

My Life Choice Ltd

# My Life Choice

## 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 ●

# Summary of findings

## Overall summary

### About the service

My Life Choice is a domiciliary care service, providing personal care and support to people with learning disabilities and/or autism in their own homes, 24 hours a day. 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 the inspection the service was supporting a total of three people, all of whom received support with personal care.

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

People were supported by staff who knew how to recognise abuse and raise concerns. Staff had been safely recruited. Staff had a good knowledge of risks associated with providing peoples care. Staff had received adequate training to meet peoples individual care needs.

Medicines were managed safely, and people received them as prescribed. Policies and procedures were in place for the safe administration of medicines and competency checks were completed for staff.

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. Peoples communication needs had been assessed and recorded in their care plans. These detailed the persons preferred method of communication and aids or equipment.

People and their relatives were involved in their care and support planning. This enabled staff to provide the care and support people had agreed was appropriate to them. Staff promoted people's independence and spent time getting to know their specific needs and wishes. People's privacy and dignity was respected.

The service worked with external health and social care professionals and specialist learning disability teams to provide effective joined up care. Quality assurance processes were robust and provided oversight of the service. The registered manager had ideas of how to continuously improve people's lives and valued working in partnership with others to achieve this.

Systems were in place to ensure lessons were learned and improvements made when things went wrong. Safeguarding incidents, and complaints were investigated, and outcomes had been provided. People and their relatives told us, "The registered manager will manage complaints and respond accordingly."

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported to reach their personal goals through person-centred approaches from leadership and staff with the right skills and attitudes to achieve this.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 24 July 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for My Life Choice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

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.

# My Life Choice

## 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

The Inspection was carried out by two inspectors.

#### Service and service type

This service is a domiciliary care agency which is also registered to provide supporting living. It provides personal care to people living in their own houses and flats and specialist housing.

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 24 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 11 August and ended on 16 August. We visited the office location on 11 August 2021.

#### 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 one person who used the service and three relatives about their experience of the care provided. We spoke with or received feedback from eight members of staff including the registered manager, senior support service managers, assistant manager, support workers and student nurse. We had contact with four health and social care professionals.

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

#### After the inspection

We spoke with and continued to seek clarification from the provider to validate evidence found.

# 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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Staff we spoke with had received training and knew how to recognise signs of abuse and how to report safeguarding concerns. The registered manager told us six members of staff were dedicated safeguarding leads who received specialist safeguarding training from Essex County Council.
- Staff were aware of the whistle blowing process and had access to the policy and procedures. Staff told us they felt confident to report any poor practice to the registered manager and CQC.
- The registered manager was aware of their responsibilities for reporting concerns to CQC. The registered manager had reported safeguarding concerns to local safeguarding teams. This helped to ensure all concerns about people's welfare were investigated appropriately.
- Assessments were in place to ensure people's care was as least restrictive as possible. This included which decisions about their care people were able to make and the support they needed to make an informed decision.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments contained comprehensive detail and were reviewed regularly. They included risks to the individual such as support required to maintain safety whilst travelling in a vehicle and reducing anxieties whilst out in the community.
- People's risk assessments had detailed histories of people. Life histories contained sensitive information staff and visiting professionals needed to be aware of. This information was treated in a dignified way.
- People had personal evacuation plans in place (PEEPS). These identified the support people required to evacuate their home in the event of an emergency.

Staffing and recruitment

- New staff were recruited specifically for individual people. The manager assessed people's needs and what support they required in their new home. The manager recruited staff for each person to ensure staff had the correct skills to support them.
- A person we spoke with and relatives, told us they were involved in the staff recruitment and interview process.
- The registered manager had a system in place for the recruitment of staff, and checks were undertaken to ensure potential staff were suitable to work with people. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were regularly updated. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

- Relatives and staff told us there had been a high turnover of staff and management changes across the service. There were contingency plans in place to cover short notice staff absence. Agency workers, assistant managers, and senior support service managers covered staff shortages if needed.

#### Using medicines safely

- Staff were trained in medicines administration and their competency was regularly assessed.
- Detailed medicines risk assessments and PRN or "as required" protocols were included in people's support documents. The registered manager told us they had signed up to the NHS programme STOMP, which means, "stopping over medication of people with a learning disability, autism or both."
- Relatives told us the use of PRN had reduced each month, since My Life Choice had been supporting their family members. Health and social care professionals gave positive feedback. For example; "That is brilliant. A good example of the PRN medication well used proactively and reduced at the right time."
- People's medicines records were completed accurately and contained the appropriate information. The registered manager regularly audited people's medicines records to ensure they were being completed correctly by staff and any errors in administration could be quickly identified.

#### Preventing and controlling infection

- Staff had received infection prevention control training. Staff told us how they prevented the spread of infection when providing personal care.
- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as masks, disposable aprons and gloves, were available and used by staff when supporting people with personal care.

