

Your Choice Homecare Ltd

Your Choice Homecare

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

We carried out an announced inspection of Your Choice Homecare on 08 and 09 August 2017. Your Choice Homecare is a domiciliary care service whose office is situated on Chorley New Road in Bolton. The service provides personal care support to people in their own homes within the local authority area.

Both people using the service and the relatives we spoke with told us they felt safe as a result of the care and support provided by Your Choice Homecare. We saw the service had previously received positive feedback regarding people's safety.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. Staff we spoke with displayed a sound understanding of the safeguarding process and their responsibility for reporting any concerns. Staff also confirmed they had read and understood the safeguarding policy which was further supplemented by a whistleblowing policy and procedure which told staff what action to take if they had any concerns.

We saw that Your Choice Homecare placed a strong emphasis on maintaining and supporting individuals to keep them safe.

Everyone told us they had no issues with hygiene, with gloves and aprons consistently worn as required. Staff were aware of precautions to take to help prevent the spread of infection.

There was an appropriate, up to date accident and incident policy and procedure in place which was last reviewed in June 2017.

We looked at the care and support records of people who used the service and found these were comprehensive, well organised, easy to follow and included a range of risk assessments to keep people safe from harm.

People were protected against the risks of abuse because the service had a robust recruitment procedure in place.

People we spoke with and their relatives confirmed that the care workers and other staff they met were competent. People who used the service and their relatives told us staff were consistent, arrived on time and stayed for the full length of their visit.

There was a staff induction programme in place, which staff were expected to complete when they first began working for the service. Staff we spoke with all told us they received an induction and on-going training in order to ensure they had the necessary skills to meet people's individual needs.

The service held a record of all staff training undertaken and the date when it was due for renewal. Staff we

spoke with confirmed they received regular one to one and group support.

The service ensured that staff were matched with people who used the service to ensure they were happy and comfortable with them providing support.

We found the service had an up to date MCA policy and procedures in place and staff had all received training in this area. We saw that mental capacity assessments had been completed and best interest meetings held with the involvement of the relevant people including family members where necessary.

All the people using the service we spoke with and their relatives told us staff sought their consent before providing care. The service gave people the appropriate support to meet people's healthcare needs.

People who used the service and their relatives told us care staff were kind, caring and helpful. People and their relatives told us they were involved in planning their care. We found the service aimed to embed equality and human rights through good person-centred care planning.

People using the service provided positive feedback regarding the support they received. The service had also received a high number of compliments in the 12 months prior to the date of the inspection. We looked at the results of the most recent questionnaires/surveys and noted comments received were consistently positive and complimentary about the service.

The service did not deliver end of life care directly and at the time of the inspection and were not involved in supporting any person or relevant professionals in providing care for people who were at the end stages of life.

In order to determine staff thoughts on how person-centred they felt the organisation was all staff were required to complete an extensive evaluation questionnaire about people who used the service and their family members. Staff were also required to comment on their interaction with relatives and family members regarding providing good information, family contribution and the supporting of family relationships.

It was clear from speaking to people who used the service that there was a strong emphasis on not rushing the delivery of care.

Each person who used the service had a care plan in place that was personal to them with copies held at both the person's own home and in the office premises.

There was an up to date complaints policy in place and people who used the service and their relatives told us they knew how to make a complaint.

There was 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 2008 and associated Regulations about how the service is run.

Our discussions throughout the inspection demonstrated that there was an open and transparent culture which was person centred and empowered people to plan and be involved in the high quality care provided at this service.

The service had a clear set of aims and objectives which were referenced in the statement of purpose. We found the service had policies and procedures in place, which covered all aspects of service delivery.

Feedback on how the service was managed and the culture within the team was very positive. Staff told us they felt they were able to put their views across to the manager and felt they were listened to.

The service had achieved Investors in People (IIP) status and was a member of the National Skills Academy for Social Care. The service was also registered with the Information Commissioners Office (ICO).

The registered manager had produced a well-developed website. There was a wide range of information on this website that would be useful to people who used the service and their relatives.

Systems were in place to monitor the service and identify where improvements could be made. People's progress was reviewed on a regular basis to ensure the service was meeting their needs and discussions with people who used the service and their relatives took place regularly, which we verified by looking at records.

In order to promote the importance of person centred care and dignity and respect care staff were monitored regularly through direct observation, announced and unannounced spot checks and specific observations.

The registered manager was very visible in the team and proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements in the service.

