

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

My Choice Home Care

5B Medomsley Road, Consett, DH8 5HE

Date of Inspections: 01 May 2013
30 April 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mychoice Home Care Limited
Registered Manager	Mr. Anthony Dick
Overview of the service	My Choice Home Care is registered to provide personal care to people who wish to remain independent in their own homes. The agency covers the County Durham area and provides home care and support services.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Requirements relating to workers	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 April 2013 and 1 May 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

On the day of our inspection we visited four people who were supported by My Choice. We spent time observing how staff supported people. We found staff were very respectful in their approach, treating people with dignity and courtesy. People who used the service were very positive about the staff. Comments included "It's ideal, they would do anything for you", "They definitely treat me as an individual" and "They are really good with personal care, they respect my dignity." One relative told us she had used several domiciliary care agencies previously and was happy with My Choice. She said "The staff don't talk over (relative's name), I've watched them and they treat (name) with respect and dignity."

We spoke with some relatives who told us they were very happy with the care and support provided. Comments included "This is the best agency we've ever used", "They were highly recommended by other relatives and we are pleased with them" and "They are fantastic, I've got confidence in them, we've seen a big change in (relative's name)."

We spoke with seven people who used the service, they all said they were happy with the care and support provided and felt safe. One person said "I can trust them."

People they told us they spoke to staff and managers directly if they had any comments or concerns. One person said "If I had any problems I would just speak to the manager and am confident she would sort it out", another said "I wouldn't hesitate to get in touch."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

On the day of our inspection we visited four people who were supported by My Choice and spoke with a further three on the telephone. We spent time observing how staff supported people. We found staff were very respectful in their approach, treating people with dignity and courtesy. People who used the service were very positive about the staff. Comments included "It's ideal, they would do anything for you", "They definitely treat me as an individual" and "They are really good with personal care, they respect my dignity." One relative told us she had used several domiciliary care agencies previously and was happy with My Choice. She said "The staff don't talk over (relative's name), I've watched them and they treat (name) with respect and dignity."

The staff we spoke with clearly understood the care needs of the people they were supporting. We spoke with three staff and asked them to describe how they made sure people they supported were treated with dignity and respect. One person said "I make sure I close the doors and curtains." They also explained how they used towels to cover people when supporting people to wash and change.

We saw the agency had a brochure which provided people with lots of information about the service. It included information about how they could help, support available, contact details and the complaints procedure. We looked at people's plans of care and we could see these had been written in an individual way for each person. They included information on how to care for peoples' individual needs but also details about preferences and interests.

The manager told us she went out to visit potential clients and their families and spent time talking through the service and how they could help. One relative said "We were kept informed at all times, the manager spent the first day with us to make sure staff understood our needs."

Staff were knowledgeable about people and were able to explain, with examples, about how they would promote people's independence and choice. One person said "I ask what they want, for example at lunchtime I will tell them what's in the fridge so they can choose what they want", another said "I always ask if they want help and encourage them to do the things they can for themselves."

All of these measures showed people were treated with respect and involved in making decisions about their care.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People told us that they could help decide how the care worker would support them. One person said "It's really good, they do my shopping for me"; another said "Nothing's a problem, we work with them to adjust the package when we need to." The manager told us they work closely with people who use the service and their families to ensure they are happy with the type of support provided. For example, one family had several short visits throughout the day. Several different approaches were tried and they all agreed it would be better to have fewer visits where staff could spend more time with the people.

People told us they knew which member of staff would be coming for each visit and they were always on time. One person said "We have a whiteboard in the kitchen and the girls keep it up to date so we know who's coming." Another person said "I have the same girls all of the time, they're really good like that."

We looked at three care records in detail. The needs assessments, provision plans and daily notes clearly guided staff in how to support each individual in their preferred way. The assessments we looked at provided detailed information about peoples' conditions. These records had been written and reviewed regularly to make sure they were up to date and people received the care they needed. We saw evidence of how changes were also made to the care plans when people's needs changed. This helped to make sure people's personal support was still best for them.

