

Choices Housing Association Limited

Choices Housing Association Limited - 4 West Street

Inspection report

Biddulph
Stoke On Trent
Staffordshire
ST8 6HL

Tel: 01782514141
Website: www.choiceshousing.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 28 and 30 November 2017 and was unannounced. At the last inspection completed on 23 September 2015 we rated the service as good. At this inspection we found the service remained good.

Choices 4 West Street is a care home, people in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Choices 4 West Street can accommodate four people in one adapted building. At the time of the inspection there were four people living in the care home.

There was a registered manager in post at the time of the inspection. 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 were supported by staff that understood how to protect them from harm and abuse. Risks were assessed and there was guidance for staff on how to support people to manage risks to their safety. The home was clean and all equipment was safely maintained. There were sufficient staff to support people and safe recruitment practices were in place. Medicines were administered safely and when things went wrong the registered manager made sure staff learnt from the incident.

People received support which was effective from trained staff. Staff were supervised and their competency was checked by the registered manager. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People could choose for their meals and they enjoyed them. People were supported in an environment that was designed to meet their needs and had access to health professionals when they needed it.

People were supported by kind and caring staff. There were positive relationships in place and people felt they were supported to make their own decisions. Relatives and friends were able to visit when they wanted to and people had their privacy and dignity maintained.

People received personalised care and support. Staff understood people's needs and preferences including their spiritual and cultural needs and were able to plan how they would wish to be supported at the end of their life. People were supported to maintain links in the community and undertake activities. There was a complaints policy in place which people understood and they were confident complaints would be addressed.

A registered manager was in post and was accessible to people, relatives and staff. People were actively

involved in the service and shared their views about the quality. There were systems in place to check on the quality of the service and peoples care delivery. The registered manager took any required action to make improvements.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 28 and 30 November 2017 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of 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 once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people who used the service. We also spoke with the registered manager and three support workers.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We reviewed the care records of two people and two staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including maintenance records, accident reports, weekly and monthly audits, and medicine administration records.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

People told us they felt safe and could describe how they would seek support if they were worried about anything. One person told us about being involved in developing an awareness video to help others understand how to stay safe. One person said, "Living here is nice, I feel safe because you are never on your own". Staff could describe the signs of abuse and understood the procedures for reporting concerns. The registered manager told us in the PIR that each person had a personalised safeguarding plan from the providers safeguarding toolkit. We saw these were available and staff could describe how they were used to explore any concerns with people. The registered manager had a policy in place to safeguard people from harm and was aware of how to safeguard people and we saw appropriate investigations and referrals were completed. This showed people were safeguarded from abuse.

People were protected from the risks to their safety. Staff could describe how they supported people to keep them safe. Staff told us about the plans in place for supporting people with behaviours that challenged and could describe how people with behaviour that challenged were supported with distraction techniques. We saw staff had been trained and they could describe how this helped them to support people without the need for restraint or medicines when they displayed behaviours. We looked at care plans and found risks to people had been assessed and planned for. We saw staff were following the risk assessments when supporting people. We found technology was used to enable people to retain their independence. A sensor alarm was in place to alert staff if one person became unwell. This showed people had their risks assessed and planned for to keep them safe from potential harm.

There were systems in place to assess and manage the safety of the environment and equipment used to keep people safe. We saw the registered manager had ensured safety checks had been carried out. For example all electrical equipment had been tested to ensure it was safe. We found there were regular checks in place on the equipment, water temperatures and the building. We saw people had personal evacuations plans in place in case emergency and staff understood these. There were regular fire safety tests and a plan in place to find alternative accommodation in case of evacuation. This showed the registered manager had systems in place to ensure the building was safe and support people in emergencies.

People told us there were sufficient staff to help them with things they needed. One person said, "The staff are always here to check on you". Staff told us there were enough staff to support people and they were able to ensure people had the individual support they needed. The registered manager told us they were able to use agency staff to cover any holidays or sickness and they used the same staff to provide consistency. We saw there were sufficient staff to meet people's needs and everyone was able to have some individual time to do the things they wanted or needed to do. The registered manager told us they had monitoring in place weekly to ensure people were supported effectively and had their designated time with staff. This showed people were supported by sufficient staff.

