

The Peoples' Choice (Sussex) 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

The inspection took place on 08 June 2018. The inspection was announced.

This service is a domiciliary care agency. The People's Choice is a care agency that provides care services to people in their own homes mainly in the Seaford and Newhaven areas. Not everyone using the service receives a regulated activity of 'personal care.' CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and administration of medicines. At the time of inspection, four people were receiving personal care in their own homes. People employ their own staff and pay for their own care. This service only provides specific personal care tasks that cannot be provided by people's own staff because they are not registered for the regulated activity of 'personal care.'

This was the first comprehensive inspection following a change of legal entity and new registration on 24 April 2017.

The provider was the registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care was predominantly delivered by two members of staff and the registered manager of the service. The registered manager was supported to manage the administration of staff training and recruitment checks by an office administrator.

People were supported to make their own decisions about their care or had a family member who helped them. The registered manager was aware of their responsibilities within the principles of the Mental Capacity Act 2005 if people required a mental capacity assessment to test their capacity.

People consented to their care. Staff were caring and compassionate. Staff were trusted and respected people's privacy and dignity.

Risks associated with people's care and support were managed safely.

The providers policies, training and work practices were designed to keep people safe from abuse or harm.

Suitable arrangements were in place in relation to the safe administration and recording of medicines.

Experienced and skilled staff were deployed in response to people's assessed needs and choices.

Staff followed infection control guidance to minimise cross infection risks.

Staff performance and development was supported through supervision meetings which took place on a regular basis.

People's care plans contained enough information about their personal preferences and focussed on individual needs.

People's feedback was sought and used to improve the care provided.

There was a complaints policy in place and people knew how to make a complaint.

The provider had a set of values the staff understood and included protecting people's human rights. The registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained.

The registered manager understood the requirements of their registration with CQC.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The systems in place to manage risk had ensured that people were kept safe.

The registered manager and staff were committed to preventing abuse. Medicines were administered by competent staff.

Recruitment processes for new staff were robust and staff arrived to deliver care with the right skills and in the numbers needed to keep people safe.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed.

People accessed routine and urgent medical attention or referrals to health care specialists when needed.

People were cared for by staff who knew their needs well.

Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

The principals of the Mental Capacity Act 2005 were understood and staff received training about this.

Is the service caring?

Good ●

The service was caring.

People felt that staff were kind, caring and respectful.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

People or their relatives were fully involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

The service was responsive.

Staff provided care to people as individuals.

People were provided with care when they needed it based on a care plan about them.

Information about people was updated often and with their involvement so that staff only provided care that was up to date.

People were encouraged to raise any issues they were unhappy about.

Good ●

Is the service well-led?

The service was well led.

The aims and values of the organisation were shared by staff and this culture was reflected in people's experiences of the service.

The registered manager operated systems and policies that were effective and focused on the quality of service delivery.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered.

Staff understood they were accountable for the quality of the care they delivered.

Good ●

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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.

This inspection took place on 8 June 2018 and was announced. 48 hours' notice of the inspection was given because the service was small and the registered manager was often out of the office supporting staff. We needed them to be available during the inspection. The inspection was carried out by one inspector.

Prior to the inspection we did not have an up to date Provider Information Return as this had not been requested by CQC. This is 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. Before the inspection, we looked at reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

One person's relative consented to us telephoning them to gain their feedback about the service. Other people had provided feedback by questionnaire. We spoke with the registered manager and one member of staff to gain their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, one staff file, the staff training programme and medicine records.

Is the service safe?

Our findings

One person commented in written feedback, 'Excellent service throughout.' A relative told us their loved one was cared for safely by staff. They said, "The staff help my loved one stand using equipment safely."

People were protected from the risk of receiving care from unsuitable staff. People had consistent care from the same staff. The registered manager provided staff based on individual needs with the right skills and experience to keep people safe. Staff had been through an interview and selection process based on the recruitment policy. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity and written references. There were processes in place for checking gaps in an applicant's employment history. All new staff had been checked against the disclosure and barring service (DBS) records. The registered manager told us how they followed the recruitment policy and the staff records confirmed the policy was followed. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Two people were being supported by staff with their medicines. Staff assisted the process by checking people had taken the right medicines at the right time through verbal prompting. People were protected by the service's medicines administration procedures and the training provided for staff. People were protected by staff who understood their responsibility to record the administration of medicines. The medicine administration record (MAR) sheets showed that medicines had been administered and signed for by the staff during the administration process. The system of MAR records allowed for the auditing of medicines which was carried out monthly by the registered manager. The correct administration and recording of medicines minimised the risks of harm.

The registered manager protected people's health and safety. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks and potential hazards in people's homes were assessed. For example, lighting and working space availability. There was guidance and procedures for staff about what actions to take in relation to health and safety matters. People were protected from potential cross infection. Staff received infection control training. Staff had access to personal protective equipment when appropriate, such as disposable gloves and aprons.

Policies about dealing with incidents and accidents were in use. There had been one incident after a person was found on the floor at home when the registered manager arrived to deliver the care call. The records showed the immediate actions taken by staff, for example, called ambulance, staff kept X comfortable, pillow under head. Any incidents were fully investigated by the registered manager to try and reduce the risks of them happening again. For example, the registered manager now kept a falls register. This was in place to monitor people should they start developing patterns of falls that needed to be responded to.

The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they

understood how abuse could occur. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example, bruising. The registered manager had an up to date whistleblowing policy in place. Staff were aware of this could use this to raise issues outside of the organisation if they needed to.

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager was on call to people and emergency call alarms had been provided for people at home that were connected to a 24 hour call centre. This protected people's safety and continuity of care.

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. A relative said, "They [staff] communicate well, they get in touch with district nurses." The relative went on to explain how well staff assisted their loved one to wash and dress.

