Life Choices Plus Limited

Everyday (South Tyneside)

Inspection report

Woodstock Way
Boldon Business Park
Boldon Colliery
Tyne And Wear
NE35 9PF

Tel: 01912877028

Date of inspection visit:
18 November 2016
28 November 2016

Date of publication:
06 January 2017

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 18 and 28 November 2016 and was announced. We gave 48 hours' notice of this inspection because the service is a domiciliary care agency and we needed to be sure someone was available to assist us with the inspection.

This service is a domiciliary care agency which provides personal care and support to people in their own homes who have a variety of needs. The service is managed from an office located in Boldon. At the time of this inspection 25 people were using the service.

The service had a registered manager who had been in post since 2013. 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.

Systems were in place to identify, assess and manage risks to people. Processes were in place to protect people who were receiving care or support from harm. Staff had been given regular training in safeguarding and were clear about their responsibilities to recognise and report any incidents of abuse. Staff received Mental Capacity Act 2005 (MCA) training as part of their induction.

Recruitment practices at the service were thorough, appropriate and safe so only suitable people were employed. Staff received appropriate training to meet the needs of the service. Staff felt supported and received regular supervision to discuss performance and personal development.

People's dietary needs were respected with support given where necessary. Care plans were personalised and reviewed regularly. Relatives felt involved in their family member's care and attended review meetings. Relatives made many positive comments about the service. For example one relative commented, "The best thing is they talk to my dad and they ask if there is anything else they can do."

People's care records and risk assessments showed us that people were encouraged to be as independent as possible. People's health care needs were acknowledged and contact was made with other health care professionals when necessary.

We saw that systems were in place for recording and managing safeguarding concerns, complaints, accidents and incidents. Relatives we spoke to knew how to make a complaint. Information was available in picture form on how to make a complaint. Records were kept along with any immediate actions taken which showed the service responded to behaviours and lessons were learnt from such events to reduce risk.

Relatives and staff told us the organisation was well run and the service was well managed. Staff told us they felt the service was open and approachable. The service had an auditing system in place. These were carried out at regular intervals to check the performance of the service and to make continuous improvements.

Regular meetings were in place for staff to raise concerns and issues on a regular basis. The provider held a bi monthly engagement forum which was attended by delegates from each area of the service.

The registered manager submitted statutory notifications in a timely manner. Personal records were held in line with data protection.

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.

The registered provider had thorough and robust recruitment processes in place for new staff.

Risks to people were assessed and managed appropriately.

Staff had received training in safeguarding and were aware of how to report concerns. The provider had policies and procedures to keep people safe.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were appropriately trained. Staff received regular supervision to support their development and performance.

People signed their care plans to indicate their consent to care and support.

Staff ensured people's nutritional needs were met. Where necessary people's health needs were promoted and intervention sought when appropriate

Is the service caring?

Good

The service was caring.

People and relatives felt staff were kind and compassionate.

People's dignity and privacy were respected. Staff supported people to be as independent as possible.

The service had information about advocacy.

Is the service responsive?

Good

The service was responsive.

People had personalised care plans to meet their needs. Care plans were reviewed and updated as necessary.

The provider had a policy and procedure in place to manage complaints. The registered manager responded to complaints in a timely manner.

The service had processes in place to gain the views and opinions of people and relatives

Is the service well-led?

Good

The service was well-led.

People and relatives felt the service was well managed by a respectful manager. Staff found the manager to be open and approachable.

The provider had effective systems and processes in place to monitor the quality of the service.

The registered manager submitted statutory notifications in a timely manner. People's personal records were held in line with Data Protection.

Everyday (South Tyneside)

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 took place on 18 and 28 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector on 18 November 2016 and an expert by experience on 28 November 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people, relatives and staff to gain their views of the service.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with four people who received a service. We spoke with seven care workers including the head of operations and the registered manager. We also spoke with ten relatives of people who used the service.

We viewed a range of records about people's care and how the service was managed. These included the care records of three people, the recruitment records of two staff, training records and records in relation to the management of the service.

Good

Is the service safe?

Our findings

We asked people and their relatives whether they felt safe with the care provided by the service. One person told us, "They are lovely people, I look forward to seeing them." Another said. "They are always very pleasant." One relative told us, "Oh, yes [family member] gets on well with them." Another told us, "[Family member] feels very safe with them."

