Choice Support

Choice Support Nottingham

Inspection report

Unit 20, Nottingham Business Centre
Lenton Boulevard
Nottingham
Nottinghamshire
NG7 2BY

Tel: 01159789557
Website: www.choicesupport.org.uk

Date of inspection visit:
17 August 2016

Date of publication:
27 September 2016

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

This inspection took place on 17 August 2016. Choice Support Nottingham is a supported living and outreach service which provides personal care and support to people in their own home. On the day of our inspection 58 people were using the service.

The service had a registered manager. 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.

People felt safe and were supported by staff who knew how to keep them safe. A recent concern shared by a staff member had not been reported in a timely way, although lessons had been learnt following this. Risks to people's health and safety were assessed and appropriately managed. People were supported by a sufficient number of staff. People received the support they needed to safely manage their medicines and did so with an appropriate degree of independence.

Staff had the knowledge and skills to care for people effectively and felt well supported. People received the level of support they required to have enough to eat and drink and were supported to access a range of healthcare services.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. Where people had the capacity they were asked to provide their consent to the care being provided.

People were treated with kindness and respect by staff. Caring relationships had been developed and people were supported by staff who understood their personalities and the best way to engage with them. People and their relatives were able to be involved in the planning and reviewing of their care. Staff supported people to make day to day decisions.

People were provided with support that was responsive to their changing needs and staff helped people to maintain any hobbies and interests they had. There was a focus of helping people to set and achieve goals and to learn new skills. People felt able to make a complaint and were provided with an accessible complaints procedure. There was an appropriate response to any complaints received.

The culture of the service was open and honest and people and staff gave their opinions on how the service was run and suggestions were implemented where possible. The registered manager acknowledged that they had altered their approach to ensure they were more open to challenge from staff. There were effective systems in place to monitor the quality of the service and ensure that improvements to the service were made.

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.

People received the support required to keep them safe and manage any risks to their health and safety.

There were sufficient numbers of staff to meet people's needs.

People received the support needed to manage their medicines.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received support through training and supervision.

People were able to provide consent and where people lacked capacity their rights were protected.

People were supported to eat and drink enough and had access to healthcare services.

Is the service caring?

Good

The service was caring.

People were cared for by staff who had developed positive and caring relationships with them.

People were involved in their care planning and made decisions about their care.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received person centred support and staff were responsive to their needs. People's care plans were regularly reviewed and updated.

Complaints were appropriately investigated and responded to.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture in the service and people were asked for their views about the service.

There was an effective quality monitoring system to check that the care met people's needs.

Choice Support Nottingham

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.

We visited the service on 17 August 2016, this was an announced inspection. We gave 48 hours' notice of the inspection because the registered manager is often out of the office supporting staff. We needed to be sure that they would be in. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted commissioners (who fund the care for some people) of the service and asked them for their views. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with seven people who were using the service. We also spoke with two support workers, a team leader, a service manager and the registered manager. In addition, we visited the office and looked at the care plans of six people and any associated daily records such as the daily log and medicine administration records. We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe when staff were caring for them. One person said, "Yes, I do. I just feel safe you know, because they're looking after me." Another person said, "The people I've had are quite friendly and understanding, so I feel safe." We were also told, "Yes I do (feel safe), because the staff are around me and I'm not left on my own all the time."

People were supported by staff who knew what to do to keep them safe and the action they would need to take to report any concerns. Staff told us they would not hesitate to report anything of concern and knew about the different types of abuse which can occur. Staff had confidence that the registered manager would take appropriate action about any concerns they may have and also knew how to report concerns directly to the local authority. Staff were provided with the required skills and development to understand their role in protecting people. Prior to our inspection, concerns had been raised which had been shared with the registered manager but they had not shared this information with the local authority in a timely way. They told us that they had later shared this information when prompted to do so, however this meant that people could not always be sure that action would be taken to protect them from harm.

