

Mychoice Homecare Limited

My Choice Home Care

Inspection report

5B Medomsley Road
Consett
County Durham
DH8 5HE

Date of inspection visit:
11 July 2017
12 July 2017
18 July 2017

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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

This inspection took place on 11 July 2017 and was announced. We gave the service 48 hours' notice to make sure there was someone at the office to assist with our inspection. Further days of inspection took place on 12 and 18 July 2017 and were announced.

My Choice Homecare is a domiciliary care service that provides personal care and support to older people and people living with dementia. The service covers the Consett area of County Durham. At the time of our inspection 46 people were receiving support with personal care from the service.

The service was last inspected in June 2016. At that time we identified two breaches of our regulations in relation to fire risk assessments and staff training, supervision and appraisal. We took action by requiring the provider to send us action plans setting out how they would address these issues. When we returned on our latest inspection we saw improvements had been made.

All of the people and relatives we spoke with said they felt safe using the service. Risks to people were assessed and plans put in place to reduce the chances of them occurring. Medicines were managed safely and people told us they received their medicines when they were needed. Policies and procedures were in place to safeguard people from abuse.

The provider monitored staffing levels to ensure sufficient staff were deployed to provide safe support. People told us they were supported by stable staffing teams whose timekeeping was good. The provider's recruitment process reduced the risk of unsuitable staff being employed. Staff were supported through regular training, supervision and appraisal.

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

Where people received support with food and nutrition as part of their care package they spoke positively about the help they received. People were supported to access external professionals to maintain and promote their health and wellbeing. The provider had a business contingency plan to ensure people received a continuity of care in situations that disrupted the service.

People and relatives spoke very positively about the support provided by staff, who they described as kind and caring. People and their relatives said staff went above and beyond what was expected when delivering support. People told us staff worked hard to help them maintain their independence and treated them with dignity and respect. The service had received a number of compliments from people and their relatives on the quality of care delivered by staff. The service had procedures in place to help people access advocacy services where needed.

People received personalised care based on their assessed needs and preferences. Care plans were

regularly reviewed to ensure they reflected people's current needs and preferences. Some people received support to access activities as part of their care package. Where this was the case people spoke positively about the support they received. Policies and procedures were in place to respond to complaints.

Staff spoke positively about the culture and values of the service and said the provider and manager were supportive of them in their role. The manager and provider carried out a number of quality control checks to monitor and improve standards at the service. The provider and manager sought people's feedback on the service. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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.

Risks to people were assessed and plans put in place to reduce the chances of them occurring.

Medicines were managed safely.

Policies and procedures were in place to safeguard people from abuse.

Staffing levels were monitored and staff safely recruited.

Is the service effective?

Good ●

The service was effective.

Staff were supported through regular training, supervision and appraisal.

People's rights under the Mental Capacity Act 2005 were protected.

People were supported to manage their food and nutrition.

People were supported to access external professionals to maintain and promote their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People and relatives described staff as kind and caring.

People and their relatives said staff went above and beyond what was expected when delivering support.

People said staff treated them with dignity and respect.

People were supported to access advocacy services where needed.

Is the service responsive?

Good 

The service was responsive.

People received personalised care based on their assessed needs and preferences.

People were supported to access activities they enjoyed.

Policies and procedures were in place to respond to complaints.

Is the service well-led?

Good 

The service was well-led.

Staff spoke positively about the culture and values of the service.

The manager and provider carried out a number of quality control checks to monitor and improve standards at the service.

The provider and manager sought people's feedback on the service.

The manager had submitted required notifications to the Commission.

My Choice Home Care

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.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities and local authority safeguarding teams who worked with the service to gain their views of the care provided by My Choice Home Care.

During the inspection we spoke with five people who used the service. We spoke with two relatives of people using the service. We looked at five care plans, medicine administration records (MARs) and handover sheets. We spoke with six members of staff, including the provider, care and office staff. We looked at four staff files, which included recruitment records. We looked at other records involved in the day to day running of the service.

Is the service safe?

Our findings

When we last inspected the service in June 2016 we identified a breach of our regulations in relation to fire safety risk assessments. We took action by requiring the provider to send us action plans setting out how they would address this and when we returned on our latest inspection we saw improvements had been made.

