

Your Choice Care & Support Ltd

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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 ●

Summary of findings

Overall summary

About the service

Your Choice Care is a community-based care provider that provides personal care to people living in their own homes. At the time of inspection 26 people were receiving a service and were in receipt of the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and their relatives spoke positively about staff and told us they were happy with the service they received. People told us staff were friendly, they were treated with kindness and compassion and their privacy and dignity was respected.

Risks were assessed and monitored, which reduced the risk of avoidable harm. Where we identified some risk assessments lacked detail, this was addressed by the registered manager immediately after the inspection.

There were sufficient staff to support people and safe recruitment procedures were followed.

People were supported by staff who had been appropriately trained and were skilled in their role. Staff told us they were regularly supported through supervision.

People told us they felt safe with staff. Effective systems were in place to ensure people's safety. There were systems to help protect people from abuse and to investigate any allegations, incidents or accidents.

People received person-centred care and assessments of people's care and support needs were carried out before they started using the service. People received support to maintain good health and were supported to maintain a balanced diet where this was part of their plan of care.

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. Staff understood the importance of respecting people's diverse needs and promoting independence.

The registered manager had effective quality assurance systems in place to monitor the quality and safety of the care provided. Spot checks were carried out to monitor staff performance. People were asked for their views and their suggestions were used to improve the service and make any necessary changes.

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

Rating at last inspection

This service was registered with us on 25 February 2020, and this is the first inspection.

Why we inspected

This was a planned inspection for this newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Your Choice Care & Support Ltd

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector, an assistant inspector, and 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 02 March 2022 and ended on 03 March 2022. We visited the office location on 02 March 2022 and spoke with relatives of people receiving care and support on 03 March 2022.

What we did before the inspection

Before the inspection, we reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

During the inspection we reviewed four people's care plan and risk assessments. We looked at medicine administration records. We looked at three staff files in relation to recruitment, training and staff supervision. We also reviewed other records relating to the management of the service, including complaints records and management audits. We spoke with the registered manager, the manager, care-coordinator and four care staff. We spoke with seven people and four relatives of people who were receiving personal care and support about their experience of the care provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We further reviewed training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's care needs such as, risks relating to people's skin, mobility and medicines were clearly assessed and recorded and provided staff with the information they needed to support people safely. However, risks related to people's specific health care needs were known by staff but not always reflected clearly in some people's care records. For example, where people were being supported with their catheter, staff were required to check and report concerns. Their care records did not give staff sufficient information about what would indicate that there was an issue with the persons catheter. This was addressed immediately by the registered manager after the inspection and was shared with us.
- Staff had good knowledge of the people they supported. They were aware of risks associated with people's care, how to monitor them and what action to take to reduce risks.
- Environmental risk assessments were undertaken of people's homes before staff started supported the person to ensure any potential risks were identified and managed to keep people and staff safe.
- Risk assessments were updated regularly and reflected people's current support needs.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One relative told us, "I feel my relative is amazingly safe with staff; they have her best interest at heart."
- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm. Staff told us, "If you see something is so important that you report that back" and "I have done safeguarding training. I would contact [registered manager's name] straightaway and if applicable I would raise a safeguarding alert with the safeguarding team."

Staffing and recruitment

- People told us there were enough staff available to support them and meet their care needs. People told us staff came at the arranged time and stayed for the agreed length of time. One person said, "Staff normally arrive on time, stay for the correct amount of time and ask if anything else is required before leaving." Another person commented, "We do not feel rushed, sometimes they stay over their time."
- Rota's were produced by the service in advance to ensure people had the assessed support when they needed.
- Staff were given time in-between calls to allow for travelling from one call to the next.
- Recruitment practices ensured that, as far as possible, only suitable staff were employed. Staff files showed the relevant checks had been completed. This included a disclosure and barring service check (police record check).

