

Peoples Choice (UK) Limited

# People's Choice UK

## Inspection report

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17 November 2016

18 November 2016

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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

People's Choice provides personal care to people who live in their own homes. At the time of our inspection 31 people were receiving personal care. The inspection was unannounced and took place on 16, 17 and 18 November 2016.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

People were protected from harm or abuse by staff that were aware of the principles of safeguarding and reporting procedures. Risk assessments were in place and risks to people were managed appropriately. Accidents and incidents were recorded should these arise, and the cause analysed, so that preventative action could be taken to reduce the risk of reoccurrence. Staffing levels were sufficient to meet people's needs and keep them safe. Robust recruitment processes were in place. Safe arrangements were in place for the administration, recording and management of medicines.

There was regular staff training and supervision to ensure that staff had the right skills and knowledge for their roles. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people who used the service had capacity to make day-to-day decisions and gave consent before any support was provided by staff. People were provided with nutritional support if this was an assessed part of their package of care.

People were content with the care they received from staff. They were treated with kindness and compassion. Staff understood people's privacy and dignity needs. They were respectful of the decisions people made.

People had their support needs assessed and reviewed on a regular basis, so that staff knew how to support them to maintain their independence. Care plans contained person centred information. The service had systems to obtain people's feedback and provide them with opportunities to raise concerns.

There was an open and positive culture at the service, with a clear set of values which people, staff and the management all worked towards. Quality control systems were in place to ensure care was delivered to a high standard and identify areas for development.

## 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.

Staff were aware of the principles of safeguarding, and were able to protect people from harm.

Assessments were in place to manage risks. Incidents were reported and investigated appropriately.

Staffing levels were sufficient to meet people's needs. Safe and robust recruitment practices were in place.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who had been provided with appropriate training and regular supervision.

People's capacity under the Mental Capacity Act 2005 had been assessed to ensure decisions that were taken were in their best interests.

People were supported to have a balanced diet when this was an assessed part of their care package.

### Is the service caring?

Good ●

The service was caring.

There was a positive relationship between people and staff. People were treated with kindness and compassion.

People had the opportunity to express their views regarding their care.

Staff ensured they promoted people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in decisions about their care.

People had their needs assessed and staff knew how to meet them. The service was flexible in the way it provided care.

There was an effective complaints procedure in place.

### **Is the service well-led?**

The service was well led.

There was an open and positive culture at the service.

Systems were in place to ensure people and staff were supported by the management and the provider.

Quality control systems were in place to ensure care was delivered to a good standard and areas for development and improvement were identified.

**Good** ●

# People's Choice UK

## 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 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.

This inspection took place on 16, 17 and 18 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible.

The inspection was undertaken by one inspector, with support from an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case they supported us by making telephone calls to people to determine their views of the service delivery.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and one healthcare professional, to gain their feedback as to the care that people received.

We spoke with four people who used the service and 11 relatives. We also spoke with the registered manager, one care coordinator and one care supervisor both of whom undertook hands on duties, in addition to two members of care staff.

We looked at three people's care records to see if they were reflective of their current needs. We reviewed three staff recruitment files, six weeks of staff duty rotas and staff training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

# Is the service safe?

## Our findings

People told us they felt safe and that staff protected them from harm or abuse. One person said, "I feel very safe with them all, I know I can trust every single one of them." People and their relatives told us that they felt the reliability and punctuality of their care visits and the confidence in their care contributed greatly to their overall feeling of safety.

Staff told us about the action they would take to protect people from abuse and described the reporting process they would follow should this be required. This involved reporting the incident to the registered manager. One staff member said, "I would always go straight to the manager. I want people to be kept safe." Another staff member said, "I don't want things to get worse so that's why I would always make sure I would report anything." The registered manager explained the action they would take in the event of a safeguarding matter and were aware that both they and staff should contact the local authority and Care Quality Commission (CQC) if they had any concerns. The registered manager said there had been no whistleblowing concerns. Staff however confirmed they were aware of the provider's whistle blowing policy and their responsibilities to report poor practice. Records confirmed that staff had received safeguarding training and worked in conjunction with local authority and provider processes.

