Choice Support

Choice Support – Sutton & Merton Office

Inspection report

MSA House, Hackbridge Station,
London Road,
London,
Surrey,
SM6 7BJ
Tel: (020) 8669 9668
Website: www.choicesupport.org.uk

Date of inspection visit: 18/06/2015 and 01/07/2015
Date of publication: 13/08/2015

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

Overall summary

This was an announced inspection. We gave the registered manager two days' notice so they, or a suitable person, could be available to support the inspection. The last CQC inspection was carried out in August 2014. At that time we found breaches in relation to care and welfare, medicines and consent.

The service supports people in their own flats which were mainly within supported living schemes with staff available for support at all times. Most people had high support needs as the service specialised in providing care to people with severe to profound learning disabilities, as well as physical disabilities and autism. There were 34 people using the service at the time of our inspection.

Summary of findings

There was a registered manager in post. 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.

At this inspection we found the provider had taken the action necessary to become compliant in relation to the three breaches we found at our last inspection. In relation to care and welfare the service had obtained advice from a dysphagia nurse for people at risk of choking when eating and suitable guidance was in place for staff to follow. We observed staff followed this in practice and had a good knowledge of how to support people to keep them safe while eating and drinking. Staff had received training regarding this. The service assessed people's wheelchairs to ensure they were comfortable and people could be positioned within them in line with the recommendations to keep them safe while eating and drinking.

In relation to medicines we found good systems were in place with records for ordering, receiving, administering and returning medicines to the pharmacy. Our stock checks showed people were receiving their medicines as prescribed. In addition, medicines were now being administered covertly in line with the requirements of the Mental Capacity Act 2005.

The provider was no longer breaching the regulation relating to consent because they had assessed which people may be being deprived of their liberty and had informed the local authority so that they could make the necessary applications to the Court of Protection as required. Staff had a good understanding of their responsibilities under the Mental Capacity Act 2005 when depriving people of their liberty.

Staff understood how to recognise people may be being abused and were encouraged to report concerns. The service liaised appropriately with the local authority safeguarding team to keep people safe when an allegation of abuse was made.

There were sufficient numbers of staff deployed to meet people's needs. The provider supported staff effectively though appropriate supervision, appraisal and training to provide them with the necessary knowledge.

Staff supported people appropriately to eat and drink and provided them with food according to their preferences. Staff monitored people's risk of malnutrition and provided them with specialist support, such as dietitians, where necessary and followed their guidelines.

Staff were kind and caring towards people and treated them with respect and staff kept information about people confidential. People were involved in making decisions and planning their own care. The service assessed people's needs and people had personalised care plans in place for their needs which staff kept up to date so the information in them was accurate and reliable for staff to follow. Staff knew the best ways to communicate with people and individuals had communication guidelines in place for staff to follow. Staff knew the people they were supporting well, including their backgrounds, preferences and daily routines, which allowed them to provide care in the best ways for people. Staff supported people to do activities they were interested in.

People were encouraged to maintain relationships with those who mattered to them, such as relatives, with no restrictions on visiting times and staff making guests feel welcome.

Suitable procedures were in place for people to raise concerns or complaints with a team in place to investigate these appropriately.

The registered manager and staff had a good understanding of their responsibilities. The quality of the service was monitored and reviewed through a range of audits carried out by different teams and individuals. Necessary improvements were made where concerns were identified in audits.

People were involved in developing the service and were supported to carry out inspections of individual schemes in the organisation to highlight areas of good practice and areas which could be improved. Staff were also involved in developing the service through regular staff meetings where they could share their ideas and suggestions for improvement.

Resources for driving up improvement were available. Within the organisation there were robust internal processes to share learning and best practice, including groups which met regularly to discuss safeguarding and other issues.

Summary of findings

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 provider had taken appropriate action to protect people from risks related to eating and drinking. Staff had received training in this and understood how to keep people safe. There were suitable guidelines in place for staff which had been developed by specialists.

The service had made improvements to the way they managed people's medicine and we found safe processes were in place. The service was following the Mental Capacity Act 2005 to ensure people were only administered medicines covertly when it was in their best interest to do so.

Suitable safeguarding practices were in place and staff understood how to identify and report abuse, and the provider encouraged them to do so.

There were enough staff deployed to meet people's needs.

Is the service effective?

Good

The service was effective. The service had made improvements to assess which people were being deprived of their liberty and notified the local authority as required so they could make arrangements to only deprive people of their liberty lawfully.

Staff received suitable support through supervision, appraisal and training to meet people's needs.

People received the right support in relation to their health needs and received suitable food and drink according to their preferences.

Is the service caring?

Good

The service was caring. Staff were kind and caring towards people and treated people with dignity and respect. They kept information about people confidential.

