

Mrs Sharon Clark

Your Choice

Inspection report

222 Middle Deal Road
Deal
Kent
CT14 9RL

Tel: 07717503866

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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

The inspection took place on 4 September 2018 and was announced.

We announced the inspection because Your Choice only provided care to a small number of people. By announcing our inspection, we could ensure that the provider was available and that we could visit people receiving support from the service.

Your Choice is a domiciliary care agency which provides personal care to three people with learning disabilities and complex health needs in their own homes. At the time of the inspection the agency provided personal care for three people. Not everyone using Your Choice 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. Where they do we also take into account any wider social care provided. Your Choice also provided other services to people not regulated by the CQC, for example; shopping, befriending and domestic assistance.

The majority of the people who used the agency lived with their relatives. The agency provided 14 personal assistants to support people. The support provided to people varied according to their needs and other arrangements, supported ranged from 24 hours a day to an hour every other day. The service provided to people and their families were flexible, therefore family were often provided with regular and ad hoc respite depending on their needs and preferences.

On the previous inspection in September 2017, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that the systems and processes were in operation to assess, monitor and improve the quality and safety of the service were consistently applied.

At this inspection, we found that the provider was no longer in breach of Regulation 17. Your Choice had made improvement to become good. When areas for improvement were identified, they were immediately addressed by speaking to people and their families and by seeking official guidance..

The agency was registered to one person who is the provider and therefore the agency does not require a registered manager. The provider was the registered person. 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. The registered provider had overall responsibility for the agency.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were given the care and support they required. Interactions were kind and friendly, people smiled and looked relaxed in the company of personal assistants. The team of personal assistants shared the same values, to enable people to live a full and fulfilling life, relatives confirmed this ethos was embraced by all. Personal assistant's Risks to people were assessed and mitigated against and personal assistants had been trained and understood how to support people in a way that protected them from harm and abuse. The provider followed infection prevention and control guidance.

The provider completed checks on personal assistant's before they started work to ensure they were safe to work with people. People received care from personal assistant's that had the skills and knowledge to meet their needs. New personal assistants went through an induction period which was tailored to the needs of the people they would care for. Existing personal assistants attended regular face to face and online training which they found helpful and informative. The provider had systems in place to address any unsafe staff practices which included disciplinary action or retraining if needed.

People were supported by enough personal assistant's to safely assist them. Personal assistants were flexible so people and their families changing needs could be easily met. When needed, people received help with their medicines from personal assistants who were trained to safely support them. The senior personal assistants undertook regular checks to ensure people received their medicines as directed.

People were given person-centred care that promoted their independence and enabled them to live as full a life as possible. Personal assistants knew people well and understood how to support and care for them. The small teams were vigilant of changes to peoples physical and emotional health and responded to changes appropriately. People and their representatives determined what care the person should receive and the team worked alongside them and health professionals when people's needs and preferences changed. The provider regularly sought feedback from people and their families and relatives told us that if they had any issues, these were rectified immediately.

People were supported to have maximum choice and control of their lives and personal assistants supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Personal assistants encouraged people to be as independent as possible. People could do what they wanted, when they wanted and personal assistants respected their wishes at all times. People were treated with dignity and their spiritual, social and cultural needs were discussed and respected.

Incidents and accidents were recorded and teams reviewed these with people, their families and health professionals. If and when shortfalls were identified, these were investigated and resolved appropriately.

The service worked closely with the learning disability team which improved their knowledge of best practice. The manager planned to develop the service by joining local networking forums where the latest and best practice was discussed. Your Choice also had good working relationships with local organisations, so people had access to a range of activities and opportunities within the area.

People's privacy was respected and confidential personal information was stored safely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service had the knowledge and training to protect people from harm and abuse and knew how to protect people from infection.

Risks to people were assessed and mitigated against. Positive risk taking was encouraged.

Recruitment checks ensured that personal assistants were safe to work with people. People had enough personal assistants to meet their needs.

The service recorded and monitored the administration of medicines and incidents and accidents. Shortfalls were investigated appropriately and lessons were learnt.

Good ●

Is the service effective?

Personal assistants had the training to provide effective care and support. Personal assistants felt supported by the provider.

People were supported to access healthcare professionals, and maintain a balanced diet of foods of their choice.