People received support from safely recruited staff. Staff told us they provided two references and had checks carried out to see if they were suitable to work with people. The records we saw supported this. The registered manager told us the provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions.

People received their medication as prescribed. We found there was a medicines policy in place which staff understood and people had individual medicines assessments for staff to follow. Staff told us they received training in safe medicine administration and that there were always two staff to give medicines. We saw staff followed the guidance when administering people's medicines and recorded what people had using medicine administration charts (MAR). We found these were accurately completed. We observed staff explaining to people what their medicine was for and could see they understood the information. The registered manager told us how medicines were ordered and we could see how stock was checked daily to make sure people had enough medicines. We observed medicines were stored safely. This meant people were supported to have their medicines as prescribed.

People told us they helped to keep the service clean and they described how they were having new furniture that day. We saw people and staff work together in the kitchen to clean tables. We observed people had been able to choose how their bedrooms were being refurbished. Staff had received training in infection control and could describe the measures in place to prevent the spread of infection. We saw there were cleaning schedules in place which were used to ensure all areas of the home were clean. There was information on display about how to wash hands safely to prevent the spread of infection. This showed there were systems in place to protect people from infection and cross contamination.

The registered manager used incidents to learn from and guide developments. Staff confirmed this was the case and described opportunities for discussion in groups and individually to talk through when things went wrong. We saw accidents and incidents were discussed and analysed to ensure action could be taken to prevent them where possible. The registered manager told us about an incident involving medicines and how this had been discussed with staff to ensure the learning from the incident was shared.

Is the service effective?

Our findings

At this inspection, we found people's needs were assessed and planned for and staff worked effectively with other professionals to provide support. Staff were skilled to meet people's needs; people continued to have freedom of choice and were supported with their dietary and health needs as in the previous inspection. The rating continues to be good.

We checked on how people's needs were assessed and how they were supported to achieve the things that were important to them. The registered manager told us in the PIR that person centred plans were developed with people at the service and these were designed to ensure the care people received met their assessed needs. We saw these plans were developed with support from other health professionals where required and were individual to the person. Everyone also had a health action plan and daily reports were in place. The registered manager told us the health action plans were evaluated every week to see if there had been any changes and then reviewed monthly. We saw these reviews identified where people's health plans had been effective in supporting people to manage their health concerns. We saw plans had input from health professionals and guidance was written into care plans to support people with their needs. For example one person had a health condition; there was a specific plan in place to support them to manage this which included a sensor alarm. We found pictorial information was used in all aspects of peoples care plans and throughout the home to help them understand their choices fully. We found staff had obtained easy read and pictorial information for people that needed medical treatment so they would know what was going to happen. This showed people received support to understand their needs and support options available to them.

People were supported by knowledgeable staff. People told us staff knew them well and helped them with everything they needed. Staff told us they received an induction into their role and had regular updates to their training. One staff member said, "We get support in our supervisions and appraisals, we receive direction which is positive about any improvements we need to make". The registered manager told us they checked staff were competent in all aspects of their role. Staff confirmed this was the case and said the checks would be done again if there were any concerns or incidents. We found this was correct. We saw there had been an incident with medicines and staff had their competency checked to help prevent this happening again. We observed staff had received training in equalities and diversity, medicines, safeguarding, safe restraint techniques and moving and handling. We found staff used their skills to provide effective care and support.

People told us they enjoyed their food and were able to choose what they wanted to eat. We saw people had individual menu planning books which they used to work out what they wanted to eat and the things they liked and disliked. Pictures were used to help people understand. Staff were aware of people's needs and preferences and could describe where people had risks associated with their hydration and nutrition. For example, one staff member told us about two people that were at risk of choking. They could describe in detail the plans that were in place to support these people and the advice from the speech and language therapy (SALT) team. We observed staff were considerate of people's needs. One person was going out with a staff member to a local community site. The staff member knew that snacks which would be available

would not be suitable so they helped the person choose something to take with them. The registered manager explained that people with specific needs for meals sometimes got upset when others were eating food they could not have so to help with this they now had two sittings for some meals. We saw care plans, risk assessments and guidance for staff on making sure people's needs were met. Staff had received training from the SALT team which they said had helped them understand how to support people. This meant people were supported to manage risks associated with their diet and could choose what they had to eat and drink.

