

My Life Choice Ltd

My Life Choice

Inspection report

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Date of inspection visit:
19 June 2019
24 June 2019

Date of publication:
24 July 2019

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:

My Life Choice is a domiciliary care agency. It provides personal care to people with highly complex needs living in their own homes. Not everyone who used the service received 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 take into account any wider social care provided. At the time of our inspection, one person was receiving personal care, and this had been in place only since January 2019.

People's experience of using this service

People were kept safe. Staff knew their responsibilities in relation to the subject of abuse and how to report any concerns. The provider's policies and procedures about abuse supported them in their roles. Risks to people's health and welfare had been assessed and regular reviews were undertaken to keep people safe.

The provider had strong recruitment systems and processes in place which were followed when recruiting new staff members to ensure they were suitable to work with people using the service.

Staff had received training and support which gave them the appropriate knowledge and skills to meet people's needs. Staff had received training in line with best practice to support people to take their medicines as prescribed and to reduce risks to their safety. Staff were also supported through regular individual meetings and collective staff meetings, so they could share any issues they had and or best practice recommendations.

Relatives placed emphasis on the positive care and support provided by regular staff members who had built warm and trusting relationships with people using the service. The provider made sure staffing arrangements were in place, so people received the care they required and at the times they needed it.

People were supported as much as possible to have maximum choice and control of their lives and staff supported them in the least restrictive way; the systems, policies and procedures supported this practice. Where appropriate, people's consent was recorded.

People's dietary needs were met where required and in line with their care plans. Staff understood the importance of assisting people to eat and drink enough to meet their needs.

Staff worked jointly with social care and health professionals, so people had the best outcomes to meet their individual needs.

Staff were caring and thoughtful. Staff had access to equality and diversity policies and procedures and followed these. Care records confirmed people's choices, preferences and likes and dislikes had been considered and they had been involved as much as possible in the development of care plans. People were provided with care and support which was individual to them and which was responsive to any changes in

their needs.

Information was available to people, so they knew how to make a complaint and felt confident these would be listened to with action taken to resolve any issues they had. There was a culture of openness and honesty between the registered manager, staff team and people using the service.

There was a strong emphasis on continuous improvement and seeking the views of people who used the service and healthcare professionals to measure the outcomes for people and identify where any changes in practice or improvements were needed.

Rating at last inspection: This service was registered on 27/06/2018. This is the first inspection of the service since registration.

Why we inspected: This was a scheduled inspection.

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

For more details, please see the full report which is on the CQC 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led

Details are in our Well Led findings below.

Good ●

My Life Choice

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: This inspection was carried out by one inspector.

Service and service type

My Life Choice is a bespoke domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. At the time of our inspection the service was supporting one person and employed nine members of staff.

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. (The registered manager was also the registered provider for this service.)

Notice of inspection

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

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we were unable to speak with the person using the service, therefore we spoke with a

relative of the person to ask about their experience of the care provided. We spoke to three members of staff including the registered manager, operations director and care staff.

We visited the office where we spoke with the registered manager, office staff and reviewed a range of records. These included one person's care and medication records. We also looked at three staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider. We looked at records relating to recruitment, training and systems for monitoring quality. After the first day of the inspection we spoke with staff and relatives by telephone to seek clarification and validate the evidence we found.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on safeguarding adults and the provider's relevant policies and procedures for managing risks and maintaining people's safety.
- Staff understood how to protect people from the risk of abuse and avoidable harm. One staff member described what they would do if they witnessed the abuse of a person they provided care to. They told us, "I would report any problem to the manager immediately."
- Information about abuse was accessible to people who used the service and staff. Staff knew their responsibilities in relation to reporting abuse to the local authority, so that allegations of abuse would be investigated.

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce risks to people who used the service. People's care plans included risk assessments which provided staff with guidance on the support people needed to stay safe. Staff promoted people's independence and freedom and were aware of the need to minimise the risks.
- Accidents and incidents were recorded and responded to appropriately. The registered manager had oversight of these and monitored them for any trends or patterns.
- Processes were in place to monitor staff practice to ensure they provided safe care. Where required, staff received additional training to support best practice.

Staffing and recruitment

- People had regular staff visiting them to ensure consistency of care. Staff arrived on time and stayed for the duration. One relative told us, "We have a small team who deal with [person] who are with them all the time."
- Staff confirmed the management team ensured there were enough staff employed to carry out people's care visits. The management team organised people's care visits and staff working rotas in such a way which reduced the risk of staff not being able to support people when needed. For example, one person received 24-hour care and a minimum of two staff were always on duty.
- Staff were recruited safely. We checked three staff records which showed relevant checks had been completed to ensure they were suitable to work with people who have complex needs and live in their own homes.
- An out of hours service was available should people need support in the event of an emergency.

Using medicines safely

- People who required support to take their medicines had a care plan which described the type of medicines and support they required to take them safely.

