Personal Home Choices LTD

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Personal Home Choices LTD provided care staff to people living in their own homes.This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. Everyone using Personal Home Choices LTD received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. We also took into account wider social care provided. At the time of the inspection there were 8 people were receiving the regulated activity of personal care.

This announced inspection was carried out on 10 October 2018. This was the first inspection of this service since it was registered in November 2017.

The previous registered manager had left their post in June 2018 and a new manager had started working for the service from 1 October 2018. They were in the process of applying to be the 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.

There were systems in place to ensure people safely received their medicines. However, information in people's care plans did not always accurately reflect if people needed staff to prompt or administer their medicines. Shortly after the inspection the director confirmed people's care plans accurately recorded what type of support people needed with their medicines.

The provider had recruitment processes in place, however, these had not always been followed. The director rectified the recruitment issues shortly after the inspection.

Audits took place to check the quality of the services being offered to people. There were action plans which had identified areas needing to be reviewed and improved. Throughout the inspection the management provided a positive and honest response to the inspection process.

People told us they felt safe receiving care from the staff team. Risks to people were assessed and managed safely to help them maintain their independence. Staff were aware of people's needs and followed guidance to keep them safe. Staff understood how to safeguard people and protect their health and well-being.

Care plans contained detailed information and were regularly reviewed with people to ensure they reflected their current needs.

People were supported to maintain their health and staff worked in partnership with social and health care professionals.

People received high quality care from staff who were kind and compassionate. We received positive feedback on the staff team from people using the service and relatives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The systems in the service supported this practice.

People and relatives were confident in the management of the service and were comfortable to raise concerns.

Staff received on-going training and support that ensured they had the skills and knowledge to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were managed safely. However, care plans did not always accurately record medicine tasks.

The provider did not always follow recruitment practices in line with their policies and procedures.

Risks to people were assessed and risk management plans were in place to keep people safe.

Staff understood safeguarding procedures.

There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs.

People were cared for in the least restrictive way. Staff received Mental Capacity Act training and understood how to apply this in practice.

People's health and nutritional needs were assessed and were met by staff where required.

Is the service caring?

Good

The service was caring.

People were supported by staff who showed kindness and compassion.

Staff included people in their care and respected their choices.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and reflected their needs.

People knew how to make a complaint and these were managed effectively.

Is the service well-led?

Good

The service was well-led.

There were systems being developed and used to monitor and maintain the levels of quality in the service.

People's and their relatives views were sought to check what was working well and where improvements needed to be made.

Staff showed a commitment to improve people's outcomes.

Personal Home Choices LTD

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 10 October 2018 and was announced. The inspection was carried out by one inspector.

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that the people we needed to speak with would be available.

Inspection site visit activity started on 10 October 2018 where we visited the office location to see the nominated individual and to review care records and records relating to the running of the service. On 12 October 2018 we spoke with one person using the service and three relatives by telephone to gain their views on the service.

Prior to the inspection we looked at information we held about the service. This included notifications received from the service. Providers are required under the law to send notifications to CQC relating to specific events. We looked at the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also read a sample of feedback from people and relatives who had provided their views on the service via a UK home care website.

During the inspection we met with the nominated individual, who was one of the directors of the service. We

also looked at two people's care records, three staff employment files and other records, such as monitoring records and audits.

Prior to the inspection we emailed six staff for their feedback on the service and three replied. We emailed one relative and they gave us their opinions about the service. Two healthcare professionals also emailed us with their comments about the service.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One person told us, "Yes, I do feel safe." A relative said, "We know who is coming to visit and that makes us feel safe." However, despite people's positive feedback, we identified areas of care which were not consistently safe.

We checked how people were supported with their medicines. In one person's care records it was noted that the medicine task was to 'prompt' and 'pop out' the person's medicines. The director confirmed that staff did take the medicines out of their sealed containers and give these to the person and therefore this was administering and not prompting medicines. Staff were completing MARs for this person and daily records we viewed demonstrated that staff had recorded that they had carried out this task. We were satisfied that the person had been receiving their medicines and their relative told us staff appropriately gave medicines and applied creams to the person using the service. They said, "Staff are very willing to do whatever is necessary." Staff could describe the difference between prompting and administering medicines and confirmed that, "All clients have MARs in their care files for any medication that we administer." The director told us they would update the care records and ensure the information was accurate for the person. The director also confirmed that they had checked other people's care records to ensure any medicines tasks were clearly noted and accurate.

New staff received medicines training and spent time observing medicines being given to people and were observed carrying out medicine tasks during the random spot checks that the director or manager would do to ensure staff were supporting people safely. However, staff did not have separate medicine competency assessments carried out to ensure they continued to be skilled and confident to administer medicines to people on an ongoing basis. Formally assessing staff's ability to give people their medicines had not been outlined in the provider's medicines policies and procedures. The director confirmed they would update the medicines policies and procedures, following on from the inspection, and told us that all staff would be observed and assessed by 4 November 2018 so they could make sure there were no issues with how staff carried out medicine tasks.