#### Learning lessons when things go wrong

- The registered manager maintained an up to date record of accidents and incidents. This showed accidents and incidents were fully investigated and lessons learned were shared with staff to safeguard people and to prevent recurrences.



# 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. 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

- Systems and processes were in place to ensure people's physical, social, health and wellbeing needs were holistically assessed during transition from hospital secure settings to the community, before receiving care from the service.
- Individual care plans and risk assessments were completed. Care plans had a detailed history of a person's medical history, life events, interests/hobbies, likes/dislikes, cultural needs and mental wellbeing. This enabled staff to understand and provide appropriate care to each person. Care plans covered all protected characteristics under the Equalities Act 2010.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff. Staff told us they undertook an in-depth induction that included extensive training around the positive behaviour support program (PBS) which was tailored to the person they supported.
- Staff told us training provided was both online and face to face. Training records showed all staff had completed mandatory training, and specific training to meet the needs of the people they supported. For example; anxiety, depression and epilepsy awareness. Other staff had completed or were studying Level 5 Health and Social Care qualifications.
- An assistant manager told us the service had a team of staff with varied skill mix and several staff had previously worked with the person they supported and knew them well.
- The registered manager told us relatives attended the induction training, and shared relevant information with staff who were supporting their family member.

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

- People were supported to eat and drink enough to meet their needs. However, relatives and health professionals told us this was not consistent across the service, as some staff were not cooking healthy nutritional meals, with no meal plan in place. A health professional said, "Action plans were provided for one person, and the registered manager has been very proactive in responding to the concerns raised about meal plans and healthy eating."
- One person told us, "Staff support me to order my food online, however I am not allowed in the kitchen due to risks, we are working on this." Staff said, "We support one person to visit the fruit and vegetable market once a week, the market trader knows the person by name."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us, "People were supported in their own home by staff who worked with a

multi-disciplinary team (MDT). This included the responsible clinician, occupational therapists, psychologists, positive behaviour practitioners, community nurse team and the intensive support team."

- Staff worked closely with each other and people's relatives to ensure any changes in their care needs were communicated.

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

- A health action plan was in place and reviewed regularly. A health action plan states what is needed for a person to remain healthy, including the support they may require.
- Staff supported people to attend the dentist and health appointments. People were supported to maintain good oral care and personal hygiene. Support plans gave staff guidance to follow in supporting people with these routines.
- One person told us they recently virtually chaired their Care Programme Approach Meeting (CPA) which consisted of various health professionals. They also told us they communicated with their social worker once a week.
- The registered manager told us staff and health professionals supported a person to manage their anxieties around going into hospital for a procedure. With a thorough transition plan in place, and ongoing communication with professionals, staff, relatives and the person, the visit was successful.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people to make choices on how they lived their lives in the least restrictive way. People's views and consent were obtained, relatives and independent advocates supported where needed and staff understood how to apply the principles of the MCA to their role.
- DoLS applications were made to the local authority and records confirmed renewals were applied for in a timely manner.

# 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. 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

- One person said, "I am really happy with the service, the staff work with me really well. They speak and interact with me, loads of activities, meals out, country park, and I visit Clacton sea front." They continued to say, "The staff are really happy and have a joke with me and I have a joke with them."
- People's cultural and religious needs were detailed in their care plans. A relative told us, "[Relative name] is taken to church. Staff take [relative name] near the end for the last song. They love seeing the people at the end for tea and the chocolate biscuits."
- We received positive feedback from professionals. One professional told us, "The staff team have established positive relationships with [person's name] which is crucial for their well-being. They work with [person's name] ensuring they are always the main focus, including them and considering their needs in all aspects of their support. Examples of this are ensuring that visitors/new team members are informed ahead of time of the best way to introduce themselves to [person's name], adapting the environment to reduce anxiety, communicating with each other in ways that do not have a negative impact on the person's well-being and also including them in communication with others when appropriate."

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

- The registered manager told us, "People and their family members were involved in care planning and one person we support attends staff interviews as an expert by experience."
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. The registered manager told us, if needed, they would refer people to the appropriate service to ensure advocacy support was provided.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged by staff to gain greater independence, learning to do their own laundry, hang out the washing, clean their home, water the plants and feed their pet.
- One person told us, staff supported them to write their own house rules for staff and visitors to follow whilst in their home.
- People were asked if they had a preference as to the gender of staff who provided personal care, recognising people's dignity. Preferences were recorded in people's care plans.
- Care plans detailed how people liked their privacy and dignity to be respected. Staff told us how they respected people's privacy and dignity. One person said, "When having a shower staff give me privacy."

# 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. 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, professionals and relatives' views were used to develop care plans. Care plans were continually reviewed and updated as people's needs changed.
- One person told us they had written their own care plan.
- People's records included key information about their lives, for example information about their family, photos and a full history of their life journey. This enabled staff to better understand people's experiences, needs, likes and dislikes and future goals.
- Staff worked hard to support people transition into the service safely and ensure they received care in a person-centred way. One family member told us, "Staff have an awareness of [relative name] when they are anxious and feeling overwhelmed. Staff will work with [relative name] to modify the tasks to meet their needs on the day."
- Relatives were positive about the care their relative received. One relative told us, "It is a million times better than when [relative name] was in hospital."