Newsletters were sent to staff approximately every three months and staff meetings were held each week in the office premises.

We saw the manager was extremely knowledgeable about each person without the need to refer to care files and provided clear guidance and updates to care staff as necessary.

The service maintained a 'governance file' which included information and records of team meetings, MAR and client monthly reports, team member monthly reflective feedback forms, care file audit checks and outcomes, supervision/appraisal outcomes and actions, client and team member annual satisfaction questionnaires and client end of service feedback forms.

The manager undertook quality assurance visits to people in their own homes in order to monitor staff care practice.

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.

There was evidence of robust recruitment procedures in place.

People told us they felt safe receiving support from the service. The feedback received from people we spoke with indicated there was good communication which contributed to people and their relatives feeling safe and cared for.

Staff were able to clearly tell us what they would do if they suspected someone was being abused.

There was an accidents/incidents file in use for recording any accidents or incidents.

Is the service effective?

Good ●

The service was effective.

People we spoke with confirmed that the care workers were competent.

Staff told us they received an induction and on-going training in order to ensure they had the necessary skills to meet people's individual needs.

Staff we spoke with confirmed they received regular one to one and group supervision.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had received appropriate training.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives said they were treated with kindness and comments we received about the service were complimentary.

We found the service aimed to embed equality and human rights through good person-centred care planning.

People were encouraged to express their views and to be involved, where possible, in making decisions about their care and treatment.

At the time of the inspection, the service was not involved in providing care for people who were at the end stages of life

Is the service responsive?

Good ●

The service was responsive.

People we spoke with who used the service and their relatives confirmed that they were involved in planning their care which looked at the support people required and what they could for themselves.

Visits to people's homes were not rushed and all people we spoke with confirmed this was the case.

We saw that people's care plans and needs were regularly reviewed which was completed with the involvement of people and their relatives.

Is the service well-led?

Good ●

The service was well-led.

Feedback on how the service was managed and the culture within the team was very positive.

All of the different staff we spoke with said there was good teamwork and clear communication both internally within the team and with outside agencies. The service also sought people's views about the service they had received at the end of the period of support.

The registered manager was very visible in the team and proactive throughout the inspection in demonstrating how the service operated and how they worked closely with other health and social care professionals to drive improvements in the service.

Systems were in place to monitor the service and identify where improvements could be made. We found the service worked effectively with other organisations to develop the service in order to achieve better outcomes for people.

Your Choice Homecare

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out on 08 and 09 August 2017. The inspection was announced to ensure our inspection could be facilitated on that day by the registered manager. The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC). The service had previously been inspected in May 2015 when it was registered as a different legal entity and achieved a rating of Good in all domains at that time and this was the first inspection since re-registering with the Commission.

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any safeguarding or whistleblowing information we had received and any complaints about the service. We liaised with stakeholders who had involvement with the service including the local authority. This helped us determine if there might be any specific areas to focus on during the inspection. Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service.

At the time of the inspection the service provided care and support to approximately 14 people in the Bolton and surrounding area. As part of the inspection we spoke with the registered manager and four staff members. We visited four people who used the service in their own homes and spoke with six relatives. This was to seek feedback about the service provided from a range of different people and help inform our inspection judgements.

During the inspection we viewed four care plans, four staff personnel files, policies and procedures and other documentation relating to the running of the service, such as satisfaction surveys, complaints, spot checks/observations and audits. When we visited people at their home address we looked at how their medication was handled and reviewed their care plan and communication log.

Is the service safe?

Our findings

Both people using the service and the relatives we spoke with told us they felt safe as a result of the care and support provided by Your Choice Homecare. One relative said, "At the very start when the manager came to see us and [person name] she was excellent with [person name] and even brought staff to see [person name] before they started working with him so that he could get used to them; [person name] feels safe with the carers and the manager visits regularly to check everything is okay." A person who used the service told us, "I have a friendly rapport with the staff and we have some good banter; there's one very special staff member but I feel totally safe with all of them." A second person said, "I feel totally safe with this company and nothing happens without me being involved."

We saw the service had previously received positive feedback regarding people's safety and comments already received by the service included, "I feel safe with the carers coming in to my home and I have a team of carers to help me with day to day living," and "I feel very safe with the staff whether it's with my personal care or when they go shopping for me. They are absolutely brilliant and I am always introduced to new carers coming into my home. I get a rota of carers for the week they are my little angels."