Staff told us that they would report incidents and accidents to the registered manager should they occur. One staff member said, "We would always report anything, no matter how small it is." The registered manager told us that any accident or incident would be looked into and action taken as a result. Records also confirmed this to be the case. Where necessary, we found that incidents were reported to external organisations, such as the local authority or Care Quality Commission (CQC.)

People had individual risk assessments in place to promote and protect their safety. Staff told us that they used the risk assessments to help keep people safe. One staff member said, "I use the information we have to help me keep people safe and secure." The registered manager told us that staff used them to get information about specific risks that existed, as well as control measures to manage the risks. Risk assessments were robust and had been written with the person and signed and dated by them where possible. We found that they covered areas such as environmental aspects of people's homes medication and individual moving and handling requirements.

People told us there was enough staff on duty. One relative told us, "We have a small team of carers; they're always people we know. New ones always shadow first, and that gives us peace of mind." Everybody we spoke with told us that their care staff always arrived within a small window of time, and that this was greatly appreciated. Staff also said there were enough of them to meet people's needs safely. One staff member said, "I get to see the same people and have the same round." Another staff member told us, "There are enough of us; we work in pairs so we get things done." The care coordinator confirmed that the staff ratio was based upon staff's ability to travel to people. Records showed that staff numbers were flexible and that staff always worked with another staff member. Where additional staff were needed then the care coordinator and care supervisor would both work within the field to ensure that people received the right care.

People were protected because there were effective recruitment procedures in place that were followed. One member of staff said, "I wasn't allowed to start until all my checks were completed." The registered manager explained their recruitment process which included obtaining a minimum of two references, proof of identity and Disclosure and Barring Service (DBS) checks before anyone could be employed. Staff recruitment records we saw confirmed these checks had been undertaken. This meant that people were cared for by staff that were suitable for the position.

People told us they were supported to take their medicines as prescribed, and medication administration records (MARs) confirmed this. One relative said, "They have a book and always write down when she's taken anything. They'll offer her paracetamol, but she doesn't always want that. They record it all though; that it was offered." Another relative told me, "They give [Name of Relative] his tablets, they're very good, always put it in the book. I never have to remind them to do it." Staff told us they could only administer medication following training. We found that MAR charts had been signed following medication administration and that there were no gaps in the records. People received their medication as prescribed and in a safe manner.

## Is the service effective?

### Our findings

People were happy with the support they received from staff and felt that staff had the right skills, and knowledge they needed to care for them properly. One relative said, 'If they've not been to us before, they come with someone we know to be introduced, and learn the way we like things done.' Several people told us that they appreciated the fact that new staff never visited them unaccompanied as this meant they were supported to get to know them and their needs in a robust way before they delivered care.

The registered manager said that new staff attended an induction training programme, which provided all the mandatory training expected by the provider. Newly recruited staff worked with more senior staff until they were competent to work alone. One staff member said, "The induction helped to give me a lot of confidence." Records confirmed that the provider induction programme had been changed to accommodate the essential standards within the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Competency was assessed by the registered manager through a series of observations, in areas such as administration of medication and moving and handling people, during spot checks in people's homes.

Staff told us they received regular training to maintain their skills and keep their knowledge up-to-date. They said that the training was good and helped them to develop. One staff member said, "Training is very good." Another staff member said, "Yes, we have a lot of training and it helps us to know what to do." The registered manager told us, and records confirmed that staff had also been supported to undertake additional vocational training. Records showed that staff had attended training which included safeguarding, infection control and manual handling which was appropriate for their role.

Staff also said they received regular supervision sessions with senior staff. One staff member said, "Yes, we have regular supervisions but we can always ring the office for support if we need it." They informed us that these were useful sessions which allowed them to discuss issues or concerns within the service, as well as ideas for the development of the service and themselves. We looked at staff supervision records and saw that staff had regular supervision and on-going support from senior management.