Before people started using the service their support needs were assessed in a number of areas, including mobility, nutrition, falls and general health. Where a risk was identified plans were developed to reduce the chances of it occurring. For example, one person who was at risk of falls had a care plan in place with guidance to staff on the mobility aids they used to help keep them safe. People's home environment and any equipment they used were also assessed by the service to see if any recommendations could be made to help keep people safe. Environment assessments included a fire risk assessment, which looked for obvious fire risks and escape routes that could be used in case of an emergency. One person was identified as a smoker, and their care plan contained guidance on how staff could help minimise the fire risk to them by taking steps such as ensuring ashtrays were empty before they left. Risk assessments were regularly reviewed to ensure they reflected people's current risk levels. The provider monitored any accidents and incidents involving people to see if improvements could be made to help keep people safe.

All of the people and relatives we spoke with said they felt safe using the service. One person told us, "I truly feel safe when they are here." Staff we spoke with said keeping people safe was one of the most important parts of their job. One member of staff told us, "We do risk assessments in our mind all of the time."

Medicines were managed safely and people told us they received their medicines when they were needed. One person told us, "My medication is delivered and the carer sorts it out for me and I take some and she then checks it all and gives me the night time dose."

The provider had a medicine policy in place. This provided guidance to staff on various aspects of medicine management, including recording, administration and the management of 'as and when required' (PRN) medicines. Staff received appropriate training before they supported people with medicines.

People who received medicine support had medicine care plans in place. This contained guidance to staff on the level of support the person required and information on the medicines they took. People also had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. MARs included people's personal details (including any known allergies), GP details and sample signatures of all staff supporting the person with medicines.

We did see that some MARs did not contain a list of people's medicines but instead referred to 'medi-packs' provided by pharmacists. The provider told us they had recently changed the design of the MARs and were still working on improving them to ensure all required information was included. Records were kept of people's medicines, and staff we spoke with said they had all of the information they needed to support

people safely with them. We reviewed five people's MARs and saw that they were usually completed without unexplained gaps or errors. Where gaps had occurred we saw that these had been identified by the provider's audit checks and pro-active action had been taken to arrange additional support and training to the staff involved.

Policies and procedures were in place to safeguard people from abuse. The provider had a safeguarding policy containing guidance to staff on the types of abuse that can occur in care settings and how these could be reported. Staff we spoke with said they would not hesitate to report any concerns they had. One member of told us, "I would be happy to raise any concerns." Records confirmed that where issues had been raised they had been fully investigated and responded to following the provider's safeguarding policy.

The provider monitored staffing levels to ensure sufficient staff were deployed to provide safe support. Staffing levels were based on people's assessed dependency levels and the amount of support they would need from staff. Staff rotas were planned in advance and were monitored for any changes resulting from staff absence to ensure calls were covered. Staff absence through sickness and holiday was covered by staff working additional shifts or by using bank staff employed by the provider. We reviewed a sample of staff rotas and saw that all calls were covered and no calls had been missed. The provider told us staff sickness and turnover levels were low, and that many members of staff had worked at service for several years. The provider was also in the process of recruiting additional staff to ensure they had capacity to respond to any changes to people's support needs or staff absence.

People told us they were supported by stable staffing teams whose timekeeping was good. One person we spoke with said, "They are amazing and always on time. To be honest sometimes they are early and have a chat and cuppa. It's so nice to have the company." Staff spoke positively about staffing levels. One member of staff said, "We have enough staff. You get busy times but it is only a small company and we all step up."

The provider's recruitment process reduced the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment and care background and to explain any gaps. Written references were sought, proof of identity verified and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults. Staff we spoke with confirmed that recruitment checks were carried out, with one telling us, "They asked for references and DBS. I couldn't start without them."

The provider had a business contingency plan to ensure people received a continuity of care in situations that disrupted the service. During the inspection we saw this being used to respond to a loss of internet access, with office and care staff working closely together to ensure care documentation was still accessible and calls covered.

Is the service effective?

Our findings

During our last inspection in June 2016 we identified a breach of our regulations in relation to staff training and supervision. We took action by requiring the provider to send us action plans setting out how they would address this and when we returned on our latest inspection we saw improvements had been made.

Staff received training and updates the provider deemed mandatory to support people safely and effectively. This included training in dementia awareness, emergency first aid, equality and diversity, fire safety, food hygiene, health and safety, moving and handling, safeguarding, infection control and safe handling of medication. Training was regularly reviewed to ensure it reflected current best practice. The provider and manager monitored staff training on a chart. We reviewed this and saw that training was either up to date or planned. Staff received regular competence checks to see if additional training and support was needed, and the provider and manager used these checks to review the overall effectiveness of the training they provided.

Staff recruited since April 2016 were expected to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. The provider said all staff would eventually be expected to complete Care Certificate training.

Newly recruited staff were required to complete the provider's induction programme before they could support people without supervisions. This consisted of three days of classroom learning focusing on the provider's policy, procedures and mandatory training. This was followed by shadowing more experienced members of staff and carrying out supervised support.