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. The service maintained a log of any safeguarding's and there was a safeguarding policy in place that had been updated in June 2017. We saw that since first registering with the Commission only one safeguarding had been raised by the service and this was not related to the provision of care that the service provided to the person concerned; in addition we had not received any other information of concern about this organisation. Any safeguarding referrals were documented including the date of referral, who was involved, nature of the safeguarding, the action taken, any outcomes and date closed.

Staff we spoke with displayed a good understanding of the safeguarding process and their responsibility for reporting any concerns. All staff confirmed they had received training in this area, which was refreshed annually. We verified this by looking at staff training records. One staff member told us, "I've done safeguarding training for both adults and children and its refreshed every year. Safeguarding is about keeping people who use the service and yourself safe and we do this by following policies and procedures. If I was concerned I would tell the manager and if they weren't available I know I could contact CQC or the local authority." A second staff member said, "Indicators of safeguarding could result in a change of normal behaviour, the issue might be neglect, financial, physical, emotional or sexual abuse. If I was concerned I would tell my manager or the CQC or local authority."

Staff also confirmed they had read and understood the safeguarding policy which was further supplemented by a whistleblowing policy and procedure which told staff what action to take if they had any concerns. Staff told us the policy and procedure was covered in training and the details of a contact phone number and email address they could contact were made available to them. Comments included, "If I was whistleblowing I could contact the CQC or local authority but if it's about colleagues I would speak to the manager first." and "Every month we have a form to fill in to give to the manager to identify if we have any concerns. I know how to whistleblow and would inform the local authority or CQC."

We saw that Your Choice Homecare placed a strong emphasis on maintaining and supporting individuals to keep them safe. To ensure people's safety staff received comprehensive training during their induction and throughout their employment with on-going annual refresher training and awareness in safeguarding, whistleblowing, health and safety and medication management. Additional information was provided to staff and guidance and updated policies and procedures were cascaded at team meetings encouraging learning, development and competence. A wide range of useful information was also accessible within the office area for staff to follow. As a further measure to protect people who used the service the manager told us that staff were instructed never to leave any item in their car, such as gloves or aprons, that might alert someone to their frequent presence at people's homes. Additionally where key-safes were being used staff always ensured that they swivelled the key safe number around when they entered the home to ensure that no-one who was in the vicinity could see the correct entry number. Key safe numbers were kept separately so that they could not be associated with the person concerned.

We looked at infection control practices within the service. We asked the people and relatives we spoke with if staff wore personal protective equipment (PPE) when necessary. Everyone told us they had no issues with hygiene, with gloves and aprons being consistently worn as required. Stocks of PPE were available in the office premises which was confirmed by staff we spoke with. Staff were aware of precautions to take to help prevent the spread of infection. For example, staff said they would wash their hands regularly and use aprons and gloves when supporting people in their own homes.

We looked at how the service managed accidents and incidents. There was an appropriate, up to date accident and incident policy and procedure in place which was last reviewed in June 2017. This was supported by additional policies and procedures including a policy on reporting injuries diseases and dangerous occurrences (RIDDOR), control of substances hazardous to health (COSHH), environmental management, falls prevention, fire safety, first aid, health and safety, hot water and surfaces, infection control, MRSA, personal safety, prevention of pressure ulcers, protective clothing and equipment and risk assessments. Incidents were logged and tracked including the date of the incident the name of the person concerned and the action taken to reduce the potential for repeated events.

We looked at the care and support records of people who used the service and found these were comprehensive, well organised and easy to follow and included a range of risk assessments to keep people safe from harm. These included areas such as speech hearing and sight, memory, health and medical conditions, capacity, personal care, skin breakdown, psychological well-being, sleep pattern, nutrition and hydration and moving and handling. When support plans were updated staff signed a sheet to identify they had read and understood the care plan. Each risk assessment had a corresponding form that identified the specific risk or hazard, the existing control measures and further control measures required to reduce any potential risk.

At the front of each person's care file was a laminated document titled 'Stop – Risk Assessment – Remember safety is everyone's business.' This document covered areas such as moving and handling, health and wellbeing, the home environment, if there were any recent changes in the care and support being provided and if these had been discussed with relevant people, equipment and if there was a need to update the head office with new information that may affect a person's safety. Additionally there was a document in use which considered issues relating to the home environment of the person receiving care and support, such as fire safety, lighting, temperature, tripping hazards and the condition of external pathways and steps.