The registered provider had policies and procedures in place to keep people safe, such as safeguarding and whistleblowing. Such policies were discussed with new staff as part of the provider's induction process.

Staff had completed safeguarding training and were able to give examples of types of abuse and associated signs, such as physical abuse and bruising or neglect, and were confident concerns would be acted on. One staff member told us, "I would suspect a problem if someone was jumpy or scared of us." Another said, "I would be concerned if someone was anxious or seemed worried." Staff told us that if they suspected or witnessed any abuse they would report it to their team leader or direct to the manager. One care worker told us, "I would ring safeguarding if nothing was done about something I had reported."

The registered manager kept a log of all safeguarding incidents and reported these to the local authority as part of their safeguarding procedures. The registered manager told us, "We use the local authority safeguarding consideration log and also follow local authority guidance." All safeguarding incidents were investigated and outcomes were recorded along with lessons learnt. For example, an increase in spot observations or medicines training. We found lessons learnt were also discussed during supervisions and team meetings.

We looked at staff recruitment records. These showed checks had been made with the disclosure and barring service (DBS) before staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. Records contained completed application forms and references had been obtained prior to commencement of employment.

Staff were provided with 24 hour support from the office and the 'on-call' person. The registered manager told us they had sufficient staff to cover most short notice sickness, but where necessary the on-call senior staff member would cover the support worker's shift. One person told us, "The team leader covered when staff could not make the visit." None of the people we spoke with had ever had a missed call and they we told us staff were on time.

The assessment of new packages of support were carried out by trained risk assessors. The assessment included environmental checks as well as assessment on individual's support needs. For example, checking if there was a fire detector. The registered manager told us, "If someone does not have a fire detector or carbon monoxide detector we can refer them into Age UK for that support." Individualised risk assessments were suitably detailed, identifying probability and severity of risks. Appropriate risk control measures had been put in place to minimise the chances of harm to the person, for example, moving and handling interventions which detailed the use of a hoist.

The service had a policy for reporting and acting upon any accidents and other significant incidents. Written records were kept of accidents and incidents. Accidents and incidents were analysed and steps taken to minimise the risks of future events. For example, additional support or review of care plans.

We checked to make sure medicines were being managed safely. The registered manager told us they had introduced a new system for supporting people with taking their prescribed medicines. An updated standard operating procedure regarding the management of medicines had been introduced. The registered manager told us, "Nomad boxes [used to store medicines] and medicine records have the person's name, strength, size, shape and colour of each medicine on it." This was to help staff recognise each medicine they administered. Staff had received further training when recording the administration of people's medicines in daily records so they could be more detailed. For example, '[Person} did not want her paracetamol this morning, rather than meds refused.'

Staff checked medicines when they were delivered from the pharmacy. Staff told us they checked to make sure the medicines matched the medicine assessment sheet completed by the service. The assistant manager told us, "Any discrepancies are rung through to the office, we can then contact the GP or pharmacy." One care worker told us, "When we were checking in medicines we noticed one was a different colour to the usual one, we were able to check with the medicine pack to check the tablet was the same type, sometimes they use a different manufacturer." The team leader told us, "I have given all carers a list of common medicines that they are administering so they know what they are for, some people ask us, what's this tablet for."

During the inspection one carer sent a text message to the office to seek support about a person's medicine. New medicine had been delivered and the carer wanted to check in case it reacted with the person's usual medicines. The assistant manager contacted the pharmacy to gain assurances about the new medicine. They then relayed this information to the care worker. This meant that staff were observant when preparing to administer medicines.

Systems were in place for auditing each person's MAR, to check for any medicines not administered or other anomalies. Staff who supported people with their medicines had completed training in safe administration of medicines. Regular checks were made by the team leader to assess the competence of care workers to administer people's medicines safely.

The provider had a business continuity plan in place in case of emergencies, the plan contained contact numbers for key members of the organisation. This meant that staff had information available in case of an emergency. The service also had a cold weather alert plan, which contained names of volunteers who were able to support the service during bad weather.

Good

Is the service effective?