The registered manager told us in the PIR they used team meetings to discuss and review people's care plans with staff. Staff confirmed this and said it was useful to spend time discussing people's care as a reminder of their needs. Staff told us routine and consistency was important for some people living at the service. For example, staff told us about one person that needed to have support which was consistent to help manage their behaviours. The registered manager confirmed this and told us staff were good at providing this support. We saw the person's care plan gave detailed guidance for staff and that there had been a reduction in the display of behaviours that challenged. We found people had an allocated member of staff to provide them with consistent support. The staff member assumed responsibility for some aspects of the person's care. We saw people had developed relationships with their allocated staff. This meant people received consistent support.

People were supported to maintain their health and wellbeing. One person told us about attending appointments to help them with their mobility. Staff told us the person had been having some problems so a referral had been done for physiotherapy. We saw the person attended an appointment on the day of the inspection. We found everyone had an individual health action plan to support them with maintaining their health. Staff could describe people's health needs and how they were supported to maintain them. We saw staff had provided information about health related matters in an easy to understand format for people when they needed to have health examinations. People's health was monitored and any concerns were escalated to other professionals.

People were involved in choosing how the home was decorated. We saw the rooms were spacious and there were specially adapted facilities to support people with mobility needs. For example, we saw a level access shower was available. We saw the communal areas were homely and there were pictures of people and staff on the walls. We found people had chosen wall coverings, floor covering and furnishing. We saw information was available in picture format throughout the home to support people with understanding and making choices for themselves. This meant the premises had been designed taking account of people's individual choices.

People at the service told us staff asked for their permission before doing anything. Staff told us everyone could consent to some or all aspects of their care. We saw people were able to give consent and could sign consent forms for aspects of their care. For example, people had given consent to medicines being administered by staff. Staff understood the importance of consent and we saw staff seek permission from people, for example staff asked people before administering their medicines. This showed staff understood the importance of people consenting to their care and treatment.

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. Some people were unable to make some complex decisions, we saw mental capacity assessments had been undertaken and discussions had been held with appropriate people involved to make decisions in

people's best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found where people had restrictions to keep them safe, applications had been made to the authorising body for a DoLS. Staff were able to describe the individual DoLS and provided support in line with the authorisation. This meant that people were supported in the least restrictive way and in line with the MCA.

Is the service caring?

Our findings

At this inspection people remained happy living at the service, they continued to be very complimentary of the staff and felt cared for. The rating continues to be good.

People were happy living at the service and told us they had good relationships with the staff. One person said, "I like it here, the staff are nice". Another person told us about the celebrations staff had organised for their birthday and how they had really enjoyed this. One person said, "The staff are funny, we have a laugh together". People were supported by staff to maintain relationships that were important to them. We found people were able to have their friends and family visit on a regular basis and staff supported them to visit people that were important to them. Staff knew people well and could talk about their relationships with people. We saw staff interacting with people throughout the inspection. One person was getting ready to go out and we saw staff encourage the person to get a scarf as it was cold. We saw one member of staff having a chat with one person about their family. The staff member was able to talk in detail as they knew the family well. The registered manager told us they spoke to people during their assessments and care planning about relationships which were important to them and they described how people were supported to maintain these. This showed people had good relationships with the staff and were supported in a caring way.

People told us they could make decisions and choices about all aspects of their care. Staff told us that everyone was able to make most day to day decisions and choices for themselves. The staff gave examples of making sure people had information which they could understand to support them to make decisions. We saw information was available in a pictorial format to assist people to understand, for example with their care plans and food diaries. This meant information was accessible to all people who used the service. People told us they chose what to do during the week. One person told us about going to a club, which was arranged by the registered manager for people in the community to attend. On the first day of the inspection we saw everyone attended the club and on day two they told us how much they had enjoyed this. We saw people made their own decisions throughout the inspection. For example people chose what they did with their day, when they did things such as getting up and going out and they had made decisions about what food they wanted at mealtimes. We saw staff encourage one service user to go to their preferred location in the lounge. One person loved to listen to music, we saw they went into the lounge after breakfast and chose music to play. Another person chose to watch their favourite television programme later in the day. The registered manager told us and records supported what we were told. This showed people were supported to make their own decisions.