Staff also completed a lone worker questionnaire to identify issues relating to the person being supported, the type of service being provided, the environment, transport and any additional supervision required by the care staff member. If additional measures were required an action plan was drawn up included the date

to be achieved. This meant staff considered any environmental risks to the person receiving care and support or to themselves at each home visit.

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began working at the service to ensure they were fit to work with vulnerable adults. We looked at four staff personnel files. Each file we looked at contained application forms, responses to interview questions, a criminal records bureau or disclosure and barring service check, (CRB/DBS). A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. There was evidence that at least four references had been sought from previous employers, including a character reference. These had been obtained before staff started working for the service. This demonstrated staff had been recruited safely.

We looked at how the provider managed staffing levels and the deployment of its staff. We requested and looked at a month's staffing rotas. We noted agency staff were never used. We saw from the documentation provided at the inspection that staffing levels were adequate to meet the needs of the people using the service. We looked at the rotas for all care staff and noted call times were reflective of people's needs with varying travel time included between each call, depending on the distance travelled. Due to the small size of the service an electronic form of staff scheduling was not used.

We asked staff for their opinions of staffing levels at the service and management of their rotas. One staff member told us, "I have never felt pushed for time and always have time to assist people. If we feel more staff are needed at any time we tell the manager and she sorts it out straight away; we also have senior carers and we all work together to sort it out." A second staff member commented, "We may be the only person who the people we support see each day so it's important that we take our time. I've never felt pushed and always have the time that is needed." A third stated, "I always have plenty of time and there are no short visits. We have to record the actual time that we visit people and if we get stuck in traffic we contact the office and they inform the person that we are going to be late." We verified from looking at documentation that actual visit times were logged and recorded in people's care files.

Is the service effective?

Our findings

People we spoke with and their relatives confirmed that the care workers and other staff they met were competent. One relative told us, "Staff always explain to [person name] what they are doing all the time and [person name] face lights up when they come in. Staff know what they are doing and are well trained. The manager will tell staff if she is unhappy with the quality of care provided." A person who used the service said, "Staff talk to me all the time about my life and family. They know what they are doing and will go that extra mile like nipping to the shop if I need anything." Another person told us, "To get a company like this is marvellous and they support my family as well."

People who used the service and their relatives told us staff were consistent, arrived on time and stayed for the full length of their visit. Comments included, "Staff are always on time and stay the full length of the visit – they're great with this," and "Staff take their time and stay the full length of time," and "Always on time, never miss a visit and this is a life saver to us." A relative told us, "They've been great and have lots of time to do things for [person name]."

We looked at the process of induction for new staff members. There was a staff induction programme in place, which staff were expected to complete when they first began working for the service. The induction covered areas such as health and safety, infection control, safeguarding, communication, privacy/dignity, and delivering person centred care. An induction checklist was used to track staff progress against induction targets and staff received a handbook with a wide variety of useful and relevant information regarding the service.

Staff we spoke with all told us they received an induction and on-going training in order to ensure they had the necessary skills to meet people's individual needs. One staff member said, "When I started I had an induction and this included training in safeguarding, moving and handling, and infection control as well as other things. We worked through an induction workbook and at the end I was signed-off as being competent. I did shadowing other staff in the community for a while and had lots of observations of practice which we get all the time. I read care plans and felt confident at the end of it all." Another staff member said, "At the beginning I had an induction and this included discussing the expectations of the service as well as training and reading policies and procedures and shadowing other staff. Second class care is not acceptable to me." A third staff member commented, "My induction included introductions to the company, philosophies and values, training, understanding CQC regulations."

The service held a record of all staff training undertaken and the date when it was due for renewal. Training undertaken by all staff included, the qualifications and credit framework (QCF) diploma level two and three, care certificate, moving and handling, medication, health and safety, safeguarding adults and children, infection prevention and control, hoist awareness, oral care, first aid, nutrition and food hygiene, dementia awareness, mental capacity act.

Staff we spoke with confirmed they received regular one to one and group supervision. They told us that any problems were quickly sorted out. Staff were able to drop in to the office at any time on any day, in addition

to attending more formal team meetings. The service kept a record of all staff supervisions that had previously taken place. These processes gave staff an opportunity to discuss their performance and identify any further training they required. We found that staff were actively encouraged to share their views and opinions through the mechanism of supervision. The service had an up to date supervision policy and procedure in place. There was a supervision and appraisal tracker in place which identified the number of supervisions and appraisals carried out and any associated actions required.