Our findings

People and relatives told us care was effective and met people's needs. One person told us, "Staff have the right training for the job." One relative told us, "We are quite picky as I was a carer for 15 years so I know how people should be. The carer seems very confident and competent." Another said, "They train people up by bringing the new ones round but they always ask [family member] if that's ok." One relative told us her family member currently has an older female carer which she liked as she found it harder with young carers.

Staff had completed an induction before commencing their role as care workers which included training in MCA/DoLS and safeguarding. Training had been delivered to care workers in subjects such as moving and handling, health and safety and food hygiene upon commencement of employment. The registered manager told us, "All training is face to face with medication and moving and handling being refreshed annually, safeguarding is updated every two years and first aid every three years."New care workers shadowed more experienced staff for up to seven days before getting their own rota and calls. The registered manager told us, "If the team leader feels more shadowing is necessary then this is put in." One care worker told us, "I was observed for around six visits by a team leader before going out on my own."

We found staff commenced the care certificate during induction. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff who had previously worked in care had their knowledge checked by trainers and if the registered manager was satisfied their knowledge was current they were fast tracked on to Level 2 Diploma in Health and Social Care.

Staff told us they received regular supervisions. We found records of face to face discussions where concerns and issues were raised, and discussions held on workload management, personal development and training. Other supervisions were 'on the job', these were direct observations carried out by the team leader and these also covered observations on the administration of medicines.

During the inspection we observed a team leader meeting with a new care worker. The care worker had recently been employed as a palliative care support worker. The conversation covered best practice, how the worker had performed and ended with praise from the team leader on how the carer had communicated with the person they had visited.

The Mental Capacity Act 2005 (MCA) providers a legal framework for making particular decisions on behalf of people who 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. Whenever possible people had signed their care plans to indicate their consent to, and agreement

with the care and support outlined in the plan.

We found one person's care plan stated they received their medication covertly. Records were in place from the person's recent hospital admission which confirmed the name of the medicine which was to be crushed and administered covertly. We asked the registered manager for the MCA assessment and best interest decision records to support this. The registered manager told us. "We only have the information from the hospital, we were not given any other documents." During the inspection we observed the registered manager contact other health care professionals including the GP, hospital and social worker to obtain copies of the actual decision making process. The registered manager told us, "I have tried to get copies of the decision, a new assessment has been completed as [person] is currently in respite, I need to write to the GP to request this." This was actioned on the second day of the inspection." The registered manager told us, "We will certainly be requesting this information before any care package is accepted in the future. We will also include MCA and DoLs in our team meeting to make staff aware."

People were supported to be as independent as possible. One care worker told us, "I encourage people to do things themselves, if they can manage then let them." Another said, "We promote this a lot, if they can manage on their own then that's better. It's important to keep people mobilised and keep their mind going."

People were supported to maintain good health. One care worker told us, "We always contact the office and family is someone is not well, and to make sure they see the doctor. Some people have district nurses who visit, we all work together." The registered manager told us, "One carer rang in to say [person] was not well, they contacted their daughter to let them know. [Person] would not have the doctor, so our carer popped back in to check them. When they got back [person] did agree to have the doctor."

The registered manager told us about how the service worked closely with various health care professionals, including GPs and district nurses. People's care records set out their health needs and any interventions that were needed by care workers. For example, continence care to maintain skin integrity. Outcomes of health care visits were documented in people's care records and care plans were updated to reflect any changes.

People we spoke with who had support with meals were happy. Mostly carers heated up ready meals or food that had been provided by relatives. One person had special pureed food and their relative was happy that they were being properly supported and given a choice. They told us, "They always ask him exactly what he wants." Another relative told us, "They are as attentive (over food) as they can be, with [family member's] permission." We found specific dietary needs were included in care plans along with specific guidance and correspondence from the speech and language therapy team. Staff completed specific training on the importance of fluids and nutrition as part of the care certificate.

Good

Is the service caring?

Our findings

People and relatives we spoke with gave overwhelmingly positive comments. We were told people were treated with kindness, compassion and respect. One person told us, "These girls are nice and polite, they respect their elders." Another said, "They are talkative, we tend to get on very well." Relatives also told us staff were caring and respectful. One relative told us, "[Family member] has had carers before (a different company) but they talked to her like a child. These ones don't talk down to her." Another said, "They always have a good chat and ask if he wants anything before they leave." A third told us, "They know how to communicate with [family member]." A fourth told us, "The best thing is they talk to [family member] and they ask if there is anything else they can do."