People were supported to maintain relationships with those who were important to them.

People were involved in planning their care as much as possible and staff understood the best ways to communicate with people.

Is the service responsive?

Good

The service was responsive. Care plans reflected how people would like to receive their care and support.

People took part in social activities they were interested in and they also received appropriate support in relation to their physical disabilities.

Suitable systems were in place to investigate complaints.

Is the service well-led?

Good

The service was well-led. The manager and staff were aware of their responsibilities. A range of audits were in place to assess and monitor the service and necessary improvements were made as a result of these.

Summary of findings

People and staff were involved in developing the service and resources were in place to drive improvement. Learning and best practice was shared across the provider's organisation.

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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 was undertaken to check that the provider had made improvements to meet legal requirements after our last inspection, as well as to inspect other aspects of the service as part of this comprehensive inspection.

This inspection took place on 18 June and 1 July 2015 and was announced. This was so that a suitable person could be available to support the inspection. It was undertaken by an inspector and a pharmacy inspector.

Before our inspection we reviewed information we held about the service and the provider, including the action they submitted to tell us how they would improve the service. We also contacted a local authority reviewing officer to ask them about their views of the service provided to people.

We met with eight people who lived at two supported living schemes and they were unable to give us feedback on their care verbally. Because of this we spent time observing how care and support was provided to them. We spoke with one relative, the area manager, two scheme managers and five members of the staff team. We looked at five people's care records and records relating to the management of the service including quality audits.

Good

Is the service safe?

Our findings

At the last inspection we found a breach of the regulation in relation to care and welfare and management of medicines. After the inspection the provider wrote to us with an action plan. They told us they would become compliant by 13 March 2015. In relation to care and welfare they said they would arrange for a dysphagia nurse to review people's eating and drinking plans, reassess people's wheelchairs to ensure they functioned properly, retrain staff in dysphagia and hold a team day focused on supporting people to eat and drink. In relation to medicines, actions included retraining and assessing staff on medicines management, including issues of consent and covert medicines, retraining managers in auditing medicines and reviewing the medicines policy.

At this inspection we found the provider was compliant in relation to care and welfare and had taken the action they set out in their action plan. There was guidance for staff to follow in relation to supporting people to eat and drink based on recent advice from a dysphagia nurse. This guidance was summarised discretely on the back of their table mats in their flats for staff to have easy reference to during mealtimes to help keep people safe. We observed people being supported to eat and saw staff followed the guidance in place. Our discussions with staff showed they had a good knowledge of how to support people to reduce the risk of choking, and how to react should a choking emergency occur and they had received training on this. Staff told us they attended a team day focused on supporting people to eat and drink. They said this had been useful and informative, being led by the organisations dysphagia champion, a care worker with specialist training in dysphagia whose role was to support other care staff. People's wheelchairs had been reassessed and several people had wheelchairs refitted. This meant that, as well as being more comfortable, wheelchairs did not prevent staff from following guidance as to particular positions people should be sat in at mealtimes to reduce the risk of choking.

People also had risk assessments in place for other risks to them such as moving and handling and personal hygiene, with management plans in place for staff to follow to reduce particular risks. These contained up to date information and specialist advice which meant staff had sufficient guidance to support people in a safe way.

At this inspection our pharmacist found medicines management was safe as the provider had made the necessary improvements as set out in their action plan. Through checking medicines stocks we were able to confirm people received their medicines as prescribed. Good systems were in place with records for ordering, receiving, administering and returning medicines to the pharmacy, and staff kept accurate records of these. Administering medicines to a person covertly was now done lawfully, in line with the Mental Capacity Act 2005. A range of audits were in place for the service to monitor medicines management was carried out safely.

A relative told us they felt their family member was safe. They told us, "I don't give any notice in advance of my visits and I visit at various times [and I see he is safe]." Staff had a good understanding of how to keep people safe from abuse and received training in safeguarding adults at risk each year. The service had appropriately reported an allegation of abuse to the local authority safeguarding team and liaised with them in investigating and resolving the issue to keep people safe. Staff understood whistleblowing and told us they were encouraged to raise any concerns with management.

Managers at various levels reviewed accidents and incidents to identify patterns and check people received the right support. Learning from safeguarding and other incidents was shared with teams to promote best practice within the organisation.

Staff told us they found there were usually enough staff deployed to meet people's needs although when a person presented with behaviours which challenged the service, more staff would be useful to support them. The service recently reviewed staffing requirements through assessing the support people required. They were liaising with the local authority as part of the process where they identified some people may need more staff support. During our inspection we observed staff were not rushed and spent time with people in a leisurely way, for example escorting them for lunch in a local park. The registered manager told us, and rotas confirmed, staffing levels were often increased beyond the minimum levels the services required for appointments and activities.