Knowledge of policies and procedures was tested out at supervision meetings and as part of the process of induction. This meant staff were clear about the standards expected by the service and how the service expected them to carry out their role in providing effective care to people in their own homes. Comments received from staff regarding supervision included, "I get supervision and these are every few months and we sit down and discuss our work and training. We reflect on what we've done and what we want to achieve and get copies of the minutes afterwards. Staff meetings are usually every three months and there's always two meetings to ensure staff working at different shift times can attend," and "I get formal one-to-one's with the manager and these could be as often as is necessary but I come into the office every week and discuss any issues at the time. The manager respects my confidentiality and is great to talk to."

The service ensured that staff were matched with people who used the service to ensure they were happy and comfortable with them providing support. The staff member was initially introduced to the person by looking at their information file which identified their individual circumstances and requirements and this was followed by a visit to the person to ensure they were happy with the staff member available. People who used the service could choose to discontinue the support of any individual staff member without any problem.

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.

We checked whether the service was working within the principles of the MCA. We found the service had an up to date MCA policy and procedures in place and staff had all received training in this area. We saw that mental capacity assessments had been completed and best interest meetings held with the involvement of the relevant people including family members and where necessary.

We looked at the way the service managed consent and found that before any care and support was provided, consent was obtained from the person who used the service or their representative. We were able to verify this by checking people's care files. Care files contained a consent to care and treatment form that was signed by the person or their representative.

All the people using the service we spoke with and their relatives told us staff sought their consent before providing care. Comments included, "Staff work through my changes with me and always ask me first; they are amazing. Once when my bathroom was being changed and my shower wasn't working they asked me what I would like to do in between and sorted something else out and everything was right," and "Staff always ask my consent and I cannot fault them."

We asked staff how they ensured people had consented to their support, one staff member said, "I always ask people before doing anything; at the end of the day it's their choice so we record everything that's happened each day and the choices they have made." A second staff member said, "Before we do anything

care plans are completed and agreed with the person or their family; it's important to read these as not everyone can talk to you but you always keep talking to them and watch for other signs like body language of facial expression." A third staff member commented, "You ask the permission of the person before doing anything and they can refuse at any time, but I encourage people to be involved and write everything down in their care file each day." A fourth staff member said "We always ask people before doing anything and it's also written down in their care files."

Support provided to people to assist with nutrition and hydration varied depending on individual needs. Staff were knowledgeable about the people they supported and their nutritional needs. One person said, "Staff help to prepare my meals; I choose what I want and they make it for me; they always ask my permission before doing anything." Where there was a need to record people's nutritional intake this was done in detail and all entries were signed and dated.

At the time of the inspection no person who used the service was at high risk of malnutrition or dehydration. However, if it was identified assistance was needed in this area, support workers recorded people's nutrition and hydration intake. Staff confirmed if a person had little appetite then they would encourage the person to eat each time they visited and would inform their manager with a view to accessing the appropriate professional support if required.

The service gave people the appropriate support to meet their healthcare needs. Staff liaised with healthcare professionals to monitor people's conditions and ensure people health needs were being met. We saw any communication between professionals such as GP's or district nurses was documented to ensure staff supporting people knew of any changes or issues.

Is the service caring?

Our findings

People who used the service and their relatives told us care staff were kind, caring and helpful. One relative said, "I got a statement of purpose and service user guide at the same time and talked through it with [manager name]. I have never known a company like this who are so thorough and caring in attitude and we always know who will be visiting though we know we could change carer at any time we like." A person who used the service said, "Staff are very caring and anything I ask them to do they will do. We have a good talk when they are here." A second person told us, "Nothing happens without me being involved. Staff are like friends to me and I get the same few people all the time and we've built up a rapport over time. To find a company like this is marvellous and they also support [my relative] as well as me. This is a caring company and they care about what they are doing." A third person commented, "Staff are always very nice with me."

People and their relatives told us they were involved in planning their care. A relative told us, "I've always been involved with care planning and assessments. At the beginning I went over the paperwork with the manager and she was bob-on. Staff are really lovely with [person name] and always on time." We asked people and their relatives if they felt treated with dignity and respect by the care staff who supported them, everyone we spoke with told us they did. One relative said, "Staff are definitely dignified and respectful to [person name]. Files are filled in each day with good detail and are always truthful in contents; the best service we have ever had." A person who used the service told us, "Staff are always dignified and respectful with me, they always wear gloves and aprons and are like friends. [Manager name] is a life-saver and they all are." A second person said, "Staff will bend over backwards to accommodate what I ask; they are totally consistent and never late."

