

Peoples Choice (UK) Limited

People's Choice UK

Inspection report

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13 June 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

People's Choice UK is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people living with dementia, people with a physical disability, older people and people with sensory impairments. Their office is based in Bedford. At the time of our inspection visit there were 34 people receiving a service of personal care.

Not everyone using People's Choice UK receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Peoples experience of using this service:

Appropriate steps had been taken to safeguard people. Risks to people were identified and managed well. The provider had maintained safe staff recruitment processes. There were enough suitable staff. Competent staff administered and managed people's medicines safely. Infection control systems promoted good hygiene standards.

Staff were provided with the necessary support to carry out their role and staff received training to maintain and develop their skills. People's needs were met. One relative told us how impressed they were with staff's skills. People's independence was upheld and promoted with enough to eat and drink as well as accessing healthcare support. 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 cared for by staff with compassion, kindness and dignity. Staff knew people well and they promoted people's privacy, cultural needs and independence. People had a say and choice in who and how their care was provided. One person told us, "It is the little things staff do which make the biggest difference to me."

The registered manager promoted and supported an honest and open staff team culture. Staff upheld the provider's values by helping people live a meaningful life. Audits, quality assurance systems and oversight of the service was effective in driving improvements. People received good quality care. People had a say in how the service was run. The management team worked well with other organisations. People, relatives and staff were unanimous in recommending the service to others.

The last rating for this service was good (published 3 December 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was well-led

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was well-led

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was well-led

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was well-led

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

People's Choice UK

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was undertaken 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. Seven people were receiving this service.

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.

Inspection activity started on 12 June 2019 and ended on 13 June 2019. This inspection office visit took place on 13 June 2019 and was announced.

Notice of inspection.

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection:

We reviewed information we had received about the service since our 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 the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During our inspection:

We visited the office location on 13 June 2019 to see and speak with the registered manager. We spoke with seven people and three relatives by telephone. We spoke with a senior care staff member, a care coordinator and the office administrator. We also spoke with four care staff by telephone.

We looked at a range of records. This included three people's care records and medication records. We also looked at one staff file in relation to recruitment and supervision. We also looked at a variety of records relating to the management of the service, including quality assurance, accidents and incidents, policies and procedures, compliments and complaints.

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 Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. All staff spoken with had a good understanding of what safeguarding meant and to whom they could report any concerns including the local safeguarding authority.
- Staff kept up-to-date with appropriate and effective training on this topic.
- People gave us many examples of why they felt safe with staff they could trust including, "I always feel safe with [staff] they are all so careful."

Assessing risk, safety monitoring and management

- Risks to people were identified and measures were in place to manage these, including their home environment. Staff knew how to mitigate each person's risks as well as promoting independence in taking risks in a safe way.
- Personal emergency evacuation plans were in place in case staff needed to assist people in the event of emergency such as a fire.
- One person told us that staff always checked the hoist and slings before they used it. They said this happened, "every time".

Staffing and recruitment

- Staff recruitment systems helped ensure that only suitable staff were employed. The registered manager assessed people's needs on a regular basis and ensured there were sufficient staff to meet people's needs.
- There was enough staff capacity to cover absences such as staff leave. One person said, "[Staff] are always on time and if they are ever late, they ring me."

Using medicines safely

- Medicines were managed and administered safely by trained and competent staff. Where people were prescribed medicines to take 'as and when required', detailed guidance was available to staff on when to administer them.
- Staff received regular training for administering medicines, their competence to do this safely was regularly assessed. A relative said, "I do all the medicines, but staff prompt me if I have forgotten."

Preventing and controlling infection

- Staff understood how to protect people from the spread of infections.
- Relatives and people were all in agreement that staff always wore protective aprons and gloves and

disposed of them safely, this helped reduce the risk of infections.

Learning lessons when things go wrong

- The registered manager made improvements when things did not go so well. For example, by having an electronic care visit planning and monitoring tool. This provided real time data for the time that care was provided and for how long.
- Staff never missed care visits and prompt action was taken if there were delays including for traffic.