- Medicine records were completed to show people received their medicines as required. This included the time people were supported to take their medicine.
- The registered manager had a process for checking medicine administration records regularly to ensure staff were supporting people with their medicines correctly.

Preventing and controlling infection

- Staff wore gloves and aprons when providing personal care to people.
- Staff completed training in infection prevention and control. Staff told us the provider supplied them with enough personal protective equipment such as disposable gloves and aprons. Staff also said there was always enough stock of disposable gloves and aprons kept at the office or where the person lived.

Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. Staff reported accidents and incidents and told us they received feedback on things to do differently to prevent similar issues occurring in the future.
- The registered manager advised that as part of their ongoing monitoring they intended to complete concise audits of incidents and accidents to ensure continued learning.

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

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

- One relative described how their relative's needs had been discussed prior to them receiving care. The relative told us this made them feel better about their relative receiving the support they required, at the times they needed it.
- People's needs had been considered and developed into care plans which ensured they received effective care and avoid any form of discrimination.
- Staff had a good understanding of the needs of the person using the service and followed best practice guidance. This led to good outcomes for the person and enabled them to have a good quality of life.
- The provider ensured staff had guidance they required to carry out their roles. Staff were also provided with opportunities to reflect on their practice during regular staff meetings.

Staff support: induction, training, skills and experience

- A robust staff induction and training programme was in place.
- Healthcare professionals told us they had confidence in staff's skills and knowledge to support people using the service. Feedback from one healthcare professional said, "This is a bespoke specialist service which has worked with and supported my clients discharge back into the community. They have supported them to become more stable and have a life after institutional care for many years. They [staff] are all client centred, experienced and able to manage [person's] behaviours/difficulties. They are professional, and my client feels safe and supported by the team."
- The provider's induction and training processes ensured staff had the required skills and knowledge to meet people's needs. New staff initially worked alongside experienced staff and were monitored to ensure their performance was acceptable prior to working on their own with people. One staff member said, "We all work well as a team and are well supported. My induction was good."
- The registered manager had good systems to understand which staff needed their training to be updated. The staff training records confirmed they received induction training and on-going training appropriate to their roles and responsibilities to keep up to date with best practice guidelines. One staff member told us, "There is a lot of training and they [management] have high expectations which helps."
- Staff had the opportunity to discuss their training and development needs at regular meetings with the management team.
- Records confirmed all staff had regular one to one supervision meetings to review their performance, identify any further training and support needs and to check staff's understanding of their roles and responsibilities.

Staff working with other agencies to provide consistent, effective, timely care

- The management and staff team worked with other professionals to make sure people received effective

care and support. This had included working with health and social care professionals, so people had the right care and support including enough time within their care visits to be able to effectively meet people's individual needs.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional ongoing intensive support from healthcare professionals this was recorded within their care records so co-ordinated care was paramount.
- The management and staff team were aware of the processes they should follow if a person required support from any healthcare professionals.

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.

- People were supported to be involved in developing their care plans and making decisions about their care.
- Daily records showed people's consent to care was sought and people's rights with regards to consent and making decisions were respected by staff.
- Where people had been assessed as not having capacity to make their own decisions, they had relatives or others in place with the legal authority to make decisions on their behalf. At the time of our inspection one person receiving support was subject to some restrictions under Court of Protection.
- Staff understood their responsibilities under the MCA to provide care in people's best interests when they lacked capacity.
- People were always offered choice and control over the care they received.

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

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 were treated well by staff. Feedback from an external professionals survey cited, "[Person] was in a situation which could not be supported by other care providers. My Life Choice have shown expertise, person centred skills, excellent communication, compassion, teamwork and resilience. I would always recommend them to anyone."
- People were provided with consistent and reliable staff who knew them well. This was valued by the person's relative who told us, "They [staff] have a lot of patience and experience. My [person] can be quite challenging and does not like having staff about, but staff are okay with them."
- Staff were motivated, enthusiastic and spoke about people with fondness and respect. One staff member told us, "[Person] can be difficult to manage at times but we all work together for their benefit. They have had a difficult time and need caring staff who understand them."
- People were appropriately assessed from the outset and received support that was tailored around their equality and diversity needs.
- The management team had systems in place which ensured staff were monitored to make sure their practice was kind and caring.
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed. Staff listened to what people wanted regarding care and support and acted on their wishes where possible.
- Staff acknowledged special events in people's lives, such as, birthdays and Christmas.