Daily records completed by staff indicated a caring nature. One care worker had written, 'got [person] a blanket as she was feeling cold.' Another had written, 'I asked [person] if they wanted a shower, she refused. Asked if she wanted a cup of tea or chocolate, I completed other tasks then I asked again if she would like a shower.' This meant that staff were caring in their approach.

Social care professionals gave positive feedback about the staff. One social worker had sent a text to the office to advise how caring and supportive one of the carers had been. The assistant manager made a call to explain to one person that their carer was running late. They commented, "We always ring to let them know and we can also check if they are alright at the same time."

People and relatives had expressed their satisfaction with the care and support provided and the approach of staff. Comments included, "Lovely team of carers," "Carer always promotes dignity and respect," "All carers show good personal care and always ready to suggest alternative services available" and "I am pleased with how things are going and [family member] is happy."

Staff were clear about demonstrating dignity and respect when carrying out their roles. One care worker told us, "I always put a towel over them when I am doing personal care so they don't feel uncomfortable. Another referred to respecting different customs and religions. A third talked about ensuring curtains were closed during personal care. A fourth care worker told us, "I have never rushed a client."

People were issued with an information pack when they first commenced using the service. The pack contained general information about the service along with contact details of the office. People were visited by the assistant manager or team leader who spent time getting to know the person and their relatives. The service matched carers to people to ensure they were supported by an appropriately trained carer who could meet their specific needs.

The induction process covered the need for confidentiality and staff were aware of how this related to their role. One care worker told us, "Records are kept safe in people's houses, nothing is discussed outside." All people's personal records were stored securely in the office. Electronic records were password protected and only accessible to authorised staff.

Staff had knowledge of people's needs and preferences. Care workers we spoke with told us they read through people's care plans with their manager before they visit. On some occasions this was not possible when it was an emergency. The registered manager told us, "We do pick up emergency work, in these instances we don't always get a full care plan, the visit is always carried out by a team leader who can put in an emergency plan, with a more detailed plan being developed when we have more information."

None of the people we spoke to or whose care records we examined required an advocate. The service had information relating to advocacy. The registered manager understood the reasons why advocacy may be required. The service worked closely with the local authority and would contact them for support if necessary.

Good

Is the service responsive?

Our findings

People and their relatives told us they felt the service was responsive to their needs and that their comments and concerns were listened to. One person told us, "We did have the time changed of the last visit of the day as [family member] was going to bed a little too early to what he likes so they changed that to a time that suited him." Another told us, "We asked for a particular time and that was fine."

We found people's care plans were individualised and personalised. These included customer needs assessments and customer likes and dislikes. Plans included information about people's medical conditions, home environment, aids to promote mobility, independence, self-esteem and well-being. We saw plans included instructions for staff to encourage the independence of the person and considered dignity and privacy. For example, one person's care plan advised they needed motivation to get up from bed. . Another focused on a person's hobby and recommended staff support them with a particular activity when they were feeling up to it.

We checked the arrangements for reassessing people's needs. We found regular care plan reviews were carried out with people and relatives. The registered manager told us, "The reviews are carried out by team leaders, carers are also involved in the review as they have first-hand information. Where changes are needed these are made electronically and an updated care plan is put into the customer's home." This meant that staff had the most up to date information to support the person. During our inspection the assistant manager met with a relative of a person who was new to the service. The assistant manager told us, "It's important to go and meet the family especially when it is a new customer."

We found one care worker had reported difficulty in supporting someone to stand when getting in and out of bed, so the service reported this to the initial contact team. An occupational therapist visited the person and carried out an assessment which resulted in the person having a hospital type bed provided, that is a bed which can be lowered and raised. This meant the service was responsive in identifying and responding to the changing needs of people.

One person supported by the service enjoyed a game of bingo. The team leader told us, "[Person] has just told us she likes to go to bingo on a Monday but hasn't been going due to the time of her call. We should be able to tweak things so the call is put back so she can still go, it's important she gets out." During the inspection we observed the team leader discuss this with the assistant manager to have the call time changed.

