Personal Choice Carers At Home Limited

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Inspection report

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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

About the service
Personal Choice Carers at Home Limited is a domiciliary care service providing personal care and support for people in their own homes, some of whom may be living with dementia. Not everyone who uses the service may receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service were providing personal care to 16 people.

People's experience of using this service and what we found
Feedback from people and their relatives about the service was universally positive and everyone we spoke with said they would recommend the service to others. This was summed up by one person who said, "We think they [the company] are the cats whiskers. To [named person] and myself they are our family. Nothing is too much trouble and how nice it is to se a boss working alongside the staff."

People felt safe and well cared for using the service. People benefitted from being supported by regular care staff. This meant staff got to know people very well and provided care and support the way people wanted.

Risks to people had been identified and staff knew what to do to keep people safe. There were enough staff employed who had been safely recruited. Staff had enough time to spend with people. People received their calls on time and staff stayed for the full duration. No-one had experienced a missed visit.

Medicines were managed safely by staff who had been trained and assessed as competent. Staff adhered to good infection control practices, such as wearing gloves and aprons to prevent the spread of infection.

We made a recommendation about medicine competency assessments.

Staff received training and support to be competent in their role. Staff felt well supported and enjoyed working at the service. People's needs had been assessed to be sure the service could meet them. People's choices and preferences were known and respected.

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 received help with meals and drinks that met their needs and preferences. Health needs had been assessed and people were supported to access healthcare services when needed. The service worked in partnership with a range of health and social care professionals to support people with their health and wellbeing. Feedback from professionals showed the service worked effectively with external stakeholders.

Staff were kind and caring and knew people well. People were listened to and involved as partners in their

care. Peoples dignity, privacy and independence was respected and upheld.

People received personalised care that met their individual needs and preferences. A complaints policy and procedure was in place and people knew how to make a complaint. No-one we spoke to had ever made a complaint and people reported high levels of satisfaction with the service. People's communication needs had been assessed and staff knew how to communicate with people effectively.

If people had any end of life wishes and preferences these were discussed with people and their families.

We made a recommendation about recording practices relating to end of life care.

The service was well led by a longstanding registered manager who was committed to providing good quality person-centred care. This commitment was shared and put into practice by the staff team. The registered manager was highly regarded by people and staff.

Quality assurance systems and processes were in place to monitor and improve safety and quality People and staff were included in the running of the service. Feedback was invited and acted upon to drive improvements.

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

Rating at last inspection the last rating for this service was Good (published February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Essex Dementia Care on our website at www.cqc.org.uk.

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 remained good.

Details are in our Safe findings below.

Is the service effective?

Good

The service remained good.

Details are in our Effective findings below.

Is the service caring?

Good

The service remained good.

Details are in our Good findings below.

Is the service responsive?

Good

The service remained good.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service remained good.

Details are in our Well led findings below.

Personal Choice Carers At Home Limited

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
The inspection team was made up of one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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.

Inspection activity started on 3rd December 2019 and ended on 4th December 2019. We visited the office location on 3 December 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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 spoke with the registered manager and two members of staff and contacted a further six members of staff by email. We observed staff providing care and support to two people in their own homes and spoke with these people about their experience of using the service. We also spoke with two relatives of people by telephone. We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We sought feedback from health and social care professionals who worked in partnership with the service and continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• There were safeguarding and whistleblowing policies in place and care staff had completed safeguarding training. Staff were aware of the different types of abuse and reporting procedures to follow if they had any concerns.
• Where safeguarding concerns were identified, the registered manager had notified the relevant professionals including the local authority and CQC.
• People and their relatives told us they felt safe using the service. A person said,"I feel very safe with the carers, I know them and they know me." A relative said, "I know [named] is in safe hands."

Assessing risk, safety monitoring and management
• When people began using the service, a member of the management team initially provided the care and support spending time getting to know the person, including any risks and how to manage them. Staff were then introduced to the person and spent two weeks or more working alongside the management to learn about the person's needs.
• People were assigned regular care staff and this continuity of care meant people received support from staff who knew them very well including any risks.
• A risk assessment of the home environment was completed to ensure people and staff were safe in people's homes.
• People's care plans identified the risks to people but we did find the information captured was quite basic and lacked detail. However, in practice, because of the robust staff induction and handover process, staff had an excellent knowledge of people's needs and knew how to keep people safe.

