

Peoples Choice (UK) Limited

People's Choice UK

Inspection report

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Date of inspection visit: 19/11/2015
Date of publication: 08/01/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

People's Choice UK provides care and support for adults in their own homes, in and around the town of Bedford. On the day of our visit the service provided support for 12 people.

This inspection was announced and took place on 18 November 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's risk assessments were not comprehensive and failed to cover areas of potential harm to specific

Summary of findings

individuals. Risk assessments that were in place had not been regularly reviewed and failed to provide staff with sufficient information about the risks and control measures to reduce them.

Care plans lacked information about people's specific needs regarding medication. They failed to provide staff with robust procedures regarding medication administration, and as a result, records were not always completed in full.

Staffing levels at the service were such that, at times, staff were late for people's calls. The provider had identified this area of concern and was in the process of introducing procedures to address it.

People felt they had been involved in planning their own care, along with their family members, however care plans did not evidence this involvement.

The service had not carried out regular reviews of people's care plans, to ensure they were reflective of people's current needs and wishes.

People felt safe when receiving care from the service. They were protected from harm or abuse by staff who were knowledgeable about the signs of abuse, as well as procedures for reporting it.

Staff received regular training and support from the provider to ensure they had the required skills and knowledge to meet people's needs. New staff benefitted from a comprehensive induction and all staff received on-going training and refresher sessions. Staff received regular supervisions to help them discuss their roles and performance and to support their development.

People were supported to prepare food and drink, if they needed help in this area. Staff ensured people had enough to eat and drink and left them with access to drinks and snacks between calls.

The service was able to support people to have access to healthcare professionals, should they require that support.

People were treated with kindness and compassion by staff. They saw regular staff members who had worked hard to develop positive and meaningful relationships with people and their families.

Throughout their care, people were treated with dignity and respect and staff were sensitive to their privacy and independence.

Feedback from people and their family members was welcomed by the service. Feedback which was provided was used to drive improvements to the service, and complaints were handled appropriately.

There was a positive and open culture at the service. Staff worked with the registered manager to ensure people received the care they needed and had a positive experience with the service.

The registered manager had worked to ensure their own ethos and values were evident throughout the service. They were committed to developing an effective service which met people's needs.

Quality assurance systems were in place to identify areas for improvement and to help develop the service.

We identified that the provider was not meeting regulatory requirements and was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The service had not carried out suitable and sufficient risk assessments for people.

People's medication was not managed appropriately as there was a lack of information about how staff should provide them with support.

Staff were not always sufficient in number which meant that staff were sometimes late to provide people with the care and support they required. Staff had been recruited safely.

Staff were knowledgeable about abuse and potential indicators that abuse had taken place. They were also aware of their responsibilities to report and record incidents or concerns.

Requires improvement



Is the service effective?

The service was effective.

Staff received training and support from the provider, to enable them to develop their skills and knowledge.

Staff supported people to maintain a healthy, balanced diet if required.

People were also supported to have access to healthcare professionals, should they need to.

Good



Is the service caring?

The service was not always caring.

People told us they had been involved in their care, however records didn't confirm that this had taken place.

Staff treated people with kindness and compassion and worked to develop positive, meaningful relationships with them.

People were treated with dignity and respect.

Requires improvement



Is the service responsive?

The service was not always responsive.

People's care plans had not been reviewed on a regular basis, and therefore may not always reflect their current needs or wishes.

Staff knew people well, and had a good understanding of them and their needs.

Feedback from people and their family members was encouraged by the service, to help ensure improvements could be made.

Requires improvement



Summary of findings

Is the service well-led?

The service was well-led.

There was a positive and open culture at the service. Staff were empowered and committed to providing people with the care they required.

The registered manager had clear leadership of the service and had worked to instil their positive values and ethos throughout the staff team.

There were quality control systems in place which were used to continually drive improvements within the service.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure that the registered manager would be available.

The inspection team comprised of one inspector.

Before 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 Clinical Commissioning Group to gain their feedback as to the care that people received.

We spoke with three people who used the service and three relatives. We also spoke with the registered manager, a care co-ordinator, an administrator and two members of care staff.