We saw people had been involved in discussions about their care plans and how they wished to be cared for and care files contained clear guidance about each person's needs and wishes and how staff should support them.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs and promoted their independence.

People using the service provided positive feedback regarding the support they received. The service had also received a high number of compliments in the twelve months prior to the date of the inspection. Comments included, "The staff are very friendly and respect my dignity by allowing me to do as much as I can for myself when I am able to. They also provide me with companionship," and "Mum thinks all the carers are her friends. They treat her with dignity and respect; they also sing with her and she listens to the radio a lot with music being her favourite," and "excellent care provided, [manager name] and her staff deserve the good reputation that they have worked so hard to achieve," and "[Manager name] and her ladies provide a wonderful service for Mum. Mum really enjoys the visits from the carers and they are all warm and loving towards her."

We found the service did not provide visits that were of a short duration as it was felt that these were not long enough to deliver a true caring service.

The service did not deliver end of life care directly and at the time of the inspection, the service was not involved in supporting any person or relevant professional in providing care for people who were at the end stages of life.

Is the service responsive?

Our findings

People we spoke with who used the service and their relatives confirmed that they had been involved in planning their care which considered the support people required and what they could for themselves. Everyone that we spoke with told us when their care was planned at the start of the service the manager visited them and spent time finding out about their preferences, and needs and how they wanted their care to be delivered.

A relative told us "[Person's name] previous care company often didn't turn up so we arranged for direct payments for [person name] and [manager name] from Your Choice Homecare came and did an assessment at home and this was fantastic." A person who used the service told us, "Staff work alongside me rather than doing things to me. At the beginning the manager came and did a lengthy assessment and I got a guide to services and other information. I am happy with everything they have done so far." A second person told us, "[Manager name] came to see me at the start and talked with me about my needs and wishes which was an assessment and I've done questionnaires about the service since then. I feel I'm always involved." A third person told us, The manager comes out regularly to see me and check how I am and checks records as well; I'm involved in planning my care and I'm always asked about quality as well."

In order to determine staff thoughts on how person-centred they felt the organisation was all staff were required to complete an extensive evaluation questionnaire about people who used the service and their family members. This asked the question: 'Person-Centred Care - what do you think we do well and where do we need to improve.' Areas covered included treating the person as an individual with dignity and respect, understanding and respecting the person's life history, knowing and acting on what matters to the person, knowing and acting on what the person wants in the future, communicating effectively and knowing how to respond, supporting the person to make choices and decisions every day, knowing exactly how the person wants to be supported and how to support them to be fully part of everyday life, knowing what's working and changing what's not working, supporting people to initiate and maintain friendships and being part of community and civic life, supporting people to be in the best possible physical health and remaining as independent as possible.

Similarly, staff were also required to comment on their interaction with relatives and family members regarding providing good information, family contribution and the supporting of family relationships. The last part of the questionnaire considered the overall staff team including their knowledge skills and understanding of person-centred care, individual support and development in using person-centred practices, team purpose, values and culture, supporting each other, understanding expectations of them. These were then evaluated and discussed in supervision or staff meetings. This demonstrated that the service regularly considered how they delivered care in a person-centred way. The manager told us, "Behind each person is a circle of support so we need to be mindful of this and support them as well."

It was clear from speaking to people who used the service that there was a strong emphasis on not rushing the delivery of care, ensuring people were comfortable with all activities agreed and undertaken. Everyone we spoke with told us they never felt rushed and staff stayed the full length of the visit. Where additional

time was identified this was raised with the commissioning authority or agreed with the person concerned if they were managing their own funding and hours were increased. A person told us, "This service has bent over backwards to accommodate my changing needs and requests, we've asked them for many things and they've always been there for us; totally consistent and never late." A second person told us, "They've been great; they offered lots of different times to come and support me so I can maintain my independence. Everything that happens is written down and we've never had a negative word between us."

Each person who used the service had a care plan in place that was personal to them with copies held at both the person's own home and in the office premises. This provided staff with guidance around how to meet their needs, and what kinds of tasks they needed to perform when providing care. The structure of the care files was clear and made it easy to access information.

We saw care files contained details about the person's background and life history, interests and social life, any existing support network, spiritual needs and recorded details of people who were involved in care planning such as family members and other relevant professionals.