Steps had been taken keep people safe and reduce the likelihood of harm occurring. Staff understood the situations when people could be vulnerable and ensured that they supported people appropriately. People's care plans contained information about how staff should support them to keep them safe which matched what staff told us. For example, it was noted that some people could at times become distressed and pose a risk to other people and staff. Guidance was provided to staff in how to manage such situations. Staff also told us that they felt able to manage any situations where people may be affected by the behaviour of others and that people generally got along well together.

The risks to people's health and safety were assessed and managed without restricting their freedom. The people we spoke with confirmed that staff worked with them to maintain their independence while also taking action to lower any risks to their health and safety.

Assessments were carried out to determine the level of risk to people covering areas such as the risks associated with any healthcare conditions and going out of their home into the local community. We saw that appropriate measures were put into place to reduce risks and staff could describe these in detail. For example, some people were accompanied by staff when they went out of their home, to support them to stay safe when crossing the road. There was also an emphasis on positive risk taking which enabled people to still carry out the activities they wanted to with safety measures in place. For example, one person had started horse riding and staff had supported them to research this and visit their local stables prior to taking lessons to increase their confidence. The care plans we looked at described how to manage risks whilst also supporting the person to carry out tasks for themselves.

Staff took action to ensure that any risks associated with people's homes were assessed and acted upon. Whilst Choice Support was not responsible for the maintenance and upkeep of people's homes, they carried out essential safety checks such as hot water temperature and fire safety checks. Any maintenance and

repair work was reported to the appropriate landlord and a log was kept of all work reported and carried out.

We received mixed feedback from people regarding whether there were sufficient numbers of staff to meet their needs. One person said, "Sometimes I don't get support because of illness or something." Another person told us, "Yes, there are enough staff." We were also told, "Sometimes I don't get the right amount of support because there aren't enough staff." While a fourth person added, "Yes, sure (there are enough staff)."

We saw that there were enough staff available to meet people's needs. The service was contracted to provide a certain amount of support hours to people each week and this was used to devise staff rotas. Each supported living service had its own pool of staff and managed their own rota. There was also a bank of staff available to work between different services and cover for sickness. There was also a pool of staff who provided support to people who did not reside in a supported living scheme. The staff we spoke with told us that they felt there were enough staff and they were able to provide the required support in the allocated time.

The registered manager told us they had experienced some difficulties with a high vacancy rate but this issue had been resolved. We were also told that recruitment was on-going to further increase the number of staff employed. The provider has engaged the services of a consultancy to look at making improvements to their recruitment processes in order to attract more staff and improve staff retention. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People told us they received the support they required to safely manage their medicines. One person said, "Yes, I do receive my medicine when I need it." Another person told us, "Yes, I have it in the morning." People's care plans provided clear information about the level of support they required with their medicines. An assessment of people's ability to manage their own medicines was carried out and a plan put into place to ensure the appropriate level of support was provided. Some people were able to manage their own medicines more independently.

Staff were able to clearly describe the different levels of support each person needed to manage their medicines. Some people required full staff support to order and take their medicines and staff described the process they followed. Staff completed medication administration records to confirm whether or not people had taken their medicines and these were generally well completed. There was also clear procedure in place which was followed should there be any concerns regarding a person's medicines or if an error occurred. Staff received training and support before administering medicines and this was provided on an on-going basis to ensure they remained competent.

Good

Is the service effective?

Our findings

The people we spoke with told us that the regular support staff were competent and provided effective care and support for them. People told us that sometimes their support was provided by agency staff and they had found that the agency staff were not able to provide such effective care. One person said, "Yes, they do seem to be really good." Another person told us, "Yes, they have (received training). Unless it's agency (staff). When they come here, they've not been here before and they don't know how to support us, but they read our support plans."

People were supported by staff who were provided with relevant knowledge and skills through training and supervision. The staff we spoke with told us they received the training they needed to carry out their duties competently and felt the quality of training was good. One staff member said, "The training has been fantastic, the best training I've had." Training records confirmed that staff received training relevant to their role, such as safeguarding, manual handling and first aid. In addition, training was provided relevant to the healthcare conditions of people using the service, such as understanding Asperger's Syndrome and epilepsy. Training was refreshed at regular intervals and staff's competency and understanding of the training was assessed. There was a system in place to ensure that staff remained up to date with their training.