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.

- Care plans provided guidance for staff as to how they were to support people's communication needs. For example, staff used picture boards to ease anxiety and to enable people to know what was happening 'now' and 'next'. Staff photos were displayed on a board to enable the person to know who was working with them. One person had a chalk board in their sensory room to write on and draw pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access activities that reflected their personal choices and preferences. Staff told us they support a person to watch their favourite tv programme, "Only fools and horses." Comments included; "Staff take me bowling, to play pool, walks and the medieval fair." "I beat [staff name] at connect 4."
- People were supported to maintain contact with family and people close to them. Families told us they were fully involved in their relative's daily lives and maintained contact via visits, telephone or email. Feedback from a professional stated, "The team fully acknowledge that having good relationships and communication with [person's name] family is key to them having a meaningful life."

#### Improving care quality in response to complaints or concerns

- People and family members had information about how to raise concerns. A relative told us, "The complaint we made was listened to and dealt with immediately. The assistant manager completed the outcome and shared with the family."
- A person told us, "I made a complaint about a staff member. Staff got me a complaint form and I told them what to write."

#### End of life care and support

- No end of life care was being delivered at the time of inspection.
- The registered manager told us that end of life preferences would be discussed with people and their families at an appropriate time. However, one person with the support of staff, had written their own end of life care plan.

# 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. 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

- The registered manager and staff promoted a positive person-centred and inclusive culture whereby people were at the heart of everything the service did. People and their relatives were involved in all decisions about their care. Staff told us, "Specific training is also being arranged to promote a person-centred approach around trauma informed care. A trauma informed approach, aims to provide an environment where a person who has experienced trauma, feels safe and can develop trust.
- The provider's statement of purpose sets out the aims and objectives of the service so that staff know what was expected of them. These included; provide a high level of care, encouraging people to do as much as possible for themselves, whilst maintaining independence, dignity and physical ability.

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 management team understood their responsibility to inform people and relevant others in the event something goes wrong with people's care or treatment.

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

- The registered manager told us they were fully supported in their role by the director an external mentor and the managers forum.
- Policies and procedures were in place and supported best practice. The business continuity plan was reviewed to meet any changing needs.
- The registered manager used the results of monitoring and analysis of audits to identify ways to improve the service. The provider had good oversight of the performance of the service through regular management meetings and reports.
- The CQC rating was clearly displayed on their website.

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

- Feedback on people's care experience was sought through regular multi-disciplinary meetings and annual surveys. A senior support service manager told us, "A member of staff contacts [person's name] relative by telephone each day to provide an update, as well as regular communication via email."
- Relatives all felt able to speak with the staff about their loved one. One relative told us they were well informed and felt confident to contact the registered manager or assistant manager. Another commented:

"Speed with dealing with our concerns or incidents has prevented hospital admissions."

- Staff meetings were regularly held, giving the opportunity for staff to share information about the people they supported to improve people's care. Staff meetings were also used by the registered manager to update staff on key issues, training and to encourage staff to share ideas.

#### Continuous learning and improving care

- Staff told us professionals supported them providing specific training and on-going advice to meet people's needs. Feedback from a health professional stated, "The few incidents that occurred were managed extremely well and triggers easily identified and acted on. I just wanted to thank you [registered manager] and especially the team for supporting [person's name] so well with understanding, compassion, sensitivity, insight, professionalism and in such a person-centred gentle manner."
- The registered manager encouraged staff development. As part of their probationary period staff attained the Care Certificate. The Care Certificate covers an identified set of standards, which health and social care workers are expected to implement, to enable them to provide safe and effective care. An assistant manager told us they were being supported to attain the Level 5 Health and Social Care qualification.
- A member of staff told us the registered manager had listened to their concerns about improving the out of hours on call service. The registered manager agreed and will put in place a mobile phone specifically for out of hours and an information pack for each person using the service, as not all staff work with every person who receives support.
- The registered manager was in the process of developing a digital care management system, to complete care plans and daily logs, minimise paperwork and increase efficiency.

#### Working in partnership with others

- The registered manager worked closely with a variety of professionals to ensure people received continuity of care which met their needs.
- Professionals told us they had strong links with the service and communicated effectively with the management team. Comments included, "Excellent communication with key professionals and family members. This has enabled any significant issues that have arisen to be signposted and shared with appropriate people in a pro-active way, supporting [person's name] to remain living in their own home and minimising the risk of their return to hospital."
- The provider worked with local universities providing mentorship and placement opportunities for student nurses. Feedback received said, "I have been privileged to have learned, observed, and gained practical skills and knowledge in areas such as; Medication Management, Risk Assessments, and Care Plans that are channelled on a person-centred approach in the best interest of the service user/customer."