We looked at five people's care records to see if they were accurate and reflected people's needs. We reviewed staff recruitment files, recruitment procedures and 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

Risks to people were not managed effectively. The registered manager told us that risk assessments were only completed when it was deemed necessary for them to be put in place for people. They told us that people and their family were involved in risk assessments, to ensure their needs were represented accurately. We looked at people's records and found that although some risk assessments had been completed, these were not always based upon people's current or past needs. For example, we looked in one person's file and found that, despite having a history of pressure ulcer, there was no risk assessment in place regarding this. Nor was there regular completion of a skin integrity monitoring tool, such as a Waterlow assessment. This meant that the service did not have a formal method to regularly assess that person's skin integrity, or a risk assessment in place, to offer staff guidance on how to reduce the level of risk posed. We looked in another person's file and found that, despite some concerns about their mobility being recorded, there were no falls risk assessments in place to ensure that they were supported to be safe.

In all the files we looked at, we found that there was only one risk assessment in place for each person. Those that were in place were generic and gave a risk rating, such as moderate or high, but failed to give evidence of the specific hazards, which gave rise to the rating on the assessment. In addition, they lacked details about what staff could do to mitigate or reduce risk levels. For example, one person used a walking frame to help them mobilise. Their risk assessment simply stated, 'Remind [person's name] to always use her walking stick.' There was no information relating to the potential risk of falling and sustaining an injury, or how likely it was that this would happen. In addition carers could not be certain if the person required a walking frame or stick to keep the person safe.

We also found that risk assessments in three out of the five files we looked at hadn't been reviewed, and the other two had been reviewed once. Only one risk assessment we looked at had been signed by the registered manager and none had been signed by the person or their family members. This meant that people may be exposed to avoidable harm or risk as assessments had not been completed and reviewed on a regular basis.

People's medication was not always managed appropriately. We looked at people's care records and saw that they didn't always contain specific information, relating to people's medication and how it should be taken. For example, staff told us that one person didn't always require support from staff to take their medication, as sometimes their family member helped them with this. That person's care plan did not provide this information, or guidance for staff regarding how to record that the medication had been given. This meant that there was a risk that medication would not be given in accordance with this person's prescription. We also found that care plans lacked specific guidance regarding people's medication. For example, there was no guidance regarding 'as required' (PRN) or homely remedy medication for people. We looked at people's Medication Administration Record (MAR) charts. They showed that staff signed the chart when they gave people their medication, however there were gaps on some charts. Staff informed us that this was due to family members administering medication; however there was no record that this had taken place. This meant that people may have been at risk of medication errors, as a result of poor recording practices.

The service was unable to demonstrate that risks to people's safety had been considered, assessed or regularly reviewed. This was a breach of Regulation 12 (1) (2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

None of the people we spoke to required support from staff with their medication. They told us that they were encouraged to do this for themselves and that their family members were also involved in providing them with support in this area. Staff told us that the service encouraged people to be independent, and where possible, manage their own medication. They also told us they received appropriate training, which meant that they could help people to manage their medication if necessary. Records showed that staff received medication training, as well as competency checks carried out by a more senior member of staff, before they could administer people's medication. These checks were carried out frequently, to ensure people's remained competent in this area.

There were mixed views about the staffing levels at the service. People and their family members told us that, although they had not had missed visits, staff were often late. One person said, "There are some timekeeping issues,

Is the service safe?

they can turn up late for visits.” Another person told us, “They sometimes can be a bit late.” Relatives explained that staff were often late for their family member’s visits, which could cause personal care or meals to be delayed. Staff members told us that they felt the staff team was large enough. One staff member said, “There are enough staff to meet people’s needs.” Staff also told us that they had not missed anybody’s calls, however they were sometimes late, particularly if the traffic was heavy. We spoke to the registered manager about staffing levels and late calls. They confirmed that they had identified this as an area for improvement, and had started to put plans in place to address the issue. They told us they had recruited a team of drivers, to help staff who did not drive to get from one call to another so that they did not have to rely on public transport. They were also in the process of recruiting new members of staff to reduce the need for staff to travel large distances between calls. An electronic system was also in the process of being introduced. The registered manager told us that, in the future, they planned to use this system to get accurate logs of the times of people’s calls, which will help them to monitor lateness more effectively. Staffing records showed that specific staff members were allocated to people’s calls and that all calls were scheduled. Past rotas showed that people had not experienced missed calls.