Good

Is the service effective?

Our findings

At the last inspection we found a breach of the regulation in relation to consent. The provider was not meeting their requirements in relation to depriving people of their liberty lawfully in their own homes. After the inspection the provider wrote to us with an action plan. They told us they would become compliant by 4 February 2015. They said they would review all potential deprivations of liberty and liaise with the local authority Deprivation of Liberty Safeguards (DoLS) lead where necessary as well as train staff and managers further.

At this inspection we found the provider had taken the action they set out in their action plan. The service assessed which people may have been deprived of their liberty and had informed the local authority, requesting they apply to the Court of Protection so that this was only done lawfully. Our discussions with staff showed they had a good understanding of their responsibilities in relation to depriving people of their liberty lawfully, the Mental Capacity Act (MCA) 2005 and consent.

Staff were well supported by management to carry out their roles. Staff received regular supervision from management. They also received 'observational supervision' where managers showed staff how to provide care to people, then observed and fedback to staff on their performance in doing this. Staff also received annual appraisals to receive feedback on their overall performance. Staff attended monthly team meetings where they were encouraged to discuss any concerns and management provided the necessary support. An effective training programme was in place to provide staff with the necessary knowledge and skills to meet people's needs. This programme included training specific to meeting the particular needs of people using the service, such as communication skills, learning disabilities and autism, behaviours which challenge, epilepsy, diabetes, nutrition, postural care and moving and handling amongst others.

We observed mealtimes in two people's flats and saw people were provided with food to meet their preferences. A relative told us, "[my family member] enjoys the food and eats well." Although many people were unable to express the food and drink they preferred verbally, staff had a good knowledge of their likes and dislikes as most had worked with them for many years. Information about the food and drink people preferred was also recorded in their care plans for staff to refer to. With this knowledge staff were able to prepare food and drink people usually liked. The food and drink provided was healthy and staff encouraged a balanced diet. Staff monitored people's risk of malnutrition through checking their weights. When they were concerned they referred people to the GP and for specialist support from dietitians. Some people had diet plans in place and staff had a good knowledge of these and we observed they followed them to keep people healthy.

Staff supported people to maintain their health. Staff told us and records confirmed people were supported to see a GP promptly when necessary. People were also supported to see dentists, opticians and other health services on a regular basis. People had health action plans in place and staff supported them to access the healthcare they needed.

We saw guidelines were in place for staff to follow in relation to a person who had behaviours which challenged the service. These guidelines were developed with the local challenging behaviour team which the service liaised with for specialist support in relation to this person's behaviours. Staff tried a range of interventions, as part of the specialist guidance received, to engage with and support the person. Staff monitored their behaviours through recording and reviewing incidents as part of providing support. The provider told us they were liaising with the local authority to review the person's care package to ensure it remained suitable for them, given the frequency of these incidents. This meant they were being proactive in ensuring the person was receiving the most appropriate care package for their needs.

Good

Is the service caring?

Our findings

A relative fed back their positive experiences in relation to the way staff cared for their family member. They told us, "Staff are kind and caring and respect his privacy. [My family member] is happy and content here, the staff know him well…[my family member] has a good relationship with staff and they feel affectionately towards [my relative]". Staff spoke and wrote about people in their daily notes and care plans with warmth and compassion. None of the people we met were able to tell us their experiences of the support they received as We observed staff interacting with people using the service and saw they were kind and caring towards people.

Staff treated people with dignity and respect. Staff supported people appropriately with their personal appearance. We observed people were dressed in clean, pressed clothing suitable for the weather. Staff supported people to wear aprons while eating to prevent food on their clothes. Staff wiped people's faces discreetly during their meals to maintain their appearance. In addition we observed staff spoke with people as they cared for and supported them, explaining what they were doing and involving people in tasks they were carrying out where possible. For one person staff followed the guidelines in their care plan to support them to sit with a view of the door to allow them to observe their flat, particularly when people were entering. For a person with a visual impairment we saw staff used appropriate touch while talking with them to reassure them. Before entering people's flats staff rang the doorbell and greeted them when entering.

Staff kept information about people securely in their flats or the offices in the schemes. We observed staff took care not to discuss confidential information about people openly. Staff also provided people with privacy. Staff left people in their flats to allow them privacy when necessary. A relative told us how their family member greatly valued time alone in their flat and staff understood and respected this.

People's care plans identified those who were important to them and how staff should support them to stay in touch. In this way the service supported people to maintain relationships with people who were important to them such as their relatives.