Regular supervision was provided and staff told us that they felt supported by their line manager and the registered manager. There were also periodic observations of staff practice carried out to assess staff competency and provide constructive feedback in areas such as medicines administration. Records confirmed that staff received regular supervision meetings where they could discuss any support they required. New staff were provided with a thorough induction which included training and shadowing more experienced staff. One service user confirmed this, commenting, "If there's a new member of staff, the supervisor will come out with them and make sure everything's alright." In addition, staff also received an annual performance appraisal.

People were able to be involved in their care and support package and, where possible, provided consent to the care they received. The registered manager told us people and, where applicable, their relatives were fully involved in the creation of their care plan and were asked to provide consent. This was also confirmed by discussions with staff who told us that they made sure that they obtained people's consent before providing any support to them. Staff received training in understanding the importance of gaining consent and working within the guidelines of the Mental Capacity Act (2005).

People's care plans had been signed by the person using the service where they were able to do so. This confirmed they had provided their consent to the support package that was in place. Where a relative was involved in decision making and care planning they had signed the care plan to provide their consent. Where there was a doubt about a person's capacity to make a decision, the principles of the Mental Capacity Act (2005) (MCA) had been followed. The 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 lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA) and ensured their best interests were considered. The staff we spoke with understood what the MCA is designed to do and described how they supported people to make decisions where possible. When a person had been deemed to lack capacity to make a decision an assessment of their capacity had been carried out, as required by the MCA. Staff were aware of such decisions and told us that they still helped people to make their own decisions where possible. The registered manager acknowledged that some of the MCA assessments had not been reviewed for an extended period of time and took action to ensure that these were reviewed.

People received the support they needed to eat well and staff enabled people to be as independent as possible in buying and preparing food. One person told us that staff supported them to eat well, commenting, "I hope so; I enjoy my food." Some people lived in a shared property and we saw that, should they wish to, they were supported to prepare meals for everybody living in the property. Staff involved people in menu planning and choosing the food that they enjoyed eating. Staff also told us that they provided advice and information about healthier eating and tried to ensure that people ate a balanced diet.

Staff had a good understanding of people's support needs regarding eating and drinking and told us how they supported people to eat healthily. Staff told us they felt that people always had sufficient to eat and drink. Where people required more support staff provided this and also monitored people's intake of food and drink. It had been identified that one person was underweight and they had been referred to a dietician for advice. Staff were following the guidance provided and the person's diet was fortified with extra calories to try and increase their weight. Information about people's dietary requirements, likes and dislikes was available in care plans which matched what staff had told us.

The people we spoke with told us that staff helped them to make healthcare appointments and, if required, would also attend the appointments with them. One person said, "Sometimes I go by myself or my family come with me, or staff, or my key worker." Another person said, "[Member of staff] goes with me to the dentist and the doctors." When asked if staff helped then to make healthcare appointments one person replied, "Yes, they do, thank you."

The staff we spoke with explained that they made healthcare appointments for a lot of the people they supported, although some people managed this independently. We were also told that a member of staff would always be available to attend the appointment if it was required. The records we saw confirmed that people had access to a range of healthcare services such as their GP, dentist and mental health services. Where guidance had been provided to staff this had been implemented into the person's care plan and followed in practice. For example, one person attended appointments with a mental health professional which staff attended with them. The guidance provided about how to engage with the person was incorporated into their care plan and followed in practice.

Good

Is the service caring?

Our findings

The people we spoke with were complementary about the staff who supported them and told us that they found the majority of staff to be caring. One person said, "Yes, I'd say they are caring." Another person told us, "Oh yes, they are fine." People also commented that they got on well with the staff who provided their care. One person said, "Yes. Basically, it's good to chat to [member of staff] about how I'm feeling." We were also told, "I get on with most of them. I didn't get on with about two of them, but they've left now."

