

Care Choice North West Limited

Pier House

Inspection report

Pier House
Wigan
WN3 4AL

Tel: 01942217546

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30 January 2020

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Pier House is a domiciliary care service that provides support and personal care to adults in their own homes. 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. At the time of our inspection 90 people were receiving support with personal care.

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

Everyone involved in the running of the service exuded passion for delivering care that was person-centred and gave people a meaningful life. All Pier House staff went above and beyond to provide people with positive outcomes and experiences; people were consistently placed at the heart of the service.

People told us their lives had greatly improved due to the consistent support they received from staff. Achieving desired outcomes and providing truly individualised care and support was central to care planning and delivery. Professionals spoke extremely highly of the person-centred care and innovative methods used by the service.

It was evident the values held by staff had been cascaded down from the registered manager who showed great passion for making a difference to people's lives. There was a strong emphasis placed on empowering people and involving them in the running of the service. The registered manager was continuously looking at ways to improve the quality of care and had been highly praised by professionals for their collaborative working. Due to the excellent working relationships between staff and health and social care professionals, people received a package of care that was right for them.

People told us they felt safe with the staff who supported them. Staff knew how to recognise abuse and were confident reporting safeguarding concerns. Risks to people had been identified and plans were in place to manage these. There were enough staff with the right skills, knowledge and experience to meet people's needs.

People's needs had been holistically assessed and guidance was in place for staff to follow to ensure they delivered effective care and support. Staff received a detailed induction and on-going practical training to ensure they maintained the right skills to provide individualised care and support. Staff spoke highly of the training and support they received.

People were supported to live healthier lives. Staff educated people and family members about healthy eating and supported people with meals where needed. People were supported to access health care appointments and staff followed guidance from health and social care professionals.

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.

People and family members spoke highly of staff and how kind and caring they were. Staff took time to chat and get to know them and it was evident positive relationships had been developed. People were treated with dignity and respect and staff understood the importance of keeping information private.

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

Rating at last inspection - The last rating for this service was good (published 8 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

This service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

This service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

This service was exceptionally well-led.

Details are in our well-led findings below.

Pier House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one 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 homes.

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

Notice of inspection

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

The inspection activity started on 24 January 2020 and ended on 3 February 2020. We visited the office location on 24 and 30 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and five family members about their experience of the care provided. We spoke with six members of care staff. We also spoke with the registered manager and care manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly worked with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe from abuse and told us they were confident reporting safeguarding concerns.
- Allegations of abuse were raised with the relevant agencies in a timely way. Safeguarding incidents were graded in terms of severity and risk and referred to relevant agencies where necessary.
- People told us they felt safe with the staff who supported them, and family members were confident their loved ones were safe and well looked after. Comments included; "Yes they make me feel safe I have no concerns at all" and "Well what a difference. I am most certain that [relative] is safe."
- Systems were in place to robustly monitor when people were discharged from hospital to ensure staff were available to provide support.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and plans were in place for staff to manage these and keep people safe from harm.
- People were supported to take positive risks to ensure they lived as unrestricted a life as possible.
- An 'on-call' service was available out of office hours for people and care staff to contact senior staff and managers during an emergency or when particular incidents occurred.

Staffing and recruitment

- Enough suitably qualified and skilled staff were deployed to meet people's needs. Staff were allocated calls within specific areas to ensure people received support from consistent staff.
- People told us staff completed their calls at the times agreed; where staff were going to be late, they were contacted in advance and provided with an explanation. Staff told us they felt the call rotas were manageable and did not feel rushed or under pressure.
- Office staff were able to effectively monitor how far away from people's homes care staff were when logging in and out of calls. This allowed for prompt action to be taken when issues with call times occurred.
- Safe recruitment processes were being followed and relevant checks completed on newly recruited staff to ensure they were suitable to work with vulnerable people. We have reported further on recruitment within the well-led section of this report.

Using medicines safely

- Medicines were managed safely by suitably trained and qualified staff. The services' internal trainer delivered practical medicine administration training which staff felt gave them a better insight into people's needs.

- Alternative methods, such as assistive technology, had been implemented to ensure people who were resistive to staff support due to anxieties, took their medication when required.
- Electronic devices used by staff provided relevant information regarding people's prescribed medicines and the specific task to be completed, such as administering, prompting or preparing.
- Measures had been taken to ensure medicines were kept safe and did not place people at risk. For example, one person's prescribed medicines were kept in secure storage to reduce the risk of overdose.