Staff supported people to be involved in making decisions regarding their care as far as possible. Each person had a keyworker. A keyworker is a member of staff who works closely with a person, ensuring their needs are met in different areas of their life. Keyworkers helped to set personal goals with people based on their knowledge of them and their preferences where they were unable to express themselves verbally. They also supported people to plan their activities based on their known preferences and views where these could be established.

Staff understood the best ways to communicate with people and people had 'communication passports' which set out this information for staff to refer to. We observed staff communicating with people in different ways, such as using objects to indicate what activity they would be supported with next.

Good

Is the service responsive?

Our findings

People contributed to the assessment and planning of their care as much as they were able. The service assessed people's needs and each person had care plans in place regarding their specific needs. These set out how staff should meet their individual needs. As many people were unable to express themselves verbally staff reviewed their changing needs through observing how they responded to their care and updated their care plans accordingly on a regular basis. This meant information within them was accurate and reliable for staff to follow in providing suitable care for people.

People's care plans also reflected how they would like to receive their care and support. This was because they contained information about people's personal histories, preferences, interests, daily routines, skills and abilities. Staff we spoke with had a good knowledge of this information and incorporated this into the way they cared for people, such as respecting the times people preferred to go to bed and get up in the mornings.

Staff supported people to engage in social activities that interested them. People had individual activities in place based around their interests which staff knew they enjoyed. These included activities to be undertaken at home and in the community. People were supported to participate in activities such as aromatherapy sessions, visiting sensory services, shops, visiting a park to feed the ducks, restaurants and cafés. People were also supported to visit local events, including those provided by local learning disability centres. The service arranged day trips for people, including trips to the seaside.

People were given the care and support they needed in relation to their physical disabilities. Many people using the service had limited mobility and records showed people had been assessed by occupational therapists to determine the specialist equipment they needed. We saw this equipment was in place and included equipment to support them to transfer into different positions and to wash in positions that were comfortable to them.

The 'quality team' based at head office investigated and responded to complaints. A person in this team was assigned to deal with individual complaints so people had a named person to go to while their concerns were being looked into. A relative told us they had confidence any complaints they made would be investigated appropriately, although they said they had no cause to complain. They said, "I'm sure the manager would deal with [any complaints I had]." A complaints procedure was in place detailing how people's concerns would be responded to, including timescales for responses to be provided. A relative told us they were aware of how to complain if they needed to do this.

Good

Is the service well-led?

Our findings

The registered manager had been registered with CQC for over four years and we found they had a good understanding of their role and responsibilities. Staff told us they often visited the schemes and they were approachable. Staff said they felt comfortable approaching them, and other scheme managers, and raising any concerns and that they would be listened to. We also found staff had a good awareness of their responsibilities. The service experienced a relatively low staff turnover and many staff had worked with the service for many years, since it first opened.

At our last inspection we found that while the service had a range of checks in place for checking the quality of support people received, these had not always been effective. This was because they had not identified the issues we found concerning people potentially being deprived of their liberty and medicines management. However, at this inspection we found this had improved and the checks in place were effective in monitoring the quality of service.

Checks of quality were carried out by staff in various roles, including scheme managers and the area manager. Records showed these checks covered a range of areas of service provision including care plans and other documentation, activities, training, supervision, people's finances and medicines management. We also viewed additional annual comprehensive checks were carried out by a central 'quality team'. Where concerns were identified clear actions for improvement were recorded and these were achieved by the relevant scheme manager, with the support of the area manager. A team based at head office also carried out annual financial audits at each scheme to check people's finances were being managed safely.

People were actively involved in developing the service using 'quality checkers'. These were people with learning disabilities using the service across the organisation. Staff supported them to check various aspects of quality in different schemes and produce a report. The checks they carried out were also in line with 'Reach Standards'. Reach Standards are a set of voluntary standards for organisations which can be used in various ways including determining how well they are doing at supported living and how they can improve. We viewed several quality checkers' reports which showed they checked their quality of life through observations and discussions with people where they were able to express themselves verbally. Areas of good practice were noted as well as areas for improvement which were duly considered by the scheme managers.

Staff were also involved in developing the service. Schemes held frequent staff meetings and staff told us they were encouraged to raise any issues of concern as well as to share their ideas for improvements. In addition, frequent meetings were also held between scheme managers and also between area managers. Records showed these were used to share ideas as well as learning and best practice across the organisation. Scheme managers also attended some local authority provider forums where they could learn from the local authority as well as the experiences of other similar providers in the industry.

Resources and support were available to develop the team and drive improvement including a number of staff groups set up to share learning. For example, the organisational learning group met quarterly and records showed learning relating to staffing issues, quality monitoring, health and safety and safeguarding was shared. There was also a safeguarding committee which met quarterly and reviewed all safeguarding incidents, checking the right action was being taken to progress investigations and passing their findings to senior management and the board of trustees for review.