The staff we spoke with told us they enjoyed working at the service and took the time to build positive, caring relationships with the people they supported. One member of staff told us, "I really enjoy my job and get on well with everyone that I support." Staff spoke warmly about people and it was evident that they had taken the time to get to know each person. Staff understood each person's personality and were aware of differences in people's preferences about their care. Where possible, the same staff worked at each property so that relationships could be developed over time. Staff told us they appreciated this consistency and found it helped them build relationships with people.

The information in people's care plans about their personalities, likes and dislikes matched what staff told us. The care plans explained how people's personality may impact on the way in which their care should be provided. Different approaches and techniques were detailed in the care plans so that staff could alter their approach depending on how people were feeling on any given day. Each person was described in a caring and individualised manner and the care plan gave staff clear information about what was important to people.

People and, where appropriate, their relatives were involved in making decisions and planning their own care. One person said, "'Yes, I am. We sit down and talk about it (my care plan) with my support worker." Another person told us, "Yes. Basically, the supervisor came out and asked me what I needed. It's basically about getting me out and not staying inside."

People's care plans confirmed that they had been involved in providing information about the care and support that they needed. Staff told us that they involved people in making as many decisions as possible and that they used different techniques to gain information. For example, some people liked to sit down and discuss their care plan with staff. Other people did not wish to do this, but staff maintained their involvement by assessing their response to different aspects of their care. Staff told us the information in people's care plans was accurate and helped them to understand the way people wished to be cared for.

Staff described how they involved people in day to day decisions relating to their care and told us that offering choices to people was important. For example, people made choices in many aspects of their care and support, such as what they wanted to eat and what activities they wished to carry out. People also worked with staff to develop individualised goals, such as learning how to prepare meals or taking up a new hobby.

The people we spoke with told us they were treated with dignity and respect by staff. One person said, "Yes,

they always do (treat me with dignity and respect)." Another person commented that staff ensured that any personal conversations were held in private so that other people using the service couldn't overhear.

People were cared for by staff who understood the importance of treating people with dignity and respect. Staff told us they treated people as they would wish to be treated themselves and expected the same of their colleagues. Staff received training and guidance in understanding the importance of treating people with dignity and respect and staff practice was observed during regular spot checks. Staff also explained how they ensured people's privacy was protected, such as by closing curtains and doors and encouraging people to carry out their own personal care where possible.

Good

Is the service responsive?

Our findings

The people we spoke with told us they received the support they needed and it was provided in a person-centred way. People also told us that staff helped them to maintain a level of independence. When asked if staff helped them to be independent, one person said, "Yes, they do." Another person told us, "[Member of staff] trained me up at the gardens and now they leave me to do it on my own." People also confirmed that, generally, staff arrived within in reasonable timeframe and were rarely late. One person commented, "Very rarely that they're late. It can be 10 minutes or so, but they'll let me know."

Before people started to use the service the amount of hours of support they needed was agreed so that staffing could be planned accordingly. Some people lived in a supported living property where there was always a member of staff present. The staff we spoke with told us that they were able to respond well to people's changing needs and adapt the support required on the day, if necessary. For example, one person enjoyed outdoor activities, however this could be changed if the weather was not suitable. Where people received a domiciliary care service in their own home, staff generally arrived within in reasonable timeframe.

The staff we spoke with had an in depth knowledge of people's care and support needs and how these had changed over time. Staff told us they were provided with sufficient information about people's needs and were updated when anything had changed. The care plans we viewed contained detailed and up to date information about people's care and support needs. People also set goals with their key worker relating to a new skill or activity they wished to develop. These were reviewed periodically and we saw that changes were made when required. For example, it was noted that one person was not progressing as expected towards of their goals. Following a discussion, this was changed and a new goal was set.

Staff supported people to carry out any hobbies and interests they had to help them avoid social isolation. One person enjoyed visiting a local stables and staff accompanied them to riding lessons. Another person had wanted to develop their domestic and culinary skills and staff were showing them how to prepare various types of food. The staff we spoke with told us that they generally had sufficient time to support people in a patient way. Staff told us that, should they have concerns that they were not able to meet a person's needs, they could speak with their manager regarding this.