People's consent was sought when delivering care.

Good ●

Is the service caring?

People were cared for by personal assistant's that respected their privacy and dignity.

People and their relatives praised the caring nature of the service.

Staff knew people they cared for well and supported them to be as independent as possible.

Good ●

Is the service responsive?

People's care plans were clear in detailing people's preferences in how they wanted their care to be delivered.

Good ●

Complaints were managed appropriately.

The provider had taken action to record peoples end of life wishes.

Is the service well-led?

The service had processes to monitor and check the service provided to people.

The service sought feedback from people, relatives, personal assistants..

The service was driven by a shared value; to support people to live full and meaningful lives.

The provider kept up-to-date with best practice by working closely with health professionals.

The service had a good working relationship with local organisations.

Good ●

Your Choice

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 comprehensive inspection took place on 4 September 2018 and was announced.

As the service was small, one inspector carried out the inspection. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service for younger adults who are often out during the day. Therefore, we needed to be sure that they would be in.

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains 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 reviewed three people's care plans. We reviewed people's care and support plans, activity plans and risk assessments. We also looked at; staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs. We asked the provider to send us some documentation via email after the inspection. These were received following the inspection.

We spoke to five members of staff and four relatives on the days following the inspection. Views were also sought from health professionals; however, we did not receive feedback.

We also visited two people in their own homes where we spoke with one person and observed interactions between people, personal assistants and the provider.

Is the service safe?

Our findings

People were protected from abuse. Personal assistants had regular safeguarding training and could tell us about different forms of abuse. Personal assistants were aware of signs to look out for and knew what action to take if abuse was witnessed or alleged. They had knowledge of the whistleblowing policy and were confident in the provider's ability to investigate and make appropriate referrals.

Risks to people were identified and mitigated. People lived with very complex and unpredictable conditions, and had both mobility and communication difficulties. For example; risk assessments listed precautionary steps personal assistants should take to reduce the harm caused to people from falling when having a seizure. This included the use of wheelchairs and protective headwear in public. People were also supported to try and take positive risk, by trying different experiences to promote their wellbeing and independence. For example; one person regularly went horse riding and reasonable steps were taken to ensure the person continued to do so safely.

Personal assistants were recruited safely. Appropriate checks had been made by the provider to ensure that the personal assistant was safe to care for people. The files contained full employment history, identification, and checks included; a disclosure barring service (DBS) and two references. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People decided who cared for them. Before joining Your Choice, a pre-assessment process took place. The manager would get to know people and match them with compatible personal assistants, who they felt would be best suited to meet the person needs. For example, one person who liked to laugh and joke was matched with a personal assistant with a similar personality. People met with the personal assistants and decided who they would like to care for them or their loved ones. The family told us how they close the person was with the matched personal assistant, stating, "they bounce off each other."

The long-established team of personal assistants were split into teams for each person and an on-call system ensured people were always provided with consistent care and support. A relative told us that care would always be given by a familiar personal assistant. Another family member told us that if they wanted to do something, Your Choice would organise support, they commented, "[Your Choice] are very accommodating." A personal assistant told us they said to a relative ""if there's something she wants to do, let us know and we will sort it so you can go out and have a good time." Another relative told us that they had to attend a hospital scan at short notice and Your Choice swiftly arranged cover, whilst another personal assistant took them to the hospital.

Medicines were ordered and supplied by the families of people receiving personal care, however staff gave medicine to people and conducted checks to ensure they did so safely. For one person, the senior personal assistant had taken over the responsibility of creating medicine sheets from the family. This sheet listed medicines and highlighted any medicine changes to ensure changes were not missed. A personal assistant told us that at handover the personal assistants would review the medicine records together to ensure that

they were given to people correctly and double signed. A relative commented, "I have complete confidence in them, I do not worry at all."

Personal assistants followed the direction of the local learning disability nurse when using PRN (as needed) medicines. The learning disability nurse had developed seizure charts which described people's seizures and what action should be taken if a particular seizure occurred.

People were protected from the spread of infection as far as possible. Staff encouraged people to wash their hands, and tried alternative methods if they refused. We saw a person refuse, the personal assistant waited until the person had sat down and offered antibacterial wipes which were accepted and used by the person. Protective equipment was visible in people's homes and relatives told us that personal assistants always wore gloves when providing people with personal care, administering medicines or when maintaining a person's feeding tube.

