they had been fully inducted. Staff received regular supervision from the manager and had a weekly support meeting. This helped staff to identify any additional training or support they might require.

All the people who used the service had capacity to make their own decisions and choices about their care. Staff were aware that people had to give their consent to care and had the right to make their own decisions. The manager was aware of the Mental Capacity Act 2005 and was aware of how to protect people’s rights.

Where required people were supported with their dietary needs. Staff assisted people with their meals by preparing food for them. People told us that they chose their meals and staff would prepare the meals for them. Staff would cook fresh food for them if they wanted, such as egg on toast. One person said, “I like a bacon sandwich and the staff make it for me.” Staff also bought take-away meals for people if they wanted. One person told us, “I love fish and chips once a week from the chip shop; the staff bring it in for me.”

Between visits to people staff ensured they were supplied with enough fluids and were left with whatever snacks they preferred. Staff said this varied between healthy snacks such as fruit or could be biscuits and sweets dependent on what the person preferred.

People if required were supported to attend healthcare appointments. One person told us the manager had twice accompanied them to a doctor’s appointment. They said, “I can be unsteady on my feet so the manager came with me.”

We spoke with a healthcare professional who told us that the staff always kept them informed if people’s health needs changed. Staff would meet them at people’s homes to help them to carry out assessments of needs. The manager had good links with community teams including the district nurses, occupational therapists and social workers. The manager had through these links obtained equipment that people had needed to maintain their independence and to help support them at home.

# Is the service caring?

## Our findings

People were very complimentary of the support they received from staff and how caring the staff were. People told us, “The staff are all lovely, they will do anything for you.” And, “The staff are always laughing and joking with me, they always check I am ok.”

The manager makes sure that people were happy with the staff that delivered their care. All staff were introduced to the person, they then worked alongside the manager or deputy whilst they developed their relationship with the person. People confirmed with us that they always had the same regular care staff at the same time of day. This meant people were receiving consistent care from the same staff.

Staff knew people well, including their life histories and their preferences for care. One person told us, “They know how to look after me and what I like.” People told us that staff always did that little bit extra to help them. Such as household tasks, helping with the washing, or if they ran out of shopping they would pick things up for them between visits. One person told us, “I have never felt so

much care in my life.” They went on to say, “My carers are lovely, they do everything I want, they really look after me.” Another person told us how, “The carers treat me like a friend, really look after me.”

People were actively involved in decisions about their care and treatment and their views were taken into account. The manager discussed people’s care needs with them so that they could develop a care plan that was tailored to their needs. This care plan would then be reviewed at least monthly or sooner if required. The manager held a more in depth review with the person every three to six months, to ensure their needs were still being met. When appropriate, staff supported people to have other professionals involved in their care who could act as advocates, such as social workers.

People were always treated with dignity and respect. The manager ensured staff were trained properly and knew how to show dignity and respect to people. One person told us, “Staff always give me privacy when I am attending to my personal care.” As part of staff training the manager ensured staff were respectful of people’s dignity and privacy, by ensuring curtains and doors were shut when carrying out personal care, and making sure people remained covered up.

# Is the service responsive?

## Our findings

People received care that was individual to them and personalised to their needs. The manager met with people, to complete a full assessment of their needs and to see if these could be met by the service. During this meeting the manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. People told us, "The manager discussed all my needs with me and what I wanted help with."

Following this meeting a care plan would be developed to outline how the person would receive support from the service. The manager and deputy would then work with the person to ensure the correct support was in place and that the person was happy with the care they were receiving. Once this had been established staff would then work alongside them and there would be a gradual handover until they took over the care responsibility for the person. The manager then kept in regular contact with the person to ensure they were happy with the care they were receiving and that their needs remained the same.

If people's needs did change and they needed additional support the manager worked with community services to ensure people received the support they required. For

example the manager told us one person became more dependent, so they contacted the community team who were able to provide pressure relieving equipment to help prevent pressure sores. This demonstrated the service was responsive to people's changing needs.

Staff supported people to follow their hobbies. One person liked to do art work, so staff made sure they had their art equipment within easy reach. Other people liked the company of the radio or television or liked to read, so staff made sure they had access to these things. People were able to follow their own social pursuits and received visits from family members. The service supported one person in receiving regular phone calls from a charity, to help alleviate their feelings of loneliness.

The provider had a robust complaints process in place. The manager regularly gathered people's views on the service by visiting them or by talking to them on the telephone. People told us they did not have any complaints about the service they received but all said, if they did, they would speak with the manager. Staff knew how to support people in making a complaint should they wish to make one. The manager provided people with contact numbers to call if they were concerned about their care and these included the local authority and the CQC.



# Is the service well-led?

## Our findings

The service had a registered manager. People were very complimentary of the manager and the service. One person told us, “The manager is very efficient.” Another person told us, “The manager rings to check everything is ok with me.” A healthcare professional was very complimentary of the way the service was run and said, “I would let them look after my parents.”

The service promoted an inclusive and person-centred culture. People benefitted from a small staff team that worked well together. Staff told us, “We all work well together as a team and support each other.” Staff shared the same vision of the service, to support people in their own home, to make their lives as good as possible, to promote their independence and enable them to live a fulfilled life.

Staff received constructive and motivating feedback from their manager which improved their skills and care delivery. Staff had regular contact with the manager through weekly and monthly meetings and by telephone calls. Staff said they discussed people’s care at these meetings, covered training and discussed policies and procedures. Staff shared ideas about how to improve people’s care. They gave an example of how one person wanted to be assisted to sit higher in the bed, one member of staff suggested removing the pillows to allow hoisting

into a higher position before replacing the pillows. This was tried and the person was much happier with their position. This showed staff and the manager were prepared to listen to each other’s ideas on improving care for people.

People were actively involved in improving the service they received. The manager gathered people’s views on the service through direct feedback, telephone calls and by using questionnaires. The most recent questionnaire on the effectiveness of the service was sent out in December, the responses and feedback from the surveys were all positive. They were distributed to people and relatives and the written feedback was very complimentary of the service people received.

Staff knew how to treat people’s information confidentially, although people’s care records were kept in people’s homes this was with their agreement and inside folders. Information would then be taken to the main office weekly and stored there within locked filing cabinets.

The manager had a number of quality monitoring processes in place, these included doing spot checks on people’s care and monitoring the support they received from staff. The manager also reviewed people’s care records every month and wrote a synopsis of the care they had received. The manager monitored staff’s login and log out times for signs of lateness and to ensure people were receiving support for the correct length of time. The manager was very driven to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.