The people we spoke with told us they would feel comfortable raising concerns and making a complaint and knew how to do so. One person said, "I've made a complaint, yes. I was satisfied with the response." Another person indicated that they had raised a complaint which had been dealt with appropriately and there had been no detriment to the support they received as a result of them raising a complaint. People were provided with an accessible complaints procedure when they started using the service.

We looked at the records of complaints received in the 12 months prior to our inspection and saw that they had been investigated and resolved to the satisfaction of the complainant. Where required, prompt action was taken to improve the service based on the findings of the complaint investigation. For example, some training was offered to staff in response to a complaint about the attitude of a staff member. Compliments

had also been received and staff told us that positive feedback was passed on to them.

Good

Is the service well-led?

Our findings

People benefitted from an open and honest culture within the service and told us they felt comfortable speaking with staff. One person said, "Yes, they're very approachable." Everyone we spoke with told us they would feel comfortable speaking out about any issues that they may experience. During our visit to the office the atmosphere was calm and relaxed and it was apparent that any visiting care staff felt comfortable speaking with the registered manager.

The staff we spoke with told us there was an open culture where they felt able to raise any concerns they may have. Staff also told us they could make suggestions and be honest about any mistakes that may have been made. Prior to our inspection we had received some information of concern and discussed this with the registered manager. They acknowledged that their initial response to receiving this information had been somewhat defensive and they had not taken the appropriate action straight away. However, they told us that they had acknowledged this was not the right approach and had since altered their approach to become more open and accepting of any challenge or concerns that may be raised.

There were regular staff meetings and we saw from records that staff were able to contribute. The staff we spoke with felt that their feedback was taken on board and acted upon where possible. There were meetings held within each supported living property as well as at a senior level. There was good communication between each group of staff and the registered manager, facilitated through team leaders and service managers. When any incidents occurred these were thoroughly documented by staff and reviewed by the registered manager. An analysis was carried out to identify any emerging patterns or trends so that action could be taken.

The service had a registered manager and they understood their responsibilities. The people we spoke with told us they knew who the registered manager was and felt there was somebody they could speak with when required. The staff we spoke with told us they occasionally saw the registered manager but did see their service manager on a regular basis. Staff felt confident in speaking with their immediate line manager and the registered manager. They told us they were comfortable raising any concerns or ideas they may have. The registered manager acknowledged that they were not able to visit service users and staff as frequently as they would like. However they were available via telephone and there were management structures in place which allowed staff to discuss any concerns they may have.

There were clear decision making structures in place, staff understood their role and what they were accountable for. Certain key tasks were assigned to designated groups of staff, such as producing staffing rotas and the reviewing of care plans. Relevant updates in legislation and care sector guidance were circulated to staff so that they remained up to date with requirements relating to their role. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People were asked for their views about the quality of the service they received. Questionnaires were distributed to people periodically and some of the people we spoke with told us they had completed

questionnaires. One person said, "Yes, every now and then they do a questionnaire." In addition, there were regular 'house meetings' for people to attend. We reviewed the minutes of recent meetings which showed that people were able to discuss issues important to them, such as purchases for their home, the food menu and upcoming activities. Staff took action points at each meeting and updates were then given to people on the progress that had been made.

The quality of the service people received was regularly assessed and monitored by a range of audits and spot checks. Detailed monthly visits were carried out at each supported living property by a senior manager within Choice Support. These focussed on different areas each time and involved speaking with people using the service, staff and looking at records. Where the visits had identified any areas for improvement, an action was put into place and monitored to ensure that improvements were made. In addition, regular audits were carried in areas such as medicines administration and the management of people's finances. It had been identified that there was a large number of medicines errors and action had been taken to reduce this. Spot checks and observations were carried out on staff across all parts of the service, some of which were carried out at night. Staff told us that they felt the quality monitoring systems were robust and one staff member commented, "It keeps us on our toes."