We recommend the provider review their current systems and processes for recording information on risks in people's care records.

Staffing and recruitment
• There were sufficient numbers of staff deployed to meet people's needs. An excellent feature of the service was the consistency of care people received. There had been no incidents of missed visits and people told us care staff arrived on time and stayed for the full duration of the agreed visiting times. A person told us, "That [a missed call] has never happened to me." Another said "I've nothing to grumble about they always turn up and they're always on time."
• The provider followed safe recruitment practices and had ensured all appropriate pre-employment checks were completed satisfactorily before new staff started work.

Preventing and controlling infection

• The service had an infection control policy in place. Care staff had received training in infection control and food hygiene and were aware of safe infection control practices. They told us they had access to gloves, aprons and other protective clothing as needed.
• We observed care staff always wore protective clothing when providing people with personal care or handling food.

Using medicines safely
• People's medicines were safely administered by staff who had been trained and assessed as competent.
• Medicines administration records (MARs) showed people received their medicines as prescribed.
• Management staff completed monthly medicine audits to ensure any discrepancies and/or gaps on the MAR were identified and followed up.
• We did note the medicine competency assessment recording form for staff was basic and had failed to capture detailed information on the areas of medicine management staff were being assessed on.

We discussed our findings with the registered manager who told us a thorough medicine competency assessment was completed but not fully recorded. They agreed to review their competency assessment forms to ensure they reflected the full assessment process.

Learning lessons when things go wrong
• Accidents and incidents including safeguarding concerns were recorded, investigated and analysed. Any lessons learnt were shared with staff and used as opportunities to improve the quality of service.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Before people used the service, assessments were carried out to ensure their needs could be met. People and their relatives were included in the process. A relative told us, "We all sat down together and discussed what [named] needed."
• People's choices and preferences were identified and respected, for example, preferred gender of care worker.

Staff support: induction, training, skills and experience
• Feedback from people and relatives showed people were very satisfied with the service they received. People told us care staff had the skills and knowledge to carry out their roles effectively. A relative said, "The girls really know what they are doing."
• All staff received an induction when they joined the service. The care certificate was used to induct new staff which represents best practice when inducting staff into the care profession. A staff member told us, "Yes I did receive an induction which gave me clear instructions on what was expected of me."
• New staff spent time shadowing senior staff before providing care and support to people. This gave new starters time to get to know people and the job role. It also provided a means for management to observe and monitor staff performance. A staff member told us, "They let us shadow for as long as we want until we feel confident."
• Records showed care staff had completed all mandatory training in areas such moving and handling, infection control, first aid, medication and safeguarding.
• Specialist training to staff was provided which met people's individual needs, for example, training in Parkinson's disease and Stroke.
• Staff regularly worked with people living with dementia. Therefore the service had provided good quality dementia training, for example, GERT suit training which helped staff understand and empathise with the lived experience of people with dementia.
• Staff received ongoing support and monitoring through supervision which was a mix of one to one sessions, observations of practice and group supervision. The registered manager also worked alongside staff providing informal ad hoc supervision and support on a daily basis. A staff member told us, ". I am in regular contact with my manager. We have regular supervision sessions which are helpful and beneficial to our care. I know that I can contact my manager anytime if I have any concerns."
• All staff said they felt very well supported. One staff member said, "I feel I get a lot of support from my manager and co workers also with training and if we are ever unsure of anything there is always someone on the end of the phone if needed."
• At the time of inspection, staff had not received an annual appraisal. Annual appraisals are used to give

feedback on staff performance and identify staff learning needs and goals for professional development. Nonetheless staff told us the registered manager actively encouraged learning and staff felt confident to approach the registered manager anytime to discuss their learning needs and aspirations. A staff member said, "I have been sent on training such as dementia training which was such an eye opener. All staff are kept up to date with training however If I feel like I need any more training I speak [named manager] and she puts me on courses."

We recommend the provider refer to best practice guidance to support staff learning and development through the appraisal process.

