

My Choice-Companions Ltd

My Choice Companions

Inspection report

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Date of inspection visit:
23 October 2019
24 October 2019

Date of publication:
08 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

My Choice-Companions Ltd is a small domiciliary care service providing personal care and support to older people, people with a dementia, physical disabilities, mental ill health and learning disabilities, living in their own homes. At the time of the inspection 13 people were receiving care or support.

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

People and their relatives told us they felt safe with the service. However, some risks to individuals and their environment had not been fully considered and managed. We made a recommendation on risk assessments and risk management. Staff were aware of the signs and indicators of abuse, they knew what to do if they had any concerns. Recruitment practices made sure checks were carried out before staff started work. There were enough suitable staff available to provide safe care and support. Staff followed processes to manage people's medicines safely.

Although people were happy with the support they received, there were some shortfalls with ensuring staff had sufficient skills and knowledge to respond to people's needs. We made a recommendation on staff training and development. The registered manager involved people with an assessment of their needs before they used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported with meals in line with their support plan. Staff worked in partnership with healthcare professionals as appropriate.

People had care records to respond to their needs and choices. Some care plans were lacking in detail to ensure all needs and choices were met. We made a recommendation on person-centre care planning. People did not have any complaints about the service they received. They had access to a complaint's procedure and were confident they could raise any complaints and concerns. Processes were in place to sensitively support people as needed, with end of life care.

Everyone expressed satisfaction with the service. But, we found the provider's systems to monitor and review the quality of care, had not been properly used. We made a recommendation on quality monitoring processes. Management and leadership arrangements supported the day to day running of the service. The registered manager and nominated individual were keen to develop the service.

People made positive comments about the caring and friendly attitude of staff. They said their privacy and dignity was respected. Staff were respectful of people's choices and opinions. They had an awareness of their individual needs. Staff had enough time to support people and listen to them. Arrangements were in place to help ensure people had support from the same staff, at an agreed time.

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

Why we inspected

This service was registered with us on 14/11/2018 and this was the first inspection based on our inspection programme.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

My Choice Companions

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and sheltered housing.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

During the inspection

We talked by telephone with people about their experience of the care and support provided. This included four people who used the service and three relatives. We spoke with four care workers, the registered

manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a variety of service records. This included three people's care records, two staff files in relation to recruitment and staff supervision records. We also looked at a variety of records relating to the management of the service, including complaints records, meeting records and quality monitoring checks. Policies and procedures were reviewed.

After the inspection

We received further information from the registered manager and nominated individual to support the evidence we found. We reviewed training information, the staff-handbook and care records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider needed to develop their systems to help protect people from avoidable harm. Risk assessments had not always been fully completed, to identify and manage individual risks to people's wellbeing. For example, relating to equipment use and skin integrity. Some risk assessments were lacking in detail.
- Staff supported people as appropriate, in maintaining a safe and secure environment. Initial and ongoing health and safety checks were completed. However, the servicing of equipment, such as hoists was not routinely considered. Fire safety was considered, but there was no check for smoke detectors. Staff were aware of the risk assessments. They described how they followed protocols to keep people safe and were aware of emergency procedures.

We recommend the provider seek advice from a reputable source on assessing and managing risks and update their practice accordingly

Staffing and recruitment

- The provider followed recruitment procedures to ensure staff were suitable to provide safe care and support. Appropriate checks were completed before staff started work at the service. Some records of checks, such as chasing up reference requests, needed to be clearer to show the actions taken. Probationary periods and disciplinary procedures supported the management of unsafe and ineffective staff conduct.
- The provider ensured sufficient numbers of staff were available to safely support people and meet their needs. One person said, "They have never been late or missed a visit." The registered manager had a process to check staff attendance, to ensure staff had arrived safely and at agreed times.

Using medicines safely

- Staff supported people as required, with the proper and safe use of medicines. People's prescribed medicines were recorded. One person told us, "They bring me my tablets and a drink. They watch me take them." People's involvement and support needs were assessed and planned for. Staff providing support with medicines had completed training and their competence had been assessed. Medicine management policies and procedures were accessible to staff.
- Staff recorded in medicines administration charts as necessary. Processes were in place to check the records to promote safe practice.