Staff recorded incidents, accidents and medical episodes in great depth and in line with professional guidance. Knowledge from previous incidents had been analysed to identify patterns and triggers which had then been used to develop detailed care plans, tailored to people and their needs. Personal assistants told us that a person often displayed behaviours that challenged. Through getting to know the person and analysing each incident, they found that noise and crowded environments triggered behaviours. As a result, overcrowded environments are now avoided by personal assistants and incidents have reduced.

Is the service effective?

Our findings

People were provided with person-centred support. The provider placed people in the centre of Your Choice operations, tailoring peoples support according to their needs, wishes and preferences. Relatives told us, "I think it is a very good agency, they are very accommodating."

Since the last inspection, the same people were receiving personal care and nobody else had joined the service as a client. People were introduced to the service by the local authority and they determined what care they required and whether the service could meet their requirements. As a result, people had ultimate control over the care and support they received and the service was tailored to each person's unique needs. It was clear when talking to people, their families and personal assistants that people were at the centre of the service, their support plan was decided by them. Families told us that if one person wanted to do something different to what was planned, personal assistants would adapt with the person to make sure they were doing what they wanted to do.

The provider worked with a local training company to provide face to face and online training on a regular basis. Personal assistants also received training specific to the people they cared for through a range of professionals. For example, personal assistants had training to support people who were fed through a tube and for those who used a specific medicine. Personal assistants told us that they found the sessions informative and if they could not make it, online training was provided. One commented, "When you do refreshers, it makes you think, gosh that's abuse and some things to be aware of, the laws get updated."

There had been two new personal assistants join Your Choice since the last inspection. These personal assistants followed an induction programme tailored to the people that they would provide support to. This involved getting to know the person, their care and supports needs and a period of shadowing and competency based assessments.

Personal assistants felt very supported by the provider and colleagues. Yearly appraisals took place which enabled them to discuss their development goals and general wellbeing. The provider contacted each personal assistant on a weekly basis to check how they were and to discuss improvements and suggestions. A personal assistant told us, "We probably get much more supervision than other places, because we speak all the time and give support." Another told us, "If [provider] had not seen me by Friday they would call me to make sure if I was ok."

People were encouraged to eat healthily and were always given options to choose between. Personal assistant's encouraged people to choose what they wanted to eat whilst shopping or when visiting cafes. Personal assistants also recognised that some people preferred less choice and tailored the options accordingly. People helped staff to make up their menu for the week, using pictures and verbal prompts. A personal assistant explained that if soup was on the menu, then the person would go to the kitchen to pick the ingredients for the soup.

Your Choice worked alongside people, their families and other health professionals to ensure that people

received high quality, consistent care. Daily notes were used to record any changes to peoples care to ensure relatives and other personal assistants were up-to-date. We saw that a personal assistant had recorded that a community nurse had visited and had changed the settings of the person's pressure mattress and had recommended using creams to reduce the risk of pressure sores.

A relative commented, "[They are] always really on the ball, if there is anything wrong, they pick up on it, monitor it and put it in the book and take [loved one] to the doctor." Personal assistants and the community nurse had recently identified when one person had an increase in seizures and further investigations had been organised as a result.

Peoples care and support was designed to meet their needs. Personal assistant's kept daily logs which described events, activities, appointments, incidents and seizures. A personal assistant told us, "We record absolutely everything." A relative reviewed these with the senior personal assistant, alongside the accident book and seizure book, every week. The relative told us, "The notes are always good, you get a real flavour, not what he has done that day but how [person] has felt which really helps the next person coming on shift and is good for [persons] quality of life." A personal assistant told us that at each shift change, the Personal assistant's talk about the shift, look through the daily records and check that the medicines were given correctly.

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. Staff had received training in the MCA and Deprivation of Liberty Standards (DoLS). They could explain the key principles of these pieces of legislation.

Staff always sought consent, using questions such as; "What would you like?", "Would you like me to...?" A member of staff told us that people's capacity often fluctuated depending on their mental or physical health and that they changed their approach accordingly. For example, when a person had many seizures through the night, personal assistants understood this may affect the person's ability to communicate the following day. This would then lead personal assistants to take direction from the person's representative and care plan.