Infection Control

- Staff told us they had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- People told us staff used appropriate equipment, such as gloves and aprons, when required. One person told us, "Staff wear their gloves and aprons and sometimes overshoes depending on what we are doing."

Learning lessons when things go wrong

- Any incidents that occurred were recorded electronically and reviewed daily so that issues could be addressed immediately.
- The service maintained an 'on-call' and 'problem' folder which provided details of particular issues, how they were addressed and what the service learnt from them.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been holistically assessed in line with standards, guidance and the law.
- Assessments provided detailed guidance for staff to follow to ensure needs were met to help promote good outcomes for people.
- People's oral health was considered as part of the assessment process and guidance was in place for staff if support was required.

Staff support: induction, training, skills and experience

- Newly recruited staff received a detailed induction. The programme ensured only staff with the right knowledge and values were offered permanent employment.
- Staff continued to receive regular, detailed training to support their role and people's individual needs. Practical and role-play activities were used to help staff empathise and understand how people feel receiving support.
- People and family members told us they felt staff were competent and knowledgeable. Comments included; "Staff are competent and have very effective communication" and "Staff are very well trained. Very effective at what they do."
- Staff received group supervision to give them the opportunity to discuss any concerns. One-to-one supervisions had recently been implemented to allow staff privacy and confidentiality.

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

- The service had supported people to lose weight due to encouraging a healthier diet and offering advice about healthy food options.
- Staff worked with family members to educate them about healthier eating to help support relatives and ensure they were provided a healthy balanced diet.
- Staff supported people with identified dietary needs, for example those who required PEG feeding (a means of feeding when oral intake is not possible or adequate).
- Electronic devices used by staff allowed for people's food and drink intake to be recorded where needed.

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

- The service worked with other agencies to provide effective care and support people to live healthier lives and achieve good outcomes.
- People were supported to access health appointments when needed and staff followed guidance

provided.

- Where people received support from health and social care professionals this was recorded in their care plans.

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 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.

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. No-one using the service was currently subject to any Court of Protection authorisations.

- The registered manager had a good level of knowledge and understanding around their role and responsibilities regarding restrictions to deprive people of their liberty.
- People were given choice and control over their day-to-day lives and were supported by staff to live a life free from restriction.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well-treated and supported by staff who were kind and caring and held the values of the registered manager.
- People and family members spoke highly of the staff and the support they provided. Comments included; "The staff are very nice, very polite and helpful," "Staff are all good, it's marvellous" and "Staff have all been very good. [Relative] likes them and they get on with her."
- Staff spent valuable time chatting with people and providing them with comfort and reassurance. One family member told us, "[Relative] has dementia and sleeps a lot. When he is awake, they chat with him and have a good banter and make him laugh. He sometime gets cross, but they take it in good part."

Respecting and promoting people's privacy, dignity and independence

- Staff helped and encouraged people to develop daily skills to become more independent. One person told us, "I have learnt new skills like laundry and hoovering. My outcome was for everyone to be proud of me going to the shop on my own. I can do that now."
- Staff treated people with dignity and respect and supported people to maintain good personal hygiene.
- Staff understood the importance of keeping information regarding people confidential and explained ways they maintain this.

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

- People were supported to express their views through regular reviews and calls. One person told us, "[Office staff] ring me regularly to have a chat and ask if I have any issues."
- People unable to effectively communicate were supported to access advocacy services to help them express their views.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Providing people with person-centred care was imbedded in the values of the service and a team of highly passionate staff. One professional told us, "Care Choice always come forward with new ways to support people and will go above and beyond for them."
- People's lives had been greatly improved due to the extremely individualised and flexible care and support they received. For example, due to intense planning and consistent support one person whose mental health had resulted in self-neglect was now living a much healthier life.
- People's wishes and desired outcomes were truly central to the planning and delivery of care and support. One person told us, "My outcome was to learn new skills, for everyone to be proud of me. I have now achieved that."
- The service truly understood the need to promote equality. Staff were respectful of individual views whilst also educating people to understand and respect other people's equality characteristics.
- Due to innovative methods, people maintained their independence whilst still receiving consistent care and support. Through the use of assistive technology, staff were able to ensure visual contact and offer reassurance when needed.