Supporting people to eat and drink enough to maintain a balanced diet
• If it was part of an assessed need people were supported to eat and drink based on their individual need and preferences. People's care plans identified areas where they were at potential risk of poor nutrition and dehydration and/or had swallowing difficulties and the level of support needed.
• Staff were vigilant in picking up when people were at risk and shared this information with people's relatives. A relative told us, "[named manager] will always ring me to say if [named] is not eating or drinking well, they are quick to let me know so we can deal with it."
• Our observations showed people received meals prepared how they liked it. One person told us they liked their macaroni cheese prepared in a specific way. The care staff member was able to describe how it should be done. They told us, "It has to be cooked in the oven, then extra milk and cheese added then cut up really small." The person nodded and smiled in agreement at the description provided.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The service worked in partnership with health and social care professionals such as district nurse, GP and occupational therapist to secure good outcomes for people.
• People's health conditions were recorded and where a need was identified, guidance was in place so staff could help people stay healthy. For example, one person had diabetes and required foot care. A management plan was in place which was extremely detailed and personalised on how support the person's health and wellbeing.
• Feedback showed staff provided compassionate support when people were unwell or became injured. A relative said, "When [named] fell, I work a few hours away, the carer stayed with [named] for over two hours, waiting for the ambulance to arrive."

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

• Staff had received training in the MCA and asked for people's consent before providing care.
• People's care plans emphasised good practice principles, reminding staff of the importance of giving people choice and control to maintain their independence.
• We observed staff providing care to people and saw they offered people choices to support them to make their own decisions. For example, we observed a staff member ask a person, "Shall we go into the bedroom so you can choose what you would like to wear."

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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
• People and family carers spoke positively about the care they received and told us care staff were kind and caring. A person said, "They [care staff] are all lovely, I have never had one I didn't like." A relative said, "The care staff are brilliant, they have a really good relationship with [named], they are patient and kind."
• Our observations showed positive, caring relationships had developed between people and staff. Staff had a good rapport with people and chatted with them in a friendly way demonstrating warmth and kindness. A relative told us, "The carers love [named] they laugh together. They always turn up on time they do their job good. I can't say anything bad about them they are lovely people."
• Training in quality and diversity was provided to staff and staff supported people to ensure their cultural and spiritual needs were met. A staff member told us, "We all understand that everyone is different and I feel the care that we provide is tailored to each person's beliefs, wishes and preferences. We had a lovely person who was Christian just before they sadly passed away we called in the priest to see them which meant so much to them and we used to keep their rosary beads close to them so that they could pray every night."

Supporting people to express their views and be involved in making decisions about their care.
• Staff told us people and their relatives, where appropriate, were involved with decisions about their care. A staff member said, "We sit and speak to people and family members and always ask for consent. Information and options are given and they are listened to this makes sure the care is right and the best that it can be."
• We observed staff encouraged and supported people to make day to day decisions about how they wanted their care and support provided.
• People told us they received care and support the way they liked it. A person told us, "They do things the way I want them." A relative told us, "[named registered] manager rings me all the time to keep me updated."
• A 'service user guide' was given to people prior to joining the service which detailed the standard of care people could expect and the services provided.

Respecting and promoting people's privacy, dignity and independence
• People told us their privacy and dignity was respected. A person said, "They are very respectful and talk to me nicely."
• Care staff were able to describe how they maintained people's privacy and dignity when providing personal care. A staff member said, "People's privacy and dignity is protected by closing curtains, doors etcetera when assisting with personal care, using towels to cover modesty. Knowing your client and

respecting their feelings."
• People told us they were supported with their independence and encouraged to do as much as they could for themselves and we observed this in practice.
• Staff understood the importance of promoting people's independence. A staff member said, "Its about encouraging people to do as much for themselves as possible. By not 'taking over'."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Before using the service, people had an initial assessment to ensure their needs could be met. A detailed life history was taken which included information about the person's life story, hobbies, interests, likes and dislikes. This information helped staff provide person-centred care, which is care that meets people's individual needs and preferences. A person told us, "They [staff] do everything for me just the way I like it."
• Care records demonstrated the strong focus on providing person-centred care. For example, where a person liked their bed made in a certain way, photographs had been taken at each stage of the bed-making process to ensure staff could meet the person's individual preference.
• Staff had an excellent knowledge of people's likes, dislikes, interests and life stories and spoke with people about things that interested them.
• People received support to engage in occupations that had meaning for them. For example, one person enjoyed arts and crafts and liked to paint. During care visits, the staff helped by getting the person clean water, cutting up card and cleaning their brushes.
• Care plans were reviewed and updated when people's needs changed. People and their family members, if appropriate, were included in these reviews.