We looked at the records relating to the recruitment of new staff. Not all staff records were complete in line with the provider's recruitment policy. One staff member had not completed a new application form and new references had not been sought when they transferred to the service. The director explained that the previous organisation had closed and that the other director had worked with this staff member and knew how they worked. A new DBS check had been carried out and the director told us they would carry out a risk assessment on this staff member to evidence what recruitment records were in place and record if there were any identified potential risks to people using the service, which they confirmed to us there was not. Following the inspection, we received information that this had been rectified.

On another staff member's employment records we saw the director had not requested a reference from a second care employer and instead had obtained one from their previous employer and one character reference, which was following their current recruitment policies and procedures. The director told us that any new staff joining the service and had worked in more than one social care service, two employers

references and a third character reference would now be sought. This new way of obtaining references had not yet been updated in the provider's recruitment policies and procedures but the director assured us this would be amended to ensure ongoing staff recruitment checks were carried out in line with the provider's policy.

Other recruitment checks were in place, for example, Disclosure and Barring Service (DBS) checks, interview questions and answers, identification documents and proof of address. This allowed the director to make safer recruitment decisions based on the information they obtained. Following on from the inspection the director confirmed they had checked all staff files to ensure everything was available on each staff member.

Staff had completed training in safeguarding and understood their responsibilities to identify and report concerns relating to adults at risk of harm or abuse. Staff told us, "I would report this to my manager and one of the directors. I would also look at the need of involving outside agencies such as social services."

The provider had appropriate policies and procedures on safeguarding adults. These included references to current legislation, such as the Care Act 2014 and were reviewed annually. There had been no safeguarding concerns since the service started operating in November 2017. We saw there were various forms for staff to complete if they witnessed any suspected forms of abuse. Blank copies of these were in people's homes so that staff could complete relevant records without delay.

People's care records contained risk assessments and where risks were identified there were plans in place to manage the risks. For example, one person needed assistance by two members of staff to mobilise. There was a risk assessment in place outlining potential risks and ways to mitigate risks occurring to the person and/or others. There was clear information on what to do if using the standing aid or the hoist so that staff were clear on the different ways to support the person safely. Where another person was at risk of developing pressure damage to their skin there was information on what to do to minimise risks to the person and that the community district nurse team also visited regularly to check on the person's skin.

There were effective systems in place to ensure accidents and incidents were recorded and reported. There had only been an incident relating to one person. The systems enabled the provider to monitor for trends and themes and take action to reduce the risk of a reoccurrence.

The director told us there were forms to record the equipment people used and when it had been serviced but these had not been completed. Shortly after the inspection they confirmed via email that these were now in place so that staff and people using the service could be confident the equipment, for example a hoist, was in good working order.

There were sufficient numbers of staff working to meet people's needs. People and their relatives told us they never experienced missed calls, staff arrived on time and if they were slightly late they were always informed. They also confirmed that staff always stayed for the expected agreed time. One person told us, "Staff are reliable and on time." A relative said, "They [staff] never let us down." A second relative told us, "Staff are flexible to accommodate special events such as hospital and clinic visits. The care team will always try to be available even though the timing may not be to their regular visit schedule." The director confirmed there had been no missed calls.

The director told us they wrote the staff rotas up to four weeks in advance so that staff knew their visits and were given plenty of notice if they were being asked to cover visits for another staff member if they were off work. Staff comments included, "We get a rota each week and we have the same clients" and "They [director] get rotas out in good time and I am always contacted if there are any changes to my rota or if there

are queries about a client." The director confirmed that where possible they considered where staff lived and where the person resided so that they knew staff could get to visits on time and were not travelling across a wide geographical area. The director confirmed staff were paid for travel time in between visits and that they could see the times that staff logged in and out of visits. This enabled them to be confident that people were receiving care on time.

Staff received infection control training and had access to policies and procedures on this subject. The director confirmed personal protective equipment, (PPE) such as aprons and gloves were given to staff when they met with the second director who usually worked alongside staff. People confirmed staff wore PPE whilst carrying out personal care tasks.

Good

Is the service effective?

Our findings

People's needs were assessed before they received care from Personal Home Choices LTD to ensure their needs could be met by staff who had the right skills. Everyone we spoke with confirmed an assessment had been carried out before they received support from the service. Assessments covered people's individual needs which included, communication needs, mobility and skin integrity. Guidance was provided for staff on how to support people effectively.

The provider had measures in place to ensure there was no discrimination when making care and support decisions. For example, staff completed mandatory equality and diversity training. People's records reflected their individual needs so these could be respected.