Staff members told us that the provider carried out a series of checks before they were allowed to start working at the service. The registered manager confirmed that they asked for staff references and applied for a Disclosure and Barring Service (DBS) criminal records check for each staff member, before they started work. This allowed them to check staff

member’s background and ensure that they were of good character before they started working. Staff records confirmed that staff checks took place before they started. These included an application form, full employment histories, references and a DBS check.

People felt protected from harm and abuse by the service and members of staff. They told us that while staff carried out their care they felt safe and secure. People’s relatives also felt that their family members were protected, whilst care was being provided. One relative said, “In my experience, they are always safe.”

Staff members said that safeguarding people from abuse is an important part of their roles. They explained that they had received specific training in safeguarding and abuse, as well as regular refresher training to ensure their skills and knowledge remained current. Staff also told us that they were aware of reporting requirements if they suspected abuse. One staff member said, “If you have a concern, of course you have to report it to the manager.” The registered manager explained that the service had not had any recent safeguarding incidents, but they had policies and procedures in place to help staff to report any concerns they may have. They confirmed that any concerns would be reported in full and would be sent to the local authority safeguarding team. We saw that policies were in place, as well as the local authority safeguarding team reporting procedures and contact information. We also saw that there were incident forms in place for staff to use, however there had been no need for staff to use them when we visited.

Is the service effective?

Our findings

People felt that staff had the right skills and knowledge to provide them with care and meet their specific needs. One person told us, “They are well trained, they know what they are doing.” People’s family members were also positive about the training and knowledge that staff possessed. One relative said, “I think at times the service is excellent and it is always good to very good. They are all well trained, they have a fantastic trainer.”

Staff members said that they were well supported by the service. When they started, they received a comprehensive induction to help familiarise them with the service and their role. One staff member explained that during their induction they completed a range of mandatory training courses, such as safeguarding, manual handling and health and safety. In addition, they spent time shadowing experienced staff members to get to know the people they would be providing care for. They said, “The shadowing and the training, it’s just great!” Senior staff members also supported new staff during shadowed visits, to help provide them with on-the-job training. This often included the specific ways that each person liked to receive their care. Staff told us that they found this mixture of training and hands-on induction a useful way to get to know their roles, as well as making it easier to get to know people and their care needs. One new member of staff told us that they had been signed up to complete the Care Certificate as part of their induction, to ensure they developed the skills that they needed. Staff records showed that new staff received induction training and support when they started working at the service.

Staff also told us that they received regular, on-going training from the service to help keep their skills up to date. One staff member told us, “Training is very good.” Another said, “The provider is investing in good quality training.” Staff explained that, as well as regularly completing new courses, they received refresher and update sessions on

previously completed topics, to help build and maintain the skills and knowledge that they had developed. They could also complete qualifications, such as Qualification Credit Framework (QCF) certificates in health and social care. The provider also ensured that staff members had regular supervision session to make sure they were supported appropriately. This allowed staff to raise any concerns they may have, as well as allowing senior staff or the registered manager to highlight any areas of staff performance which required addressing. We saw records to confirm that staff received regular and on-going training, support and supervision from the provider.

People and their families told us that, if necessary, staff would help them to prepare meals and drinks. They explained that staff always made sure they had enough to eat and drink and the food that was prepared was always something they liked. Staff told us that they encouraged people to be as independent as possible, but if needed, they would ensure people had meals, snacks and drinks both during their visit, and left within reach, for between visits. People’s care plans showed that food and drink was an integral part of the planned care for people who required support in this area. We also saw that the service had systems in place to record people’s food and drink consumption, which could be shared with health professionals, such as dieticians of the person’s GP if necessary.

People’s health needs were important to the service. People explained that if they needed help to book or attend a health appointment, staff were able to support them with this. In many cases, people’s family members would do this for them, however, if they were unavailable, people and their relatives knew that the service would provide the support they needed. Staff confirmed that they had, on occasions, supported people to appointments with their GP’s. We saw in people’s care plans that information about their health care needs was recorded.