Using medicines safely

- People were supported to receive their medicines when and as they were prescribed. Relatives confirmed that their relative always received their medicines and in a safe way. One said, "Carers take the tablets out of the individual boxes, place them in a pot and watch my relative take them. A report of the visit is written in the folder."
- Staff had received training in medicines administration, and the registered manager checked on their competency.
- We reviewed medicines administration records (MAR) and observed them to be clear, and fully completed.
- MAR sheets were collected monthly and reviewed by the manager to check for any errors or issues.

Preventing and controlling infection

- The registered manager kept stock checks of PPE and ensured stocks were replenished regularly.
- Staff had received training in infection control and staffs' practice in the use of PPE was checked by the registered manager and senior staff during spot checks. This meant they could be assured the risk of infections was reduced.
- We saw the provider took other steps to reduce the risk of the spread of infections. For example, by checking people's temperature before they entered the office, and by ensuring staff undertook COVID-19 testing as per government guidance.

Learning lessons when things go wrong

- There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed if they occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were assessed before the service began to ensure they could be met by the service.
- The assessment considered their medical history, medication, personal care, and how the person would like to receive care and support.
- The assessment also considered people's protected characteristics as part of the Equalities Act 2010, including any disability and religion.
- Records showed that regular reviews took place to ensure people using the service had their needs assessed in line with current legislation and guidance.

Staff support: induction, training, skills and experience

- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. One staff member said, "I think the training's good. I know if we wanted any extra training on this or that, they would look into it."
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- New staff received a comprehensive induction which included training and a period of working alongside a more experienced before they started working on their own.
- Staff told us they felt supported and received regular one-to-one supervisions and appraisals.

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

- People were supported with their health and dietary needs where this was part of their plan of care. A relative told us, "The carers give a choice of food and drink and know how she likes things made."
- People's preferences, likes and dislikes, support needs and dietary requirements related to their eating and drinking were recorded in their care plan. Staff knew people's needs well and described the role they played when supporting people with their meals. One staff member told us, "If we are preparing the meals, we ask them what they would like and encourage them to eat it and to at least have enough fluids. All the information we need is laid out in the care plans."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

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

- The registered manager involved a range of external health and social care professionals in the care of

people, such as: community nurses, and GPs.

- Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional.
- Relatives were assured that the care staff that supported their family member were quick to identify changes in the person's health, report their concerns and request the required assistance. One relative told us, "When dad had a fall, they knew what to do. They phoned the paramedics, me and the office; they made him comfortable and stemmed the bleeding."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were involved in decisions about their care and treatment and staff supported them to have maximum control of their lives.
- People told us staff consulted them and asked for their consent before providing care and support. One person said, "Staff check that I am happy for them to carry out personal care, particularly when they are new to me." Another confirmed, "Carers ask first before they carry out personal care."
- Information in care plans, demonstrated staff's knowledge of the MCA and how they put it into practice. Staff received training in the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were friendly, polite and respectful. People were treated with kindness and compassion and their privacy and dignity were promoted. Comments from people included, "The carers are excellent and jolly, they cheer me up and do exactly what I want", "They are lovely people, helpful and very caring. I have a good rapport with them," and "I am over the moon with them; they go the extra mile."
- Staff knew people well and described how they had established positive and caring relationships with the people they supported which helped them to deliver good, person-centred care that met people's needs.
- People's diverse needs, as defined under the Equalities Act 2000, were respected. For example, people's religious and cultural needs had been documented in their care plan and staff were aware of these. One staff member told us, "I have done the equality and diversity training so basically everyone is treated the same, there is no disrespect regardless of faith, race, sexuality, gender and we treat everyone with the respect we would want to be treated with."