We looked at care records and found that the provider had worked with relatives and other professionals to ensure decisions were informed and made in people's best interests. When people were assessed as not having capacity to make a decision, a best interest meeting was held involving health professionals and family members. For example, when people were refusing their medicines, a best interest decision was made to disguise their medicines in food when they refused to take them.

Is the service caring?

Our findings

People were treated with kindness and compassion, people smiled and laughed with personal assistants. Relatives told us that, "I am absolutely overjoyed with the service, I could not fault them," "[The] team are very good, they are brilliant, she loves them all to bits." Another relative commented, "[Personal assistant] does so much, goes above and beyond, in her own time, she goes out of her way all of the time."

We observed people being treated with kindness and respect and personal assistants spoke about people with genuine care and compassion. One person told us how they liked to pick up the personal assistant's children and grandchildren spend afternoons with them and their families. The person smiled as the personal assistant talked about it. A relative commented that "they all welcome my relative into their own families, take them to their houses, my son knows their families and pets, they treat them like their own family, always willing to go that one step further. Our loved one's life is so much richer because of Your Choice, it is great that he has got this extended family because otherwise it is just us two."

Personal assistants understood how people liked to be comforted if they were unwell or unhappy. A relative told us that in a meeting with health professionals, a technique that a Your Choice personal assistant used to calm a person was praised. They told us that the personal assistant "massages her scalp and it relaxes her completely, you can see her totally relax."

People were able to communicate their views with personal assistants using different methods according to their communication needs. The personal assistants knew them well and understood how to communicate with them. The service gave information in accessible forms as people had complex communication needs. Some liked to use pictures to communicate, others used words, sign language or facial expressions. Communication profiles described how each person liked to communicate and this was updated if there were any changes. Personal assistants told us that they gave a person options verbally and their facial expressions in response to each option enabled that person to communicate their choice.

People decided what they wanted to do and when. One personal assistant told us how one night, a person came in and asked for a drink, the personal assistant supported the person to make a drink. They told us how they sat down together and laughed whilst watching the person's favourite comedy show.

Information and support was provided in line with the Accessible Information Standard (AIS). AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff understood the standards and worked with speech and language therapists to tailor support and care plan reviews to enhance effective communication and the care provided to that person.

People were supported and encouraged to be as independent as possible. People were wearing clothes of their choosing which relatives said matched their personalities. The provider had even arranged for a local college student to make a mural of the person's favourite cars in their bedroom. On the day of inspection, the person showed us the mural, and smiled excitedly when they described each section.

Personal assistants understood that people should be encouraged to do as much as possible for themselves to maintain and gain new skills. A personal assistant told us about one person, "We always prompt them to do things. They bring dishes to the table, we prepare hot food and leave in the kitchen until it is cooled and then let them carry it to the table. We encourage them to dress and undress, to help make the bed, folding the washing, put washing on the line." Another personal assistant told us, "Anytime we can, we get them out [walking] so she can keep it going as long as possible."

Personal assistants ensured people were treated with dignity and respect. On the day of inspection, a personal assistant asked a person "Shall we turn the light on?" which to them was code for "Would you like to go to the toilet?" They explained that they did this to avoid embarrassment and to respect the persons dignity. Peoples relatives confirmed that people were always treated with dignity and respect.

They told us that Your Choice went above and beyond when supporting their loved ones. Relatives said that personal assistant's buy people presents on their birthdays and at Christmas, they also paint their nails and 'pamper them,' others laugh and joke together. A relative commented, "Everybody has their own personalities, some mother-hen around my son? Daughter? others pick up on each other and do fun things, they will do anything for them."

Is the service responsive?

Our findings

People were given the person-centred care and support they needed. The service adapted and responded to the changing needs of people. People's care reviews looked at areas such as; cultural and social needs to ensure that people's preferences continued to be respected.

People and their relatives, decided on how they would like to be cared for and supported. A relative told us, "I manage all of loved one's affairs, but the day to day care is done by them, brilliantly." The provider and senior personal assistants met with people's representatives and health professionals on a regular basis to ensure that people were receiving the right level of care. Relatives told us, "We have meetings every 6 weeks with [learning disability nurse] and [provider], it works really well. We also have community nurse and finance reviews, if anything comes up we will get in touch with [provider] and they will update care plans regularly."