Is the service effective?

Our findings

Effective – this means 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 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

- Assessments of people's needs were undertaken and staff with the appropriate skills were deployed. People's needs were met.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Care plans contained information about people's needs. In two care plans we looked at there was limited information such as 'provide full assistance' and 'hoist from bed to commode', but with no detail how this was done. However, staff were very knowledgeable doing this and knew people well. The registered manager told us this information would be added. This level of information is important, especially for inexperienced staff.
- One person told us, "I need quite a lot of help. [Staff] are meticulous when it comes to my sling. they definitely know what they are doing."

Staff skills, knowledge and experience

- Staff had received appropriate training and had the skills required to meet people's needs. The provider had training plans in place which were reviewed and updated on a regular basis. Staff told us the registered manager responded to any training requests. A staff member said, "I was interested in learning more about Parkinson's disease and the progression and impact on people. I know how to meet their needs well."
- There were various systems in place to support staff in their role including shadowing experienced staff, supervision and staff meetings. The registered manager supported staff in their development. One staff member told us, "I don't need to wait for my supervision. I get the support I need when I need it." Staff also said they felt supported in a positive way which aided their learning.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink well at home either by doing on-line shopping or with meals prepared and cooked by themselves or by a relative.
- Staff were aware of people's dietary needs and any support they required to eat and drink to maintain a healthy weight. One person told us that staff put their meals in the oven, but they did the rest. A relative said, "[Staff] always leave a soft drink, a cup tea or coffee if I am not there. The empty cups tell me everything."

Staff providing consistent, effective, timely care within and across organisations

- Referrals to healthcare professionals such as dieticians, tissue viability nurses and GPs were made in a timely manner. Staff shared information that helped promote coordinated care.

- Staff knew people very well and ensured that any changes in a person's condition were referred to the registered manager.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from external healthcare professionals this was arranged and staff followed guidance that was provided by them. If people needed to access other services such as a GP or physiotherapist, this was arranged.
- One relative said how good staff were at identifying changes in a person's skin condition, getting support and ensuring a swift recovery.

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 (CoP) who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff were providing people with care that was in their best interests. Relatives with a lasting power of attorney were applying this as determined by the CoP.
- One relative told us they made decisions for their family member as they were no longer able to understand the consequences of making a decision that could be unsafe.

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 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; equality and diversity

- People and relatives told us that without fail, staff treated people equally well. A wide range of staff from different cultures supported people and people felt valued. One person told us, "[Staff] simply could not be more caring. I have learned a few of their words and we have a laugh." A relative said, "I have helped them with their pronunciation which my [family member] has appreciated. The care is fantastic."
- Staff knew people well and what their preferences were. Staff upheld these and over time had developed a good rapport and bond with people they provided consistent care to.

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

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as the amount of support that was required including when getting dressed.
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information. The registered manager gave people information about local charities who provided advocacy and advice. This helped people make informed decisions about how and who provided their care.

Respecting and promoting people's privacy, dignity and independence

- Staff showed concern for people and were keen to ensure people's rights were upheld and they weren't discriminated against in any way. People received care that was considerate, compassionate and kind.
- People were afforded choice and control in their day to day lives. Staff gave people time to decide what they wanted to do including watching TV, being visited by families and friends, going to church or going out for a meal.
- A consistent positive theme was how complimentary people were about the respect staff showed them. One person told us, "I am always kept as covered up as possible. [Staff] don't wait right outside the door. I do what I can do, and they help with the parts I can't, they always respect my privacy." A relative said, "Staff do close the bedroom door and curtains. They explain that it is not night time but to protect my [family member's] dignity."
- People were supported to maintain contact with relatives and friends and local community support groups.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff knew people's preferences and needs well. For example, how they liked a cup of tea, a drink left on their bedside table and the amount of toothpaste they used.
- People's needs were identified, including those related to protecting people's choices and preferences. If a person preferred female care staff, this is what happened. One person told us they always had female staff who were, "tender and look after me in the way I like. They know how and when to wash my hair".