The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. People and relatives were provided with a copy of the complaints procedure on commencement of the support package. We saw the most recent monitoring of complaints, and found the last complaint was August 2016 about lack of provision for a commissioned emergency service. The complaint had been fully investigated in a timely manner with a response forwarded to the complainant. The service had put in systems and processes to ensure carers reported to supervisors in a timely manner if they were unable to fulfil their rota requirements. The registered manager told us, "Concerns or issues are recorded in daily notes

and action can be taken from there, people and relatives can also just pick up with phone." These meant concerns were addressed before becoming a formal complaint.

People and relative told us they knew how to formally complain but had never had cause to do so. Three people mentioned they had contacted the office because of a problem. One relative told us, "A carer forgot to return the key to the safe, the person I spoke to was absolutely lovely and sorted it out." Another said, "We had an issue where one carer was not building a relationship, they changed the carer straightaway." One person had contacted the office and had the carer changed straight away stating, "One girl just didn't click with my [family member]."

The service had received a number of compliments. Comments included, 'Carers have good knowledge,' 'They take their work very seriously,' and 'Regular carers are very good, unable to fault the service.'

Good

Is the service well-led?

Our findings

People and relatives felt the service was well managed and they told us they had confidence in the registered manager. One person told us, "I'd know who to call in the office and they will do anything. I only have to say the word and it's done." Another person said, "I'm over the moon with what they are doing." One relative told us, "I was dubious about getting carers in and I am really happy that [family member] has taken to it as well as she has." Another said, "The manager was extremely respectful to my [family member] and to me when she met us. She respected my mum and directed the questions to her not just to me. I felt a sense of relief." A third commented, "The out of hours set up is good, you can always contact them."

Staff told us they felt the service was well- run by the registered manager and provider. The care workers we spoke with described the management as accessible and approachable. One care worker told us, "If I have a problem I can talk about it." Another said, "She's always there for you, both (assistant manager and registered manager) are lovely." All the staff we spoke with told us they would have no hesitation in recommending this service to a member of their own family. One care worker told us, "The carers are really good and the care is good."

At the time of the inspection the service had a registered manager who was qualified, competent and experienced to manage the service effectively having worked in the care arena for a number of years. The registered manager told us they were supported by the provider through monthly meetings to review business performance, staffing issues, trends, non-conformities and development of key pieces of work from the business plan. We reviewed meeting minutes which set out actions for the registered manager and her team.

The provider had systems and processes in place to monitor quality of the service. We found records of care plan audits, accident and incidents and safeguarding consideration logs reviews. Actions from audits were disseminated to staff through group meetings. We saw the electronic system was updated following each care file audit with findings and action needed in each instance. We found the registered manager followed up the actions as part of the quality assurance process.

Spot checks were carried out which enabled the registered manager to monitor how care was being delivered and to check that care was being delivered in the way that was agreed with the person. The registered manager told us, "Spot checks are carried out to observe the staff team when they are delivering support in people's homes, the assistant manager as well as team leaders carry these out."

The provider sent 'customer questionnaires' on an annual basis which resulted in a 'We asked, you said' report. The 2015 - 2016 report set out the results along with some actions to improve the service. For example, to be more proactive, to minimise changes in relation to times. Actions were underway with some already completed and signed off. The registered manager monitored the actions as part of their monthly management meetings.

Staff told us they felt the service listened and responded to their views and comments. One care worker told

us, "I asked for end of life training and they organised this for me." Another said, "I raised the problem of lack of travel time, this is being looked in to."

Staff meetings were held, which gave staff the opportunity to discuss people's support as well as gaining important information about the service. Management team meetings were also held to look at training, funding staffing and general management issues. Minutes of meetings were available.

The provider had an 'Employee Engagement Forum'. The group was made up of representatives from the organisation, including staff, team leaders, assistant managers, managers, head of corporate support with the Chief Executive as chair. Meetings took place on a bi monthly basis and covered a range of agenda items. This meant the provider was proactive in engaging with staff.

The provider had its own award for outstanding customer service. The David Luke Award (David Luke was a member of the Trustee Board before he passed away). The service had sent out nomination forms to staff and people. The forms were then reviewed by a panel of trustees to make the decision and the winner received £100. The organisation held an annual thank you party for staff for their contribution throughout the year.

In order to retain staff the provider offered financial incentives which meant the provider valued staff.

The registered manager submitted statutory notifications in a timely manner. People's personal records were held in line with Data Protection.