We also saw care records were compiled with people who used the service and their families. We spoke with people and their families who confirmed this. Comments included, "I met with them and they went through the care plan" and "I let them know what I need and they record that."

We saw risk assessments had been completed for each activity people needed support with. This included activities such as bathing, medication and mobility. We saw once risks had been identified interventions to reduce the risk had been recorded. This showed that

risks were identified and managed to promote people's health and social care needs.

The care plans also included personal information about each person. This was written with people and their families to build up a detailed picture of their life. It included their hobbies, likes and dislikes, social interactions and family details. In this way staff were aware of people's needs and choices and could help to meet them.

We spoke with some relatives who told us they were very happy with the care and support provided. Comments included "This is the best agency we've ever used", "They were highly recommended by other relatives and we are pleased with them" and "They are fantastic, I've got confidence in them, we've seen a big change in (relative's name)."

When we talked to staff we found they had a good understanding of people's histories, needs and preferences. They were very knowledgeable and we saw positive interactions with people who used the service. All these measures helped to make sure people's needs were met.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw the provider had a safeguarding policy and procedure in place. These were kept in the office and at people's homes and were easy for staff to find if they needed to refer to them. We also saw there was also a copy in the staff handbook. This meant staff had access to guidance on what to do if they had concerns about a person's wellbeing.

We spoke with seven people who used the service, they all said they were happy with the care and support provided and felt safe. One person said "I can trust them." We also spoke with some relatives, who also said they felt their family member was safe when in the care of My Choice staff. One person said "We have so much peace of mind now." Another said "I feel my relative is safe, yes."

We spoke with three staff who worked for the agency; they were all familiar with safeguarding procedures and aware of what constituted abuse. The staff described clearly what action they would take in the event of a safeguarding matter coming to their attention. They were also clear about their roles and responsibilities in this area. Staff were trained to recognise the signs of abuse and on factors which may make abuse more likely.

In these ways we saw how people who used the service benefitted from staff who knew how to report and respond to suspected abuse.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection policies and processes in place. We looked at three staff files in detail. We also talked with three members of staff about the recruitment process and they all confirmed that they had completed a written application form and attended an interview.

We saw the job application form asked about people's previous experience. This meant the manager knew what experience applicants had within care before their interview.

Staff confirmed they were provided with an accurate job description and terms and conditions of employment. We saw the organisation ensured all new staff received relevant induction training which was focussed on improving outcomes for people who used the service.

We also saw evidence that staff employed had been through recruitment checks prior to commencing employment. The provider had obtained two written references for each member of staff, including one from the last place of employment. Other required checks included a police clearance check (called a CRB disclosure), employment and character references.

This demonstrated people's health and welfare needs were being met by staff who were fit to do their job.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and treatment and they were acted on.

During our inspection, we looked at the quality monitoring systems the provider had in place. The service used a range of tools to monitor and assess people's wellbeing. It included looking at measures of people's physical, psychological and social wellbeing. These were used to evaluate and monitor each person's progress and to help identify where further support may be appropriate.

The provider also sent out questionnaires to people who used the service and their families. These were used to find out what they thought about the quality of care given to people. However, when we spoke with people they told us they preferred to speak to staff and managers directly if they had any comments or concerns. One person said "If I had any problems I would just speak to the manager and am confident she would sort it out", another said "I wouldn't hesitate to get in touch."

The manager told us she carried out regular unannounced spot checks. These checks helped identify any areas where the service could be improved.

We saw evidence which demonstrated each person had a full risk assessment completed. This meant risks relating to the health, welfare and safety of people using the services were being monitored.

We saw there was a detailed complaints policy in place. There was a copy within the service user guide, and also within people's care plans at each location. This meant people were kept informed about how to raise any complaints or concerns they might have.

We spoke with three members of staff and they were aware of the contents of the policy and procedure. Staff were clear about how they would deal with concerns, and told us they would deal with minor matters straight away, but would inform the supervisor, or the

manager of any complaints made to them. This meant people could be supported to make a complaint or comment if they wanted to.

All of these measures showed there were good systems in place to make sure a quality service was provided.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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