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

- The service enriched people's lives through the use of activities and the encouragement to socialise with others. One person with mobility difficulties told us, "I wanted to live the life I should be living. I now have more fun than I ever did. I have made friends with other people. I love it."
- Through the use of interactive technology, people's social interaction had greatly improved. For example, as a result of staff using video calls to support people, one person previously reluctant socialise and interact with others had developed friendships with other people using the service.
- Due to strong teamwork and a passion for improving lives, staff supported people to develop friendships and reduce social isolation. For example, staff identified two people with limited support networks and had similar interests. They were supported to meet regularly and as a result have forged a strong friendship.
- People were empowered to explore and develop new personal relationships and staff supported them to do so. One person told us, "I am being supported with dating sites and [staff] are helping me to understand what a healthy relationship is."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service took steps to meet people's information and communication needs in line with AIS standards.
- Alternative communication methods were considered, such as picture cards, braille and large print to ensure people had access to information.
- The service truly considered people's individual wishes and preferences regarding how staff communicated with them. For example, staff used e-mail and assistive technology such as interactive devices to communicate with people.

End of life care and support

- The registered manager strongly believed that a good death was just as important as a good life and supported people to feel consulted, listened to and empowered when discussing end-of-life care.
- Staff went above and beyond to ensure people's end-of-life wishes were considered and met. For example, whilst one person's end-of-life wishes were contrary to other people's views and opinions, at the time of their death staff advocated for them and persisted to ensure their wishes were met.
- Staff attended a 'dying matters' event to help give them the tools to discuss end-of-life care with people in a more compassionate way and make people feel at ease.

Improving care quality in response to complaints or concerns

- The service maintained various folders for recording and reviewing different levels of concerns or complaints. These were monitored daily by the registered manager and care manager.
- People and family members knew how to raise a concern and were confident issues would be addressed.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager and management team showed immense passion for their role and placed people at the heart of their service. This passion was shared by all staff who were motivated to deliver care that resulted in positive outcomes for people.
- Professionals spoke extremely highly of the person-centred care delivered by the service. One professional told us, "Care Choice are one of the most passionate and forward-thinking providers. They always come forward with new ways to support [people] and will always go above and beyond for them."
- People and family members told us lives had greatly changed due to the passion held by the registered manager and staff team. One family member told us, "[Relative] has vascular dementia and without this service I am sure she would be in a care home now. It's the quality of the interactions she has with staff which she values and we are sure that has kept her at home."
- A 'value-based' recruitment process was used by the service to ensure newly recruited staff held the values the registered manager felt vital for the role. One professional told us, "[Register manager] was the first provider to do the person-centred recruitment workshops and they retain their staff more than most other [services]."
- The registered manager told us one of their values was empathy and understanding people's situation. This included supporting staff with any personal difficulties where possible.

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

- The registered manager and management team understood the importance of empowering people and involving them in the service and continuously looked at ways to do this.
- People were encouraged and supported to be included in the recruitment process and the training of staff. For example, one person being supported delivered practical training in catheter and stoma care to give staff a 'real life' experience of their care and support needs. Staff told us this input had been invaluable to their training experience.
- People had been given volunteer roles within the office to help encourage independence. One person told us, "I started working in the office, I feel brilliant, I absolutely love it. I help with interviews and I tell them what it's like to receive care."
- People and family members had open dialogue with the service through an on-line application which allowed them to offer their views.

Working in partnership with others

- The registered manager and management team had developed extremely strong working relationships with other agencies and organisations and worked collaboratively to provide good outcomes for people.
- Numerous professionals were enthused about the close working relationship and how professional and supportive the service was to them and people. One professional told us, "[Care Choice] has an excellent relationship with our social work team and other agencies in the area." Another commented on the "Excellent higher management attitudes and values" and "General support mechanisms in place for staff and people".
- The registered manager recognised the need to educate the wider community about the importance of good care and extended partnership working to complement this. For example, workshops were held with local job centres to raise awareness of the care industry and encourage people to consider this as a career path.
- The registered manager strongly believed that good carers were needed everywhere and not just within their service. To achieve this, they offered training and support to other services and providers within the area.

Continuous learning and improving care

- Systems were in place to ensure continuous learning and improvement to the service provided.
- Regular checks were completed on the overall quality and safety of the service. Spot checks were completed on staff in people's homes to ensure care was of a high standard.
- Daily monitoring of IT systems, such as call times, meant that issues could be addressed immediately.
- The registered manager and care manager had completed Level 5 Leadership and Management in health and social care and also Level 2 Awareness of Mental Health.

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

- There was a clear management structure in place within the service with each member of the senior team working closely together to maintain quality care.
- The registered manager and care manager worked extremely well together along with all staff to promote and achieve positive outcomes for people.
- The registered manager was aware of their legal responsibilities and the importance of investigating incidents/events that occurred.
- Professionals spoke positively about the registered manager's openness and transparency when issues arose and how well they worked together to resolve them.