Consent to care was sought by staff. People acknowledged that staff asked for their permission before they carried out a task or offered them support. Staff told us that it was important to seek people's consent, and to provide care and support in line with their wishes. Records confirmed that people's consent had been sought and documented, for example, in respect of medication and provision of care.

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.

The registered manager told us that they and their staff had received training on the requirements of the



Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. Records confirmed that staff understood people's rights to make decisions about their own care and support, for example, in respect of their medication and consent to care and treatment.

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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005.

People were happy with the food they received when this was an assessed part of their care package. Most of the time, we found that relatives supported their loved ones to take sufficient dietary intake, but staff told us they would help to support people to heat up meals when required. If people had specific nutritional requirements then records confirmed that these were taken into account within the care plans.

People's health and wellbeing was monitored by staff although it was generally considered that it was people own responsibility to manage their health appointments. One person told us, "I know if I was unwell they would call the doctor for me." Staff told us if they had any concerns about people's health that would assess the situation and contact the office, who would then contact the GP or District Nursing service. Records showed that staff had taken appropriate steps if they had any concerns and liaised with other health professionals.

## Is the service caring?

### Our findings

People were happy with the care they received and told us that staff were kind and caring towards them. One person said, "I have no worries, they are all good." We were also told, "They are nice and friendly towards me." One relative told us, "They're lovely people; we've been delighted with them; so much better than our previous care company. My husband can be difficult at times, but I believe they really love him, it makes such a difference to me." Another relative said, "They are cheerful and efficient, I am more than pleased with them, they are all superb to my husband." We were also told, "They're absolutely fantastic, such nice people to have in my house; it's like having friends in our home. They were fantastic when my husband died." We were repeatedly told that staff were very caring and considerate, and demonstrated high levels of understanding and compassion towards those in their care.

Staff were very positive about the relationships they had developed with people. One staff member told us, "I love coming to work. I have a lot of job satisfaction from helping people and I want them to have the best care they can." Another staff member said, "I think we provide good care to people, we all work well together and all want people to have the best." Staff told us that they prided themselves on the positive bonds they had with people. They felt the consistency they had within their daily work enabled them to gain a good understanding of people's individual needs.

People and their relatives said they had provided the information used to compile their care plans and were enabled to make decisions about the support they wanted from the staff. Records showed that people had been asked about if they wished to be cared for by a male or female staff member, their language preference, smoker or non-smoker and uniform or no uniform. Where specific requests had been made the registered manager told us, and records confirmed, that appropriate staff would be provided.

People had care plans in place which recorded their individual needs, wishes and preferences. These had been produced with each individual so that the information within them focused on them and their wishes. One person told us, "I see them writing in the notes and I know they are about me. I do think that they take into account what I want and need." Care plans were updated regularly and relatives were provided with information on a regular basis, whenever things changed. We looked at people's care plans and saw that they had been individualised to meet people's specific needs. There was evidence of people's involvement in their care plans and signatures to state they agreed with the content of them.

People's dignity and privacy was respected. One person told us that staff always knocked on their door before entering. Another person told us that staff made sure their curtains were closed when they were being supported. Staff said that when providing personal care they would respect the person's dignity and communicate with them about the care they were providing. When we spoke with staff they demonstrated their understanding of how they could maintain people's privacy and dignity while providing them with the care and support they required. For example, staff confirmed they would always cover people when providing them with personal care.

People told us they were able to advocate for themselves, but explained that if they needed to have more of

a voice they had relatives who would support them. The registered manager said there was information available if anyone needed an independent advocate.

## Is the service responsive?

### Our findings

Care was person-centred to ensure it was representative of people's choices and decisions. One person told us that staff kept them updated at all times to make sure they had the right information so that they could make decisions about their care. Other people told us how they participated in a pre-assessment meeting prior to their care being commenced, so they could ensure that it was right for them and would meet their needs. The registered manager and care coordinator told us that people and their relatives were given appropriate information and the opportunity to see if the service was right for them before support was commenced.