Is the service caring?

Our findings

People and their family members told us that they had been involved in planning people's care, however their involvement was not always recorded. People explained that they had been asked about how they would like their care to be provided, and that care plans were available in their homes, so that they could go through them if they wanted. Relatives also told us that they were involved and had the opportunity to provide the service with regular feedback. One family member told us, "I was very involved, right from the start." Another relative told us that they, as well as their family member, had been consulted and involved in planning the care needed. However they went on to explain that they didn't always see written records of their involvement and hadn't had to sign care plans, to confirm they were accurate.

People's care plans did not show that they had been consulted or involved in the development of their care plans. We found that people's care plans did not record conversations or discussions about people's care with them or their family members. This meant that it was not clear whether or not people's care plans were reflective of the way that they wanted to be cared for. We also found that care plans lacked signatures for people, their family members or staff, to indicate that the plan had been discussed with those involved in people's care and that the content had been agreed by all involved. Therefore, records did not indicate that care plans had been discussed or shown to people and their family members.

People told us that staff treated them with kindness and compassion. One person told us, "I am happy with my care, the girls are lovely." Another person said, "They are very friendly, I don't have any problems." People's relatives also felt that their family members were cared for positively by staff. One relative told us, "I think they do well, I feel [family member] was treated well." Another family member told us, "They do go above and beyond." People and their relatives went on to explain that staff were always in a positive mood when providing care and were willing to perform additional tasks to make sure people were left comfortable and happy with the care that they received.

People and their family members told us that they had access to the information that they required. They explained that there was a copy of the care plan in each person's home, as well as guides to the service. These guides included information about the service, including contact information for the registered manager, and external organisations, such as the local authority and Care Quality Commission (CQC).

Staff had developed positive and meaningful relationships with people. They told us that they enjoyed getting to know the people they provided care for, and the service tried to ensure people saw the same members of staff on a regular basis. This helped them to get to know people and their needs well, as well as allowing a relationship to develop between people and their families, and staff. Rotas and staffing records confirmed that people were supported by a small group of regular staff, to help develop familiarity.

Staff were positive about the people they provided care for, and felt that the care they provided help to meet their needs, as well as maintain their happiness and confidence. They were also happy to be able to spend time with people, providing them with care and support. One staff member said, "No carers have any issues with people, every client seems to be happy." Another said, "It's a joy, just to be able to help people."

People felt they were treated with dignity and respect by staff. One person said, "They always treat me well, they are very respectful and polite." Another person explained that staff treated their home respectfully and always ensured it was left the way they wanted it. People's family members also told us that staff upheld high values and standards, relating to people's privacy and dignity. One relative told us, "They are extremely discreet and they are very correct." Another family member said, "I feel [family member] is treated well, with privacy and respect." Staff told us that this was an important part of their role, and they worked hard to ensure they treated people as they would wish to be treated themselves. We saw that the service had policies in place to guide staff in this area, as well as regular training and support for staff.

Is the service responsive?

Our findings

People did not always receive care which was personalised to meet their individual needs. We looked at care records and found that they were mixed. In some parts of people's care plans we saw that there was a detailed breakdown of people's needs and wishes, however this was not the case throughout. We also saw that there was not a regular review of people's care plans recorded. For example, we looked at one person's care plan which did not have a recorded review or update for over 12 months. This meant that the information in care plans may not accurately reflect people's current care needs.

Staff had a good knowledge and awareness of the people that they provided care for. They explained that they usually provided care for the same people, which allowed them to build a rapport and understanding of their needs. This allowed them to ensure that the care they provided met their individual needs and preferences. It was clear from talking to people and staff that they knew each other well, and that staff had a good understanding of people and their needs, however the information within care plans did not reflect this.

There were not accurate, complete and contemporaneous record for each person, which was a breach of regulation 17(1) (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their family members told us that staff were always mindful of people's current needs when providing care. They were willing to change their approach, or spend time talking to people and reassuring them, if necessary. Staff members explained that they adjusted their care and approach for each individual, according to their specific needs. One staff member said, "If one person feels lonely, they like me to sit down and talk to her." The registered manager told us that they wanted to ensure that the service didn't just meet people's assessed needs, but that their care was adaptable and reflective of any changes.