Systems and processes to safeguard people from the risk of abuse

- The provider had processes to protect people from abuse, neglect and discrimination. People were

comfortable and felt safe with staff. They said, "Oh yes, I feel safe with them," "I'm content with them" and "I look forward to them coming." A relative commented, "I can trust the staff."

- The registered manager and staff were aware of safeguarding and protection. They described what action they would take in response to any abusive practice. Staff had accessed training on safeguarding and protection.
- The provider had policies and procedures to safeguard adults at risk. People and staff had been given copies of this information. Processes ensured safeguarding incidents would be reported and managed in line with the local authority's protocols.

Preventing and controlling infection

- Staff supported people as required, with the prevention and control of infection. They had received training on infection prevention and food hygiene. Staff confirmed they had access to personal protective equipment. One person said, "They always use gloves and aprons etc."

Learning lessons when things go wrong

- The provider had processes to monitor incidents and make improvements, to help reduce risks to people. The registered manager explained there had been no incidents or accidents. However, staff were aware of their responsibility to report and record any untoward events.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had inconsistent arrangements for staff training and development. Records showed some staff had not fully completed the initial induction training programme. Staff new to care had not commenced Care Certificate training. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily working life.
- Staff told us of the training they had accessed. This included on-line modules and assessed work books. Staff had not completed practical moving people training. Following our visit, the registered manager confirmed all staff had received this training.
- The registered manager had made arrangements for staff to achieve nationally recognised qualifications in health and social care. Staff had individual supervision meetings and an annual appraisal. Processes to support the planning and monitoring of staff training and development were informal, the registered manager therefore took action to make improvements by devising a training and supervision matrix.

We recommend the provider seeks guidance on staff learning and development from a reputable source and update their practice accordingly

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

- Staff supported people to eat and drink in response to their needs. One person said, "They support me with breakfast. They always ask me what I want." Staff had awareness of people's dietary needs and choices, but care records lacked detail of people's likes and dislikes. The registered manager agreed to ensure this information was sought and recorded.

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

- The registered manager completed an assessment of people's needs before they received a service. This involved meeting the person and obtaining information from other agencies. Policies and the initial care assessment supported the principles of equality and diversity. People's protected characteristics, as defined by the Equalities Act 2010, such as culture, age, religion and belief were considered.
- People and their relatives explained how they had been involved with the assessments. Their commented, "The manager came and asked lots of questions" and "They [registered manager] asked what support we needed."

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

- The registered manager and staff liaised as appropriate with healthcare professionals, to respond to people's needs. Care records contained some information about people's medical history, health needs and contact details of healthcare professionals. Staff were aware of people's needs and shared information with others as appropriate.
- People told us they were satisfied with support they received with health and well-being. One person told us, "I always feel cheered up when they have been." A relative said, "I have no qualms about the way [my family member] is looked after."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. The provider used the care planning process to screen people's capacity and monitor changes in support needs and decision making. The registered manager said all the people who used the service had capacity to make their own choices and decisions. People had signed consent to care agreements.
- Staff understood the importance of gaining consent and promoting people's rights and choices. A staff member said, "I always ask people first and get their agreement."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with respect, compassion and kindness. People told us they liked how staff provided their care. They said, "They are all lovely," "Very respectful," "They are so natural. They have me laughing" and "They are nice, polite and helpful." A relative told us, "The staff member's attitude is very compassionate."
- The registered manager and staff had an awareness of people's individual needs and preferences. People said, "They have got to know me well" and "They are like part of the family now."

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

- People were involved with planning their care and support, they were consulted on daily living choices. One relative said, "The manager went through the care plan with me." People explained how staff asked them about the support they needed. Their comments included, "They always ask me what I want doing first" and "I choose my own clothing [with staff support] and they ask me if I want something different."
- The registered manager devised staff rotas to ensure people had their agreed time for care and support. Staff said they didn't feel rushed with their work schedules and had time to listen to people and respond to their requests. People said, "It's very consistent. I get the same person. They are very good," "Many of them stay past the time" and "They sit and talk with me."
- The provider had produced an information guide. This advised people of what they could expect from the service, to help promote their rights and choices.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people's independence respected their privacy and dignity. One person said, "I do things for myself and they encourage me."
- Staff explained how they protected people's privacy and dignity, by respecting them and their homes. People told us, "A new carer came to be introduced to us this morning," "They don't look into anything they shouldn't" and "They knock on the door and call out my name."
- The provider had arrangements for people's personal information and staff records to be stored securely, they were only accessible to authorised staff.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met through good planning and delivery.