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.
● People's communication and sensory needs were assessed. The registered manager told us they could provide information in a large font or bold print if needed to support ease of reading.
• Care plans contained guidance for staff on how to communicate effectively with people.
● Staff had received practical training which helped them understand how it feels to experience sensory loss when living with dementia. Part of this training included learning about macular degeneration which affects people's sight to help staff understand how to approach people who were visually impaired without startling them.

Improving care quality in response to complaints or concerns
• There were systems and processes in place to manage complaints. However, at the time of inspection there were no open complaints. The registered manager told us because they were 'hands-on' providing care and support to people they would deal with any concerns as they arose.
• People were given a service user guide which had details of how to make a complaint. People told us they knew how to make a complaint but had not had to. A person said, "I've nothing to complain about I'm so

lucky to have the carers especially [named carer] my usual carer."

End of life care and support
• No one at the service currently received end of life care, however the registered manager told us, where required they would work with people, relatives and relevant healthcare professionals to ensure people's end of life wishes were met.
• Discussions were had with people on aspects such as 'Do not attempt Resuscitation' orders (DNAR's) and people's wishes and priorities for end of life care, if appropriate. However, these discussions were not always recorded.

We recommend the provider review their systems and processes for recording information relating to people's end of life wishes and preferences.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;
• The registered manager told us they deliberately kept the service small to ensure they could safely and consistently meet people's needs and provide good quality care. People who used the service all lived within a relatively small geographical area. This meant that in the event of bad weather, care staff would still be able to make their calls, on foot, if necessary.
• People were very happy with the care they received and spoke well of the registered manager. A person told us, "I've met the manager, she sometimes does calls, she is very nice."
• Staff were also extremely positive about the registered manager and their leadership qualities. A staff member said, "[Named] is an amazing manager she not only cares for our service users but the staff too, I know that she is always there if I need her. I always know where I should be and what I should be doing. Information is always passed on so we are always well involved and up to date with anything we need to know.
•The culture of the service was kind and caring with a focus on ensuring people received person-centred care. The registered manager told us, "We are family orientated organisation and believe in treating someone like you would like your own family to be cared for, putting yourselves in people's shoes." It was evident from our observations and feedback from people and relatives that staff shared these values and applied them to their daily practice.
•The registered manager understood the requirements of duty of candour that is, their duty to be open and honest to people and their families, when something goes wrong that appears to have caused or could lead to harm. During inspection we found the registered manager to be open and transparent. Any requests for information were responded to positively and in a timely manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager understood their regulatory requirements, including notifying CQC of any significant events at the service.
• There was a clear management structure in place and staff at all levels understood their roles and responsibilities.
The registered manager was 'hands-on' providing care and support and as such had good oversight of the service and the staff team.
• A range of checks were in place to monitor the safety and quality of the service and staff performance to identify where improvements were required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
• The management team worked out in the field and used these opportunities to obtain feedback from people about the service and make any improvements.
• Satisfaction surveys were also sent to people to obtain their views. Feedback from surveys was analysed and used to drive improvements. We looked at the latest survey and saw the results were universally positive. One person said, "All carers kind and caring, very efficient and pleasant. Willing to do anything for you, wonderful girls."
• A staff survey was also sent out to involve staff in the running of the service. Staff were equally positive about working at the service. One staff member reported, "I could not work for a more compassionate caring company, PCC allow me to fulfil my vocation as a carer and to deliver care as I would want and expect for my family and myself."

Continuous learning and improving care; Working in partnership with others
• The registered manager recognised that recording practices required strengthening across the service and work was underway to improve in these areas. For example, an action plan and recommendations sheet had been added to the spot check form to ensure greater accountability and more robust auditing of the service.
• The service worked in partnership with key organisations such as the local authority as well as a range of health and social care professionals to provide joined up care. For example, organising training for staff through the hospital on how to provide tracheostomy care.
• Feedback from professionals demonstrated the service worked well in partnership with others. A social care professional told us, "I have been working with [named registered manager] whose service is supporting an adult in my care team. I am very impressed with the work that has been carried out, the transition from previous agency to personal choice was smooth and easy and the adult and I was always updated on any situation."