Staff spoke positively about the training they received. One member of staff told us, "The training is good. I think I last did moving and handling. It covers everything and you're able to ask questions as well. If there was no equipment in use, say, we can do shadowing if you're a bit rusty with your practice." People and their relatives told us they thought staff were well trained and professional. One person we spoke with said, "[Named member of staff] always use protective clothing and gloves, never ever miss things and always telling me what is happening next and ask if I understand."

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff received four supervisions a year and an annual appraisal. The manager recorded and planned these using a supervision and appraisal chart. We reviewed this and saw that supervisions had been carried out in line with the provider's policy. Records of supervisions and appraisals showed they were used to review staff competences and training needs as well as giving staff an opportunity to raise any issues they had. For example, one member of staff had set objectives in their appraisal that included some additional safeguarding training and this had been arranged. Staff spoke positively about their supervisions and appraisals. One member of staff said, "They are good as we can say what we think and also make suggestions on how things can be done better."

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. When people started using the service the presumption was that they had capacity to make decisions for themselves unless there was evidence to the contrary, which is in keeping with the principles of the MCA. The provider and staff were knowledgeable about people that lacked capacity, and could describe how decisions were made in their best interests. Where people were supported to make decisions by people such as Lasting Powers of Attorney (LPA) or Court of Protection appointees this was clearly recorded in their care records.

Staff had a good working knowledge of the principles of the MCA and could describe how they support people to make decisions for themselves and obtained their consent. One member of staff told us, "We always give people a choice. We let them choose." People signed their care plans to consent to their care, or they were signed by LPAs or appointees where the person lacked capacity to do so.

Some people received support with food and nutrition as part of their care package. Where this was the case their dietary needs and preferences were recorded in their care plans and people spoke positively about the support they received. One person we spoke with said, "Sometimes the carer goes over and above because she brings in a treat instead of me having the usual something on toast. Money cannot buy this and no training either I can tell you. It comes from the heart." Another person said, "My food is delivered and heated in a microwave but it is always nicely presented and on a tray."

People were supported to access external professionals to maintain and promote their health and wellbeing. Care records contained detail of other professionals involved in people's care, including mental health nurses, GPs, district nurses and occupational therapists. Staff we spoke with were knowledgeable about the support people were receiving from other professionals and said they would know how to bring any concerns to their attention. Before the inspection we contacted the commissioners of the relevant local authorities and local authority safeguarding teams who worked with the service to gain their views of the care provided by My Choice Home Care. They told us they had no reported concerns about the service.

Is the service caring?

Our findings

People and relatives spoke very positively about the support provided by staff, who they described as kind and caring. One person told us, "I think they are exceptional and are the face of the company and they deserve the credit for the job they do for us and their employer." Another person said, "I love talking to people and so do the carers who come and look after me. It's like they have this special gift and can instantly make you feel at ease."

A relative we spoke with told us, "I pop into my relative's at all times and any time of the day and I always see that the carers are consistently kind and caring what more could you ask." Another relative said, "The care is exceptional in every way and the carers are gentle and kind and not bossy and ordering my parent to do things." A third relative told us, "As a family we have all benefited and the carers have enhanced all our lives."

People and their relatives said staff went above and beyond what was expected when delivering support. They described close but professional relationships with staff which helped to improve their quality of life. One person we spoke with told us about a time they had not been feeling well and a member of staff stayed with which made them feel better. The person said, "They didn't have to do that." Another person we spoke with said, "I feel my carers are an extension to my family. They are that good." A third person told us, "My carers really know when I am down and try and stay a little longer." Another person said, "We have lots of conversations and talk about all sorts. Brexit, the state of the nation – you name it."

Relatives also described professional but close and friendly relationships between staff and the people they supported. One relative said, "The carers are an extension of me really and the relationship they have with [named person] is very special." Another relative we spoke with said, "My parent has such good chats with the carers she says she knows such a lot about them and finds out their secrets and keeps them safe until the next time."

People told us staff worked hard to help them maintain their independence, which had a positive impact on their lives. One person told us, "I am still being encouraged to be as independent as possible. This is good caring at its best. I feel I have some input and control." Another person we spoke with joked, "I am always being chivvied to be more active and do things. They are worse than my family but it is working!"

People also said staff made them feel comfortable and relaxed when delivering support, and treated them with dignity and respect. One person told us staff made them feel, "Very comfortable. Never felt the need for a chaperone like I did with the last company, not here." A member of staff we spoke with said, "I treat people how I would like to be treated."