We looked at how the service managed complaints. There was an up to date complaints policy in place and people who used the service and their relatives told us they knew how to make a complaint. The service policy on comments, compliments and complaints provided clear instructions on what action people needed to take in the event of wishing to make a formal complaint. Information on how to make a complaint was given to people at the start of the service.

We asked people if they had ever felt the need to make a formal complaint. One person told us, "I go to different day centres during the week and staff also assist me with going shopping, they follow what's in my plan. They did an assessment at the beginning and always fill in the daily record in front of me. I know how to complain and I'm very happy with this service." A second person said, "The manager came to see me at the beginning and we did an assessment of my needs. I got all the information I needed and know how to make a complaint but I've never had to make one and I'm confident in talking to [manager name] if I was concerned." A relative commented, "Staff take [person name] out at weekend to the football and that gives me a break. There's never been anything that I've felt the need to complain about but have the information if need be and the service has accommodate our changing requests over time. The manager comes out to check on staff and review my care regularly."

Is the service well-led?

Our findings

There was 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 2008 and associated Regulations about how the service is run.

Exceptional management and leadership was demonstrated at Your Choice Homecare. Our discussions throughout the inspection demonstrated that there was an open culture which empowered people to plan and be involved in the high quality care provided at this service. This meant that people continuously had a say in how they wanted their care to be delivered. The strong and positive management approach resulted in people receiving a tailored inclusive service which focused on them receiving individualised care.

The service had a clear set of aims and objectives which were referenced in the statement of purpose. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. These were the guiding principles which determined how all staff approached their work and were based on person centred, individualised services, independence, respect, dignity, privacy, personal choices, culture, individual customs and lifestyles hospitality.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies were all up to date. The service appropriately submitted statutory notifications to CQC.

Feedback on how the service was managed and the culture within the team was very positive. All of the staff we spoke with said there was good teamwork and clear communication within the team. One staff member told us, "Team working is brilliant, we get on fantastic and always relate information to each other; we're supportive of each other and always help each other out." A second staff member said, "I think [manager name] is brilliant and does a good job of leading the service; always approachable and I feel confident in raising any issues I have. I love the fact that [manager] name will roll up her sleeves and get involved and we get regular updates from her."

We asked staff if they felt supported by the manager. Staff told us they felt they were able to put their views across to the manager and felt they were listened to. One staff member said, "This is the first company I have worked for where the manager actually does care about the staff and always rings us at night if we are working late." A second staff member commented, "[Manager name] is very particular about the staff employed and has identified my further development needs, including training."

The service had achieved Investors in People (IIP) status. Investors in People is a standard for people management, offering accreditation to organisations that adhere to the Investors in People standard. Comments from this accreditation included, 'Friendly and family feel atmosphere, with staff enjoying working at the organisation. Dedicated and hardworking staff, a good mix of knowledge and experienced as

well as having a compassionate nature. Your Choice Homecare demonstrated that staff were committed to providing the best level of care for its customers. The training and development had fostered a 'challenging' approach and enhanced people's self-esteem.

The service was a member of the National Skills Academy for Social Care and submitted the required information as necessary. The registered manager was also an NVQ Assessor and 'Train the Trainer' which allowed them to deliver certain types of training courses. Training delivered adhered to the requirements of the Care Certificate.

The registered manager possessed the necessary technical skills to produce a well-developed website. There was a wide range of information on this website that would be useful to people who used the service and their relatives, for example there was information and links to other organisations such as Alzheimer's Society, assistive technology for dementia, pet therapy, independent mental capacity advocacy (IMCA), Social Care Institute of Excellence (SCIE), disability benefits helpline, Bolton Carers, carer's allowance enquiries, counselling and local government ombudsman (LGO). The website also had a page called 'Social Care News' which included links to a range of publications, reports and learning regarding health and social care. This information would be useful to people who used the service in identifying other organisations that might be relevant to them.

The service was also registered with the Information Commissioners Office (ICO). The ICO is the independent regulatory office for data protection in order to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals. This demonstrated that the manager had properly considered how to manage people's information in a confidential manner.

Systems were in place to monitor the service and identify where improvements could be made. People's progress was reviewed on a regular basis to ensure the service was meeting their needs and discussions people who used the service and their relatives took place regularly, which we verified by looking at records. One relative said, "Staff are genuine, caring and attentive and the manager keeps me informed of how things are going and is very quick to raise any concerns she may have about [my relative]. We have regular reviews of care plans and staff go above and beyond to provide an exceptional service."