The director confirmed they supported staff through a variety of ways, including when staff were working alone or at night. Staff had been issued with mobile phones that tracked their location and which they could use if they were at risk of harm. They were also due to wear a device that would enable them to call for assistance if they could not access their mobile phones.

Staff were also supported through an effective induction process. During the induction process new staff spent time shadowing and observing experienced staff members. Staff undertook a range of training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training was classroom based so that staff could share ideas and ask questions. This included, dementia care, dignity and privacy and person-centred care.

Staff told us they felt supported and had spot checks on their work to ensure they were carrying out the roles and responsibilities effectively. They also had one to one meetings with their line managers. Their comments included, "I feel that comments and suggestions that I make are taken seriously and acted upon if needed" and "We always communicate over texts and calls. I work with the director." They confirmed they received training and were introduced to the people they would be supporting prior to working with them alone. This enabled people and their relatives to meet with the staff and ensure they were happy with who would be providing them with support.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and confirmed they were.

The director told us people using the service had the capacity to make daily decisions about their lives. Staff received training on MCA and told us, "You should take clients thoughts and views seriously and give them

options, for example, if they want a shower or bed bath or what they would like to eat" and "Explain when helping a client choose what to wear. I would ask them if they would like to wear a skirt or trousers so I'm not giving too many options, which may confuse them even more." The director was aware that people needed to be involved as much as possible with deciding on how they wanted to be supported. People's care records showed that people's choices and their relatives views were all taken into consideration.

People were supported to maintain good health and their health needs were clearly recorded in their care plans. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GPs and district nurses. People's care records contained the contact details of any healthcare professionals regularly involved in a person's life, for example the GP. A relative confirmed that staff had liaised with a community pharmacist when their family member's medicines had changed.

People using the service needed minimal support with eating and drinking. Care workers said if any person needed their food and fluid monitored separate records would be completed. Care workers told us, "We aim to encourage fluid intake at all calls" and "We assist them [people using the service] to make food and drinks of their choice, making extra for them if required."

Good

Is the service caring?

Our findings

People and the relatives we spoke with were positive about the caring approach of staff. Comments included, "Staff are diligent in their work," "The personal care tasks that staff carry out I cannot fault them," "[Person using the service] face lights up when the staff visit" and "All staff are brilliant."

Although one person and one relative commented that the younger staff don't relate quite as well to the people using the service and that the more mature older staff members could chat about things from the past, all the feedback we received on staff was good and one of the directors often worked alongside staff to ensure people and relatives were happy with the support they received.

People were encouraged to be as independent as possible. The director gave an example of where a person enjoyed having their hair cut and styled but could not access this in the community. Therefore, a hairdresser had been arranged and now visited the person in their home. This helped them maintain their personal care and look and feel good about themselves. The director also described how they aimed to inform and support people and their relatives. They told us they had provided advice and information for one person and their relative so that their needs could be assessed by the clinical commissioning group (CCG). The CCG assessments consider how any conditions impact on the person's health needs across a broad spectrum of issues. The second director had been present at the assessment meeting to support the person using the service. Giving the information to the person enabled them to be potentially funded through continuing healthcare without being means tested.

People's care records provided clear directions and reminders for staff when supporting people. This included where people had limited speech and therefore staff needed to be aware of the person's body language and facial expressions. We saw in one person's care plan that staff were to give reassurance to the person and speak slowly and clearly to enable the person to understand what was being said to them.

The director confirmed that they had not needed to translate any documents for people using the service, but they ensured the font size was size 14, which is larger than usual, to help people read the documents they were given. Currently the people using the service and/or their relatives all spoke English and the staff team also only spoke English. The director was mindful that they would only accept referrals if they felt people could communicate and understand the staff members who would be supporting them.

People were treated with dignity and respect. One person said the staff were "Considerate" and "Friendly". A relative told us, "Staff have the right sort of attitude and that "Staff were respectful and always cover [person using the service] when carrying out personal care."

Staff described how they ensured people's dignity was respected. One staff member told us, "I explain to clients what and why I am doing things such as personal care and talk them through my actions. I will always try to keep people as covered as possible to protect and respect their privacy, also listen to the client and any concerns they have." A second staff member described, "I do this by ensuring privacy when I visit, such as closing doors and curtains during personal care and ensuring the client is covered when possible. I

would ask them about their preferences on anything I do."

We saw that records containing people's personal information were kept secure. The provider ensured that personal sensitive data was processed, stored and archived in line with the Data Protection Act 2018.

Good

Is the service responsive?

Our findings

Staff provided personalised care that met people's needs. The visits also helped a relative who lived with a person who used the service. They told us that having staff visit their home to support the person, "Makes a world of difference to my life." They also said, "We are so happy with the service."