The service had received a number of compliments from people and their relatives on the quality of care delivered by staff. One person had contacted the office to say she was, "very grateful" for the "care and attention" of staff. Another person said they would, "Highly recommended" the service.

At the time of our inspection one person using the service had an advocate. Advocates help to ensure that

people's views and preferences are heard. The provider explained how the advocate was involved in the person's care. The service had procedures in place to help people access advocacy services where needed.

Is the service responsive?

Our findings

People received personalised care based on their assessed needs and preferences. People we spoke with told us they and their relatives were encouraged to take part in drawing up care plans and in reviewing them. One person said they had just been involved with staff in reviewing their care plan and that if they had any issues with it they could contact the office and, "chat it through."

Before people started using the service an assessment was carried out of their support needs in areas such as mental health and cognition, mobility, personal care and wellbeing and communication. Where a need was identified a care plan was developed based on how the person wanted to be supported. For example, one person's care plan contained lots of detail on how they wanted to be supported with personal care. This included guidance to staff on the routine they liked to follow and how staff could support them to do as much of this as possible for themselves. Another person's care plan contained lots of detail on the person's health conditions, how this could impact on their overall health and wellbeing and steps staff could take to support them with this. Care plans were regularly reviewed to ensure they reflected people's current needs and preferences.

Staff told us care records contained everything they needed to provide personalised care. One member of staff said, "Care plans have all of the information we need to get to know people." Another member of staff said, "Care plans have all of the information we need and we flag a change they get changed and turned around quickly." Daily records were kept of the support people had received and any changes in their needs. All staff had an application on their telephones that allowed office staff to send them a summary of people's care plans and daily support needs. This was used if staff were required to unexpectedly support people at very short notice, for example if people's regular care staff were absent through sickness. This meant procedures were in place to ensure that staff had the latest information on people's support needs and preferences.

Some people received support to access activities as part of their care package. Where this was the case their needs and preferences were recorded in detail in care plans and people told us they received the support they needed. One person we spoke with said, "I still go out and have tea with my friends and a carer will come with me. I just need to give a little notice."

Policies and procedures were in place to respond to complaints. The provider had a complaints policy that set out how issues could be raised and how they would be investigated. The complaints policy was given to people when they started using the service, and people and their relatives told us they were aware of it and would not hesitate to raise any issues they had. Without exception people and their relatives told us they did not have any complaints to make. One complaint had been made since our last inspection, and records confirmed this had been dealt with under the provider's complaints policy.

Is the service well-led?

Our findings

Staff spoke positively about the culture and values of the service. One member of staff said, "It's a lovely company to work for. The provider is very fair and goes above and beyond to accommodate people. They change things as much as they can for people." Another member of staff told us, "I definitely feel included in the company. It is good teamwork, and the office is quite often on the phone."

Staff said the provider and manager were supportive of them in their role. One member of staff told us, "It's extremely supportive management." Another member of staff said, "Management is really good. If you have any problems or concerns they are really approachable. You never feel you can't speak with management here." The provider had a 'Carer of the Month' scheme that they told us was used to celebrate and reward best practice. The provider had arranged staff discounts in local businesses in order to show staff they were valued by the service. To help staff keep up-to-date and involved with developments at the service a newsletter had been introduced.

People and their relatives also spoke positively about the management of the service and described it as well-led. One person told us, "It is a really good company. It took ages to find this one and it's a gem." Another person said, "The management are always at the end of the phone to advise, guide and inform." A third person we spoke with said, "The staff at the office are easily contactable and will sort out any issues asap."

The manager and provider carried out a number of quality control checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits were carried out including care plans, medicine records, training and accidents and incidents. Records confirmed that where issues were identified during audits action plans were produced and monitored to ensure the issue was addressed. For example, some people's risk assessments did not have the date they were carried out recorded. This had been identified in an audit and remedial action was taken.

The provider and manager sought people's feedback on the service. A survey was carried out every three months in which people were asked questions that included whether they were satisfied with the support they received and whether they had any suggestions to make. We looked at the results of the latest survey and saw positive feedback had been given. One person we spoke with said, "We get loads of surveys to complete. They are always trying to improve the service." The provider was able to tell us how any negative feedback would be investigated and responded to.

Feedback was also sought from staff at regular staff meetings and through informal conversations on the telephone. Minutes of staff meetings showed they were used to discuss training, best practice and for staff to raise any support needs they had. One member of staff we spoke with said, "We have staff meetings here. It's tricky to get everyone together, but we have a new newsletter now to keep staff involved. We know we can always get in touch."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.