Alongside their knowledge of people, personal assistants also had support plans and an Epilepsy seizure protocol created by the learning disability team which they followed and recorded each person's seizure, including; the type, length and circumstances. This meant that Personal assistants knew what signs and symptoms to look out for and what action to take. A personal assistant told us that they were able to identify when people were unwell or may have a seizure through specific noises, and physical signs.

Relatives told us, "If there are any concerns, [they] would call me," "They know [person] intimately," "They know [person] inside out," "They all know what to do, but if [loved one] is really bad they will contact us."

People's daily lives were organised according to their interests and preferences. For example, one person liked horses so the personal assistants took them horse and carriage driving. Personal assistants told us they tried to keep to this as much as possible, but people's physical and emotional health often meant that plans changed. They told us that sometimes they would arrive at an activity and person would refuse to go, they would change their plans to ensure the person was happy. Relatives told us, "We all have different routines for summer and winter, with different ideas for activities, there is a constant sharing of ideas, things change, my daughter used to love swimming but she doesn't like it anymore, lost interest in it, so we do something else instead."

One person liked music and sensory experiences, as a result personal assistants regularly took the person to a local sensory room and to karaoke at a local centre.

People and their representatives knew how to make complaints and told us that they would be confident any issues raised would be investigated quickly and appropriately. A relative told us they did have one issue which they raised with the provider and the provider addressed immediately. The relative told us that the issue had not arisen again. Another relative told us, "Can't remember ever complaining but [we] have a very good relationship with [the provider], even if I did we would talk it through."

We talked to the provider about people's end of life wishes and the provider sent us information following

the inspection. This information confirmed that they had taken immediate action and had begun detailing peoples wishes, having researched end of life care plans and by speaking to people and their relatives.

Is the service well-led?

Our findings

The long-standing team of personal assistants were unwavering in their support of the provider. A personal assistant commented, "People are always the providers priority, they make sure families and staff are happy, then it is the provider." Families echoed this opinion, one commented, "The provider does an amazing job."

Feedback from people and their families was "Constant," according to one relative. Families told us that, "[It is] ongoing, the sharing of ideas, it happens all the time." We talked to the provider and they told us that they had sent questionnaires to relatives and personal assistant's in the past and that the manager hoped to reintroduce this. The service did not collect feedback from health professionals. We discussed this with the provider and they agreed that this was an area for improvement that they would like to have addressed by the next inspection.

The service had a good working relationship with the local disability team and local learning disabilities centres. As a result, people took part in new activities, events and schemes and the provider had a good level of knowledge of developments in best practice. For example, the provider used best practice seizure charts and guidance created specifically for each person by the epilepsy and learning disability teams. We discussed best practice and networking forums for providers and health and social care professionals, and the manager told us that they planned to attend in future.

The manager had plans to ensure personal assistants kept up-to-date with best practice. They told us that some personal assistants were completing qualifications in health and social care. These competence-based qualifications are designed to equip learners with the skills and knowledge needed to care for others. The manager told us that they planned to develop Personal assistant's 'areas of interest,' by sourcing courses so personal assistants could share learning and best practise across different areas within the team.

Each person had different processes for checking medicines and incidents and accidents, that worked for the person and their team of personal assistants. This was overseen and checked by the provider and ensured that care and support was truly person centred.

The provider had built a nurturing and supportive service and this positive, person-centred approach was embraced by all personal assistants. Relatives described the service as, "Very much a team, I can't speak highly enough of them." Relatives knew the provider well and felt that they could contact them at any time to discuss any issues.

Your Choice held the value that people should live the life they want to live. Therefore, people were supported be as independent as possible, Personal assistant's encouraged people to make their own choices and to decide their own path. Relatives told us that this enabling and supportive ethos was commonplace within Your Choice.

The manager had previously worked as a personal assistant so they knew people well. In addition, they had previously worked as a registered manager alongside the provider, so they had a good relationship and the

provider was building their skills so they could 'hit the ground running.' The manager had many ideas about how the service could be improved and had begun making changes, for example; by creating a training matrix and researching courses to tailor Personal assistant's training to people's needs.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines. Records were clear and up to date and were held securely.