People's care was delivered in line with their needs and choices. Staff understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left with people at home for staff to follow and staff and people's relatives confirmed to us that these were in place and kept up to date. People's care was checked by the registered manager every day. The care people received was fully recorded by staff. We could see that their notes reflected the care required in people's assessment of need.

The registered manager and staff worked closely with other services providing care to the same people. The registered manager told us they coordinated people's care with other services directly and through an organisation linked to the local authority that assisted people to manage their care. A member of staff said, "The communication is good between us and other companies."

People's health and wellbeing was protected by staff. People did not need the assistance of staff to support them with their healthcare, such as making and attending appointments as they managed this themselves. However, staff had an awareness of situations where they may need to discuss people's health. For example, if they noticed reddening of someone's skin whilst they provided personal care. Staff were not routinely providing food and drink for people. This was because there were others at home with people that took care of their hydration and nutritional needs. However, staff were helping people to maintain their health and wellbeing through an awareness of making sure people had access to drinks and food when they provided care. The registered manager told us how they did this in line with people's assessed needs. Food hygiene training was provided to staff.

The Mental Capacity Act 2005 (MCA 2005) 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care. For example, if people developed dementia and can no longer understand why the care was provided or their safety at home could not be protected.

Staff records demonstrated that new staff were provided with training as soon as they started working at the

service. They were able to become familiar with the needs of the people they would be providing care for. New staff were mentored into their roles by the registered manager to ensure they had reached an appropriate standard.

The registered manager used a range of methods to ensure that staff could develop the right skills for their role. Staff completed an induction course that was in line with the nationally recognised 'Skills for Care' care certificate standards. These standards are achieved through assessment and training so that staff can gain the skills, they need to work safely with people. A member of staff who started in February 2018 had completed all of their training, the care certificate and they had recorded meetings with the registered manager throughout their induction period. This led to them being signed off as they met the quality standards required by the service policies. As well as training in core areas such as safeguarding, their training had included dementia awareness and challenging behaviour awareness.

The training staff received included equality, diversity and human rights. The provider had a policy about equality and the protection of human rights that staff had could access.

Staff were observed by the registered manager at work and were provided with guidance about their practice if needed. The registered manager met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. When the registered manager met with staff they asked them questions about their performance. Staff had been asked how they deal with health and safety concerns. Staff supervisions were recorded and the registered manager gave guidance to improve staff knowledge.

The registered manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Is the service caring?

Our findings

People described the care that they received very positively. One person said, "Very conscientious and caring staff going above and beyond in times of need."

We spoke with the registered manager at length. They often delivered care alongside staff. Their approach to care was compassionate and caring. The registered manager spoke about assisting people to be as independent as possible. Staff we spoke with told us about how they respected people's privacy and dignity. For example, when providing personal care.

People and their relatives had full control over the care they received and how it would be delivered. Records showed that people had been asked their views about their care. People had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff told us that they read people's daily reports for any changes that had been recorded and the registered manager reviewed people's care notes to ensure that people's needs were being met. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. The registered manager asked people about their care when they worked alongside other staff.

The care plans met accessible information standards. Care plans described people's individual care needs and choices. They were written in a way that people would understand based on their assessed communication needs and choices, for example, the care plans were neatly laid out and typed so that people could read them. The care plans enabled people to check they were receiving the agreed care.

People's personal details were secure and their right to privacy was respected. Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office.

Is the service responsive?

Our findings

People's needs were reviewed and kept up to date. One person commented in feedback, "(The service) Is very good, no complaints."

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. People who were receiving care to regain their independence after an injury or hospitalisation had specific care input targeted to their recovery needs.

Records showed that people had been asked their views about their care. A relative told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. For example, one person's care plan had been reviewed after they had been provided with an air mattress. This mattress was designed to reduce the risks of the person developing pressure ulcers. We saw that care plan reviews had taken place for people who had recently started using the service. This gave people the opportunity to review their needs if necessary. For example, one person's care plan had been reviewed with them twice since they started receiving the service in February 2018.

Staff protected people's health and welfare by calling health and social care professionals if people were unwell. An example of this was by staff working closely with the GP to identify a previously unknown food allergy that was making a person ill. Staff tested different foods with the person's consent which resulted in a dietary change and an improvement in the person's health.

How to make a complaint was clearly set out in a complaints policy that provided the information people would need if they wished to make a complaint. This included the step by step process to follow within the organisation and where people could go externally if they were not satisfied with how their complaint was handled. There had been one complaint about this service. This had been investigated and responded to within the policy guidance. There was regular contact between people using the service and the management team. The registered manager told us they always tried to improve people's experiences of the service by asking for and responding to feedback.

Is the service well-led?

Our findings

A relative told us that the service was well run. A member of staff said, "Nice company always lots of support, the registered manager is a great person to work for."

The registered manager had set-up the service. They had a statement of purpose setting out their aims and objectives. These included; 'We provide our valued clients with a service that is of the highest quality. Creating support packages designed to meet their individual needs. We promote both independence and quality of life while protecting the individual's rights and choices.' They had worked in social care roles in other similar services so that they had the skills and experience to manage this service well.

The registered manager ensured audits of the service quality had been carried out. These audits assisted the registered manager to maintain a good standard of service for people. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity.

People were provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect. The registered manager set out their aims and objectives for the service in their statement of purpose. These were shared with the people who used the service. The registered manager had a clear understanding of what the service could provide to people in the way of care.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. Staff team meetings took place so that staff could keep themselves updated with the service.

There were a range of policies and procedures governing how the service needed to be run. The registered manager used external organisations for their policies and procedure, the management of health and safety, information technology and employment law issues. This enabled them to concentrate on service delivery and the quality of care. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service.