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

- People were supported to express their views and be actively involved in making decisions about their care and support. One person told us, "Before I began to use the service, [registered manager's name] visited and discussed things in the presence of my son."
- The registered manager carried out reviews and made changes in response to people's changing needs.
- Regular satisfaction surveys were sent out to people to ask about their experience of the care and support they received. Manager's and senior staff also spoke with people during spot checks of staffs' practice to ensure people's voice was heard.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. One person told us, "They treat us and my home with respect, they really look after me." Another person told us, "The care workers respect and treat me as an individual; they know me very well and also ask about my family. We are like a big happy family."
- People told us that staff promoted their independence and respected their right to make choices for themselves. For instance, one relative said, "The carers are very professional, non-condescending, allow him to do what he wants and encourage him."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were happy with the care they received which met their individual needs. One person said, "They are excellent and trustworthy; they will do anything for us including making my husband a cup of tea."
- People had personalised care plans that showed how their care and support needs would be met. Care plans were detailed, told people's life stories, and provided clear instructions on how to care for people appropriately. People's preferences, likes, dislikes, and routines were also included in their care plans.
- Staff understood people's individual needs and wishes on how they wanted to be supported. This enabled them to deliver people's care in a person-centred way. One person said, "Staff very much meet my care needs." Another person told us, "I feel safe with staff; my three regular ones know me and my limitations."
- Staff told us that care records contained all of the information they needed to care for people. One said, "We have all the information in the folder. If there is a new client, we are asked to go through them to get acquainted with the care the client needs and then we record what we find when we go out to the client. The risk assessments are easy to understand and follow."
- People's needs were regularly reviewed, and care plans were updated to reflect changes in their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included their communication needs and how best to achieve effective communication. For example, detailed information was in place to help staff understand and communicate with one person that was unable to communicate verbally.
- The registered manager told us they were able to access information in different formats for people who needed this, for example in large print and easy to read formats.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to complain if they needed to. Information on how to make a complaint was included in the service user handbook that was given to people and their relatives. One relative told us about a complaint they made about their relative's catheter care, "I complained to the office and it was resolved satisfactorily."
- Complaints and concerns were investigated by the registered manager and used as an opportunity to

learn and improve.

End of life care and support

- No one was being cared for at the end of their lives at the time of the inspection.
- The registered manager told us where they had supported people at the end of their lives in the past, the service worked alongside the person, their relatives and other health professionals to coordinate end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People and relatives were complimentary about the service they received and how the service was led. One person said, "They do a marvellous job; I can't thank them enough." Another person said, "They do everything well."
- The culture of the service was open and transparent with a supportive leadership in place. The registered manager promoted person-centred care within the staff team, to ensure positive outcomes for people.
- The management team regularly visited people in their homes working alongside staff and knew the people well. People and their relatives were complimentary of the management team. One person told us, "[Registered manager's name] is amazing, is approachable and sorts everything out."

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

- The service was well-organised and there was a clear staffing structure. Staff understood their roles and responsibilities and knew who to speak with if they had any concerns.
- The registered manager understood their legal responsibilities and had submitted statutory notifications to the Care Quality Commission as required by law.
- Quality assurance and governance systems to monitor the quality and the safety of the service were in place and regular checks were completed to identify any areas for improvements.
- Checks and audit systems in place covered areas such as, medicines management, care plans and records, staff spot checks and practice observations.

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 registered manager understood the duty of candour requirements and ensured information was shared with the relevant organisations when concerns were identified.

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

- People were asked for their views about the service they received, this included in reviews of their care and satisfaction questionnaires. We saw the results from recent questionnaires which had been completed by people who used the service, these were all positive. One person had commented, "You are all so kind and caring and make a huge difference to my life. Thank you all for working so hard."

- Staff told us that they felt valued and supported by the management team. They told us they enjoyed working at the service, that communication was good and that they felt listened to. One staff member, new to care work said, "They have given me 100% support and you never feel you are on your own and there is always more than one person on the end of the phone and I feel I have been very well supported."
- The registered manager took care to promote the welfare and happiness of the staff team. For example, there was 'star carer' reward scheme where staff received a bonus, certificate and chocolates.

Working in partnership with others

- The service had established good working relationships with professionals including healthcare professionals and commissioners of care to ensure good outcomes for people.