In order to promote the importance of person centred care and dignity and respect care staff were monitored regularly through direct observation, announced and unannounced spot checks and specific observations. We saw from records there had been 33 quality assurance visits to people's homes, 23 supervisions completed and 29 spot checks of staff practice undertaken in the year up to the date of the inspection. One person said, "Making contact with Your Choice Homecare has changed my life completely; they are the best care company in Bolton by a mile."

We looked at the results of the most recent questionnaires/surveys and noted comments received where consistently positive and complimentary about the service. Feedback received from the most recent annual survey carried out in October/November 2016 included, 'I am very happy with the service they provide, they are really professional, flexible and friendly,' and 'All staff are very good and have a good sense of humour – vital for [person name],' and 'carry on the good work,' and 'Everything satisfactory as usual.'

The registered manager was very visible in the team and proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements in the service.

Feedback was obtained from people who used the service and their relatives in a number of different ways and at different times whilst people were receiving care and support. This included annual surveys, end of

service surveys, monthly evaluation questionnaires/quality assurance forms. This meant the manager had considered several different methods of gaining feedback from people who used the service at different stages of their 'care journey.'

Newsletters were sent to staff approximately every three months. We looked at previous newsletters and information included updates on staff training and new qualifications gained, the process of CQC inspection, lone working and social media, keeping safe, the accessible information standard (AIS), end of year surveys, information from CQC, compliments to staff.

Staff meetings were held each week in the office premises. Discussions at previous meetings included, health and safety, safeguarding, accidents/incidents/near misses, team member updates, client updates, During the course of the inspection we observed many occasions when staff came into the office and held discussions with the manager about people who used the service. We saw the manager was extremely knowledgeable about each person without the need to refer to care files and provided clear guidance and updates to care staff as necessary.

One member of staff described to us how the registered manager had provided them with additional support when they had previously supported a person at the end of life, they said, "Though I've done end of life care training, because of my own personal experiences, the manager paid particular attention to how I was and if I was okay with providing this kind of support and it helped me to be able to continue supporting this person, which I was honoured to do." Another staff member told us how the manager had been particularly attentive in supporting them and in ensuring they were able to meet their personal spiritual commitments whilst still maintaining continuity of care for the person they supported. They told us, "[Manager name] does a great job and keeps everyone in the loop. I've never had a manager like this who really cares about you. [Manager name] covered some of my shifts so I could meet my spiritual needs because she recognised the difficulties I might have." This demonstrated responsibility for the staff group, whilst also recognising individual differences.

Direct observations were regularly carried out on support workers which looked at how they supported people in their own homes. We viewed samples of these and saw that the manager could see if there were any issues with these monitoring visits and address any problems with individual support workers immediately.

The service maintained a 'governance file' which included information and records of team meetings, MAR and client monthly reports, team member monthly reflective feedback forms, care file audit checks and outcomes, supervision/appraisal outcomes and actions, client and team member annual satisfaction questionnaires and client end of service feedback forms. This showed us the manager used a variety of different methods to capture the views and opinions of people who used the service and also the staff team.

We found the registered manager promoted an open culture and were person centred, inclusive, open and transparent. One staff member said, "[Manager name] promotes honesty among her staff; she doesn't just sit behind the desk and has a lot of practical experience so she understands the issues that might come up." A second staff member told us, "I can discuss anything with [manager name] and she takes it on board; it's a learning curve for all of us and [manager name] understands this and so listens to us."

The service had an infrastructure of auditing in place to monitor the quality of service delivery. These included audits of people's care files, medication audits, accident and incident audits, complaints. The manager undertook quality assurance visits to people in their own homes in order to monitor staff care practice, and carried out spot checks of staff practice which staff confirmed was the case. The spot checks

included time and attendance records, care plans, medicines records, and discussions with the people who used the service regarding the quality of care they had received.

We saw that comprehensive records of these spot checks were kept and information was cascaded to the relevant care staff member concerned in order to identify good practice or areas for improvement. Any problems observed or incorrect procedures were noted and discussed with all staff individually or at staff meetings as appropriate.

The office premises contained a wide range of useful information for staff to read and digest including information on the care Act 2014, understanding dementia, understanding eh principles of care, safeguarding and equality and human rights.

There was an up to date provider and manager registration certificate on display in the office premises along with an appropriate certificate of insurance.