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.

- Information including in pictures, large print, easy read or audio format was provided. Staff also used body language, facial expressions and gestures they knew people responded well to. One example of this was where an interpreter had been organised through social services for one person due to their needs and the family's language. This meant people and relatives could be fully involved in their care, because the information was given to them in a format they understood.

Improving care quality in response to complaints or concerns

- The provider had followed their complaints process every time a complaint was reported. No themes or trends were identified. The registered manager told us they "nipped things in the bud" before a concern became a complaint. This sentiment was echoed by people and relatives who all agreed that swift and effective action was taken every time they raised a concern. One person told us that since raising a minor concern, "it had never occurred again".

End of life care and support

- Although no person at the time of our inspection was in receipt of end of life care, there were effective procedures in place to support this.
- Access to palliative care teams, GPs was enabled and this helped people have a dignified death. One staff member told us, "I am very proud to help relatives during people's last days. We always make sure that all options have been considered, including for resuscitation."
- Several compliments had praised the staff for their compassion and dignity. Examples included, "Thanks for looking after my [family member] and although they became very ill all necessary support was provided until they had to go to hospital. They loved staff for their lovely smiles and kindness" ... "Thank you for the beautiful flowers, it was so kind of you to support us in this way" and "Thank you to all staff who showed

great care and kindness and to the family as well. Played beautiful music our [family member] loved to hear".

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and health professionals had many positive views about the quality of the care received. The registered manager had bought five cars and employed staff as drivers to provide transport where care staff could not drive. One compliment about the reliability of care stated, 'Keep up the great work, first class service'.
- An open and honest staff team culture had been fully established.
- All staff told us that the registered manager was approachable, listened and provided help when needed. One staff member said, "I can pop in the office at any time. I have rung the [registered] manager. They are so supportive and move heaven and earth to provide a solution. I needed a specialist nurse for one person who was at risk. This was quickly provided."

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

- The registered manager understood their legal responsibilities. They had notified us about events that they are required to inform us of. They were clearly displaying their previous inspection rating.
- The registered manager was supported by a well-structured team including senior care staff and care coordinators. This helped staff provide good quality care based on the provider's values.
- Processes were in place to support staff in their role. This included shadowing experienced staff, supervisions, meetings and training. One staff member said, "When [staff member] provides the training, it is really good. I learn exactly how to hoist and move people."
- All staff had a shared and great passion for working at the service and changing people's lives for the better. One staff member told us the registered manager was, "Very good at creating an environment where staff developed their skills." This had a huge positive impact on people's lives.

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

- People's views and suggestions in how the service was run were acted on. A recent quality assurance questionnaire had identified what the service did well and where minor improvements were needed.
- People were also supported to provide their views of the service including through face to face meetings. One relative told us, "We had a minor issue, rang the [registered] manager and they were straight on it. We have never had any further issues."

Continuous learning and improving care

- The registered manager had developed systems which promoted accountability and the delivery of demonstrable quality. They had introduced an electronic care visit and staff rostering system which provided a real time overview of the provision of care.
- Unannounced spot checks of staff helped ensure that standards of care were maintained. One staff member said they were given feedback in a positive way which supported their learning.

Working in partnership with others

- The registered manager established good relationships with community health professionals and the local authority.
- The provider told us in their PIR, "The Registered Manager, care coordinator, supervisor and senior care staff work in collaboration with GP, occupational therapists, physiotherapist, dentists and dietician to help coordinate care." Prompt requests were made to external stakeholders who needed to be involved and information and guidance received was acted on.
- The local authority contracts monitoring team told us the registered manager had, "Always very reactive and transparent" when any issues were raised. People received a service that was coordinated and responded more quickly to provide joined up care.