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

- People were treated respectfully and were involved in every decision possible.
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.
- Staff directed people and their relatives to resources for advice and advocacy support when needed. Information about people was shared with other professional, only after obtaining people's permission. When people wanted relatives involved in their care this was arranged.
- The registered manager had received several compliments when they asked people for feedback about the support staff provided. People spoke highly of staff's caring attitude, being helpful and friendly enabling people to remain living in their own homes. This showed staff's commitment to people they provided care and support to.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. Staff told us they addressed people by their preferred name, gave them eye contact when speaking with them and were always polite and respectful when in their company.
- People and relatives were listened to and respected by staff. One relative said, "They [staff] do listen to what I say but I would like to live closer to [person] as it makes it hard to travel sometimes."
- People were supported to maintain their independence. People's care plans included information on things they could do for themselves and those they needed staff support with.
- Staff knew the importance of maintaining people's privacy and dignity especially when helping someone with personal care.
- Confidential information was securely stored and protected in line with General Data Protection Regulations (GDPR). This showed people's sensitive and private information was not unnecessarily shared with others.
- Staff were supportive in helping people to remain as independent as possible. People were offered choice and control in their day to day lives. The registered manager told us, "Whilst it can be difficult we always involve person in every choice as it is all about them."

Is the service responsive?

Our findings

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

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

- People were involved in assessing their needs prior to using the service to ensure their individual care preferences were identified. Care plans were developed outlining how these needs were to be met.
- Care plans and risk assessments contained relevant information and were up-to-date.
- Staff were knowledgeable about the people who used the service. They displayed a good understanding of people's preferences and interests, as well as their health and support needs, which enabled them to provide personalised care.
- People and their representatives were involved in reviews of care. This made sure care plans were current and reflected people's preferences as their needs changed.
- Meeting people's communication needs - From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- People's needs were identified, including those related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place providing people with information on how to raise concerns. All complaints had been dealt with appropriately by the registered manager and resolved.
- People and families knew how to provide feedback to the management team about their experiences of care. The registered manager used a range of ways to enable this to happen. This included one-to-one meetings to discuss care, healthcare professional meetings, emails, satisfaction questionnaires and telephone calls.
- The registered manager told us they would use any complaints or concerns received as an opportunity to improve the service.

End of life care and support

- At the time of our inspection the registered manager told us they were not providing end of life care and support to anyone using the service.
- Staff understood the importance of providing end of life care which was tailored around a person's wishes and preferences and were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.

- The registered manager explained that when required people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.

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

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; and how the provider understands and acts on duty of candour responsibility

- The culture of the service was kind and caring with a focus on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.
- The registered manager and staff at the service understood their roles and responsibilities.
- Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and told us they worked as a team to deliver high standards of care.
- A range of audits were completed to assess the quality of care provided. Where improvements were needed, actions to make the required improvements had been identified and how these were to be addressed.
- The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The registered manager recognised the importance of this policy to ensure a service people could be confident in. For example, dealing with complaints in a timely and appropriate way.
- When incidents happened, the registered manager informed people and families about this and ensured action was taken to reduce the risk of further instances taking place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were operated effectively to ensure the service was assessed and monitored for quality and safety. in relation to the fundamental standards. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 lay down the fundamental standards of care below which care must not fall.
- The registered manager had systems in place to audit the quality of delivery of care, which included review of people's care plans, risk assessments and incidents and accidents. This enabled them to identify any trends and assess if the service was meeting the needs of people using the service. Where actions were needed, these had been followed up. For example, care plans reviewed. Spot checks were also conducted on a random but regular basis. These enabled the registered manager to ensure staff were arriving on time and supporting people appropriately in a kind and caring way
- The service was well run and people who used the service were treated with respect and in a professional manner.

Provider plans and promotes person-centred, high-quality care and good outcomes for people.

- The service benefited from having a provider who was also the registered manager who was committed to providing good quality care to people who used the service.
- Staff training records and individual copies of staff training certificates evidenced there is a high priority on providing staff training.
- The provider told us they completed unannounced spot checks, to ensure staff were completing person centred care.
- A relative said, "Communication can be hard sometimes but [person] has such complex needs and you need to be on the same page as [person]. I would like them to be able to visit home more. They also really want to be at home but at the moment that is not possible. Whilst this is not the ideal situation for [person] We had to get them out of the hospital setting it was a desperate situation."

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

- The registered manager and staff worked as a team and spent time with people who used the service and with staff. This supported the management team to seek people's views on a regular basis and involve people in any changes.
- Regular checks were carried out by the registered manager to ensure people were safe and happy with the service they received.
- There was a commitment to provide person-centred, high-quality care by engaging with everyone using the service. The registered manager advised us they were in the process of sending out their first years' service satisfaction questionnaires to monitor service quality.
- Where people had raised issues to the registered manager each one was addressed. An action plan was produced and detailed the action taken to resolve each issue.

Continuous learning and improving care

- There was good communication and staff were given the opportunity to discuss the service, policies and procedure and to update on any changes in people's needs or support.
- The registered manager demonstrated an open and positive approach to learning and development. Supervision sessions and observations also helped to ensure that staff were aware of how to provide good quality care. Work was ongoing to ensure effective ways of working were sustained.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met.
- Care files showed evidence of professionals working together. For example, GPs, community nurses, clinical and forensic psychologists, behaviour consultants and social workers. Regular reviews took place to ensure people's current and changing needs were being met.