The director had ensured that people's care plans reflected their physical, emotional and social needs. Everyone we spoke with and staff confirmed there was a care plan, risk assessments and daily records at people's homes. People and their relatives confirmed care plans were reviewed and they could contribute their views on the support they wanted to receive. One person said, "Staff always write in the daily notes after each visit and leave each other notes if they need to leave a message." A relative told us, "We have a new care plan as [person using the service] needs have changed." We saw on care plans that agreed outcomes were documented to show the aim of carrying out certain tasks.

The sample of daily records we viewed were legible, appropriate and informative. These helped each staff member visiting the person see what tasks were carried out and how the person was during the visit.

Staff told us if there any changes in a person's needs then they would inform the office immediately. One staff member said, "Clients needs are constantly assessed by all staff and care plans and risk assessments are updated as needed and reviewed regularly. If I have any concerns I would raise them with my manager."

People and their relatives knew how to raise concerns or complaints. They told us, "The staff in the office will get back to me if I raise any issues," "I know how to raise a complaint and I feel I would be listened to" and "There's been no need so far. I would first contact the manager, then Directors. If not resolved, I would raise the matter with Swindon District Council, and seek advice and guidance on how to proceed."

The director had received one complaint since the service started operating in November 2017, this had been investigated and resolved in line with the provider's policy on complaints.

The service was not currently supporting people with end of life care. Where people had expressed a preference, their advanced wishes were recorded. People's plans for their end of life and whether they wished to be resuscitated were documented. Currently one staff member had attended end of life training with a view that this would be offered to all staff working in the service so that they would feel confident and informed on how to best support a person with life limiting conditions and requiring end of life care.

Good

Is the service well-led?

Our findings

The director told us that during the period of July-September 2018 there had been monitoring checks carried out on staff and reviews on people's needs but some of the other monitoring checks had not taken place, such as checking completed daily records and carrying out medicine competency checks on staff. One director worked with staff in the community to ensure staff were being supported appropriately, whilst the other director organised staff rota's and ensured visits had taken place. One director told us they had needed to prioritise their workload but were aware that now there was a new manager in post, audits needed to be more regular.

Although the monitoring checks had failed to identify the issues we found at this inspection, for example, the medicine tasks noted in one person's care records was inaccurate and that some information in the staff employment files were missing or had not been followed up, we were satisfied that the director was responsive to the findings and addressed the shortfalls soon after the inspection to ensure people received a good service.

We saw that as part of checking the quality of the service, people's needs had been reviewed and the director said the care records were more person centred than they had previously been. They had also re-organised staff files. There were various ongoing action plans that the director was going through with the new manager. and the manager had started to carry out their own audits on certain records, such as daily records and medicine administration records. Other improvements being made were the monitoring systems to record when spot checks on staff had taken place, one to one supervision meetings and dates for when people were due a review of their needs. The director was clear that they were going to implement these so that at a glance they could check these were all taking place.

People and relatives told us the service was managed well. One relative said the directors were "Aware what is going on." A second relative confirmed that anytime they contacted the office they always received a call back quickly. Feedback from a UK home care provider's website was very positive. This was a website where people could leave their feedback on a service for others to read and help people make decisions about using the care service. All ten people and relatives who had provided their views on the service had confirmed they were 'extremely likely' to recommend the service to others. One person who had received care in June 2018 commented, "The quality of care I receive is excellent, kindly delivered and above all, has made me feel like a worthwhile person again."

People could give their views on the service through a variety of ways. This included giving feedback during the visits, through phone calls and by sending satisfaction surveys. We saw the director had sent out surveys since the service started operating in November 2017. They had analysed the results and these had all been positive.

Feedback from staff on the support they received was also complimentary. One staff member told us, "I have had such a positive experience since working with Personal Home Choices. It is such a friendly and professional team to work with and I have a good work relationship with all staff including management,

they always aim to help resolve any issues that may arise."

As the staff team were small the director explained it had not been possible to hold staff meetings. However, staff met with the director through spot checks and supervision meetings. Communication was also through emails and texts. Staff told us, "I have had a positive experience with the communication in the service and "I feel the agency is supportive to both clients and to staff."

The director confirmed that they were looking at having an internal website just for staff so they could easily access policies and procedures, care plans and any other useful current information. The aim was for this to be introduced in 2019 as another way to keep staff up to date with good practice.

The new manager had started working in the service on 1 October 2018. The director informed us that the manager had previous management experience and there would be plans in the future for them to study for a leadership and management qualification. The director was aware of their duty to report any significant reportable events through completing relevant notifications to the Care Quality Commission and other relevant bodies.

The staff worked in partnership with other health and social care professionals in people's best interest's. One healthcare professional told us that the staff team, "Were concerned with ensuring the patient was cared for in the most appropriate way." They went on to say, "Although I have not had extensive experience of Personal Home Choices I have been impressed so far with the care they have provided." A relative also confirmed that, "They [staff] are in close contact with the district nurse team and initiate district nurse visits as necessary."