People's likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed on a regular basis. Records confirmed that pre-admission assessments were completed for people prior to a package being agreed.

People told us they were involved in planning their care through discussions with the registered manager, and there was evidence in the care records to confirm this. One person said, "They got to know me and asked a lot of questions." One relative told us that the care plan for their family member had been updated following a change in their condition to ensure it remained reflective of their care needs and requirements. Staff told us that care plans were important and needed to be kept up to date so they remained reflective of people's current needs. They said that any changes were made immediately to the care plans and risk assessments so that the correct care could be provided. Care plans contained detailed information on people's health needs and about their preferences and personal history. They were based upon the individual needs and wishes of people who used the service.

People's care and support plans, as well as reviews of care, were agreed by the person or their representative. People and relatives confirmed that they had been involved in these reviews. They told us that staff were flexible and gave them an opportunity to give feedback. They also said they were supported to make any suggestions they may have regarding the care and support provided to their family member.

People and their relatives were aware of the formal complaints procedure, and told us they would tell a member of staff if they had anything to complain about. One person said, "I have no reason to complain but I know I could speak to the manager if I did." We found that there was an effective complaints system in place that enabled improvements to be made. Records confirmed that there had been no recent formal complaints.

## Is the service well-led?

### Our findings

The service had a registered manager in post. Staff told us that the registered manager offered support and advice and was accessible to both staff and people. We were told that they were office based and that the general day to day running was also shared by the care coordinator. We observed that the registered manager was flexible and hands on in their approach, willing to work in the field and support staff at any time. This approach was appreciated by people, relatives and staff who were positive in their comments. The people we spoke with and their relatives, all knew who the registered manager was.

We found that the registered manager was supported by a care coordinator and a care supervisor, administration staff and a small team of care staff. Staff said that the management structure within the service promoted a positive feeling as they gave on-going advice and support and ensured that staff knew what was expected of them. We were told that if the registered manager was not available, then staff could contact the office staff who would also offer support and advice.

The service had a positive and open culture. People told us they were treated with respect and as individuals by the registered manager. They said that staff were committed to their role and worked hard to give them the best possible care. Staff told us that there was positive leadership in place, which encouraged a transparent culture for staff to work in and this meant that staff were fully aware of their roles and responsibilities. All of the staff we spoke with understood their aims and objectives and how to work to achieve these. None of the staff we spoke with had any issues or concerns about how the service was being run and were positive about working for the provider.

Staff told us that they regularly had the opportunity to discuss people's care and share information with their colleagues. This was undertaken formally, in staff meetings, and informally, through discussions by phone or face-to-face. We saw records to show that staff meetings took place and that staff had the opportunity to discuss any areas of concern or give feedback about people's care. Throughout our visit there was an open, honest and positive atmosphere at the service and amongst the staff. Records showed staff meetings were held for all staff and the minutes showed that management openly discussed issues and concerns.

People were positive about the service they received. People who used the service and their relatives told us they had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. They told us that this took place in the form of care reviews and satisfaction questionnaires. We found that the registered manager reviewed the outcome of reviews to identify any possible improvements that could be made to the service.

The registered manager and care coordinator told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care and providing hands on care to people when this was required. The registered manager told us that by working alongside staff, this enabled them to understand what staff faced and to determine ways to improve things

for them. Since our last inspection we found that the registered manager and staff had strived hard to make improvements; for example undertaking more formal overview of audits and ensuring that they stored information in a format that was close to the inspection methodology.

We found that the registered manager provided the Care Quality Commission (CQC) with required information, such as notifications of safeguarding incidents, as per their regulatory requirements. We also saw that a variety of audits were carried out on areas which included care plans, staff files and medication. We found that when required, there were actions plans in place to address any areas for improvement. This showed that the service undertook regular reviews of its performance so that continued efforts could be made to drive future improvement.