People told us that, prior to the commencement of their care package, the service had carried out assessments to make sure they could meet the person's needs. During these assessments, the registered manager and senior staff would visit the person and their family to discuss their needs, and identify whether or not staff would be able to deliver the care that they required. People's family members confirmed that these visits took place and that they found that they were a useful way to get to know the service and find out what they could offer.

People told us they could provide the service with feedback at any time. One person said, "I can get hold of management at any time, and they can sort out problems." People explained that they were aware of how to make formal complaints, however hadn't had to use the process. They told us that if they had any issues they would bring them up with staff or the office, and therefore wouldn't have to make a formal complaint. People's relatives also told us that they were able to contact the service and the management at any time. One family member told us, "You never feel you couldn't ask them something." Another explained that they had regular contact with the registered manager.

Staff told us that they encouraged people to give them feedback about the service that they received. They felt this was important as it allowed them to perform their job effectively, and to sort any problems out before they escalated. The registered manager told us that they wanted people and their families to be able to contact them about anything, and had made sure they all had their own phone number, so that they could contact them at any time. We saw in people's files that the registered manager's phone number was available, as well as information regarding complaints, both to the service and other organisations, such as the Care Quality Commission (CQC). We found that there had not been many formal complaints made to the service, but there was a robust policy and the complaints that had been made, had been dealt with appropriately.

Is the service well-led?

Our findings

The service had a registered manager in post. They were also the owner of the provider organisation and had worked to build the service up from its conception. They had instilled positive and open values within the service and all the staff who worked there. This view was shared by people and their family members who all felt the service had a positive ethos.

People told us that they were able to talk to the registered manager at any time, and felt that when they did, they were valued, respected and taken seriously. They also said they felt the registered manager had worked to create a positive culture within the service. One person told us, “They are very good, the manager is great and really involved.” People’s family members also told us that they felt the registered manager had a positive impact on the service. One relative said, “They manager is an extremely committed person, with very high standards. He is a very worthy, good man, I have a lot of respect for him.”

Staff members were also positive about the registered manager, as well as working for the service. One staff member told us, “It is wonderful.” Another said, “He is always looking at how we can improve care. It’s not about money, it’s about the care.” Staff went on to explain that there was a strong ethos within the service, and that providing people with the care they needed was at the centre of that approach. Staff felt well supported and empowered, which meant that they were able to meet people’s needs quickly and effectively. The registered manager told us that they had set up the organisation as they wanted to provide good care for people, rather than make profit. They were passionate about people receiving the right care and wanted to ensure their staff treated people well. They also told us that they had ambitions to

grow and develop the service, but would only accept new packages if they felt they would be able to meet their needs without having a detrimental impact on the people currently receiving care. Staff were also knowledgeable about their obligations and duty of care towards the people they cared for. One staff member said, “Here we are open.” By this they meant they were transparent and shared any issues or concerns. All the staff we spoke to were aware of the reporting procedures if they had any concerns, including whistleblowing procedures. The registered manager told us that they supported and encouraged staff to report any concerns they may have, including any concerns they may have about the management of the service. They were also aware of their regulatory obligations to report certain events or incidents to external bodies, such as the local authority or Care Quality Commission (CQC). Records confirmed that the registered manager had done so when required.

There were quality assurance systems in place within the service, to ensure care was being provided to a high standard. The registered manager told us that they were always seeking new ways to improve or develop the care that people received. This included regular quality questionnaires which were sent out to people and their families to get their feedback and opinions about the service they received. We saw records to confirm that these questionnaires were sent out and that the results were analysed to help identify areas which required development. The registered manager also carried out audits and checks to monitor the care which was being provided, and also used these to plan improvements to the service. During our inspection we saw that the service was in the process of upgrading their record management to a digital system, which would help them to further improve their oversight of people’s care and their records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service was unable to demonstrate that risks to people's safety had been considered, assessed or regularly reviewed.

Regulation 12 (1) (2)(a)(b)(g)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were not accurate, complete and contemporaneous record for each person.

Regulation 17(1) (2)(c)