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

- The provider had not always ensured people's care plans included enough person-centred information. Plans were lacking detail on some matters, for example, specific personal care needs, individual preferences and personal histories. One care plan had not been fully developed in response to the person's assessed needs. The registered manager took action to rectify this matter. The provider also had a wide-ranging care plan format, which they intended to introduce.
- Staff kept daily records of people's well-being and the care and support provided to them. They had access to people's care records and were aware of their individual needs and choices. People told us, "I have a care plan. It has things in telling them what to do" and "I don't have to ask them. They know what they are doing." A staff member commented, "We read the care plan and follow it." Some staff described additional tasks they did to help people. We discussed with the registered manager, the importance of making sure these tasks were appropriate, planned and agreed.

We recommend the provider consider current guidance on person-centred care planning and update their practice accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service understood and had responded to the AIS. People's communication needs were included in the assessment and care planning process. Staff communicated with people, using ways best suited to their individual needs. The registered manager said written information could be provided in various accessible formats if required. Some progress was needed in producing general written information, for example the guide to the service, in a 'user friendly' style.

Improving care quality in response to complaints or concerns

- The registered manager and staff listened to and acted upon, people's concerns and complaints. People were encouraged to discuss any concerns during calls, reviews and consultations. They said, "I would speak to them if I had any concerns," "If I was not happy I would tell them. I have a guidebook telling me about things." A relative said, "We have a guide to the service it includes the complaints procedure. I would complain if needed."

- The complaints procedure provided clear guidance on raising concerns. The registered manager told us no complaints had been received. The provider's complaints policy and recording systems supported the management of complaints.

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

- People were supported and encouraged as appropriate, with chosen activities and community engagement.

End of life care and support

- The provider had processes in place to support people, when required with end of life care. Where possible, people's preferences and choices in relation to end of life care, including cultural and spiritual needs had been sought and recorded. The service worked with other agencies as appropriate, when responding to people's specific end of life needs.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Management processes did not always support the delivery of high-quality, person-centred care.

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

- The provider had not fully introduced processes to identify and progress shortfalls in the quality of the service. Risk assessments were lacking in some matters, care plans, had not always been properly completed or checked and staff development needed attention. The registered manager and nominated individual described action being taken to improve the quality monitoring systems, which included introducing a range of monitoring tools.
- The nominated individual worked regularly at the service. We discussed ways of introducing a more structured and accountable monitoring process, to clearly demonstrate their oversight.
- Managers and staff had helped to create a friendly, consistent and inclusive service. The service's care and support philosophy and duty of care was reflected in their written material, including policies, the staff hand-book and job descriptions. Spot checks were carried out on staff conduct when they supported people in their homes.

We recommend the provider takes appropriate action to strengthen the quality assurance processes.

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

- The registered manager and staff consulted with people and monitored their experience of the service. People said, "The manager is lovely she always asks if everything is okay," "There are periodic checks to see if we are satisfied" and "[The registered manager] came back to see how things were." A relative said, "The registered manager rang a couple of times to see if things were okay." The registered manager said satisfaction surveys were available and were due to be distributed to people.
- Staff meetings were held; various work practice topics had been raised and discussed. Staff told us they could voice their opinions and make suggestions. They said, "We can speak up, they are open to opinions" and "Things are really well organised."

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

- The managers and staff expressed a practical understanding of their role to provide person-centred support. People said, "My family are well pleased with the carers," "It's an excellent service" and "It's good that I get the two same staff." Staff commented, "The managers always ask how people are and how we [staff] are as well. They are very caring about us" and "Management is good. If I have any problems I can

contact them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty. The registered manager and nominated individual were proactive in their response to the inspection process. They described how they would analyse and learn from untoward events at the service.

Working in partnership with others

- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included, social workers, community nurses and occupational therapists.