People were treated with dignity and respect and their privacy was maintained. People told us staff always asked them before doing things. One person told us, "I have a key to my door I can lock it when I want to". People told us they had visits from friends and family members whenever they wanted to. Staff told us they understood the need to maintain people's privacy and dignity. One staff member said, supporting people to retain their independence was important. They told us about one person that really liked to clear the tables after meals, we saw the person did this during the inspection and they were smiling and happy when staff thanked them for their help. We saw staff encouraging one person to propel themselves in their wheelchair

to the position they wanted to be in. We saw staff knocked doors before going into rooms. Staff told us they understood peoples preferred routines for personal care and always gave people privacy when showering for example. Staff told us that people were able to take their visitors to their rooms to enable them to have privacy. We saw people and staff had discussed what dignity meant to them. There was a picture on the wall of the people and staff it was called a dignity tree and by each picture there was a statement. For example, one person had written "Respecting what is important to me". Another had put, "Doing things I enjoy". The registered manager said it was a nice way to present what dignity meant to people and staff. This showed people were treated with dignity and their right to privacy was upheld.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

People were involved in all aspects of their care. Staff told us people were at the centre of planning their own support. They described in detail the plans what were in place and how they held regular meetings with people to consider what they wanted to achieve. The registered manager told us everyone at the service had a person centred plan and developed a make a wish book which detailed what they wanted to achieve. The book enabled people to record what they had done and these were used in the reviews of their care. We observed these records and could see they documented people's achievements and used pictures to show what people had done.

People's individual needs and preferences were followed by staff. People told us about their individual preferences for going out, meals, activities and going to church. The registered manager told us people's individual needs were considered within the person centred planning process and this helped to form a detailed plan about how people wanted to be supported. Staff could describe people's needs and preferences and we were able to confirm these were recorded in people's plans. For example one person had requested to go swimming and staff told us they had identified a local pool for the person to attend. There was detailed information in people's care plans about their life histories and people's support networks. We saw people had individual health action plans to support them to maintain their health. When we spoke to staff they could tell us about people and we confirmed this was what was shown in the care plans. This meant people's individual preferences were understood by staff.

People were involved in regular reviews of care plans. We found care plans were evaluated weekly and any changes were made to care plans. Reviews were also held monthly and where appropriate these included families. Staff told us they were involved in the reviews as key workers and discussed with people what they wanted to achieve. We saw records which supported what we were told. For example, one person's health needs had changed, this had been identified in the weekly evaluation of their care and the plans updated. This meant care plans were reviewed and updated when things changed.

People told us they had an opportunity to follow their individual interests. One person told us, "I love the theatre and staff arrange for me to go, it is great". Another person told us about going out to visit dogs as they really love them. People enjoyed a regular opportunity to meet other people a club arranged in the community. We saw staff talking to people about new activities they had identified in the local community to see if they wanted to attend. We saw people went out into the community and some people had accessed paid employment and volunteering roles. People were attending groups to learn new skills such as cookery and drama classes. People recorded all their achievements and activities in their wishes book and this showed they were able to engage in a large number of different activities. This meant people were supported to follow their interests.

People understood how to make a complaint. People told us they would speak to staff if they were unhappy

about anything. One person said they would speak to the registered manager if they were unhappy. We found there had been no complaints since the last inspection. However we saw the registered manager had a complaints policy in place and could describe how complaints would be responded to.

The registered manager told us people had the opportunity to talk about what they wanted when they were coming to the end of their life. People had discussed with staff their preferences and these had been documented in a plan called 'When I die'. The plans gave details about peoples individual wishes. The registered manager told us they had supported people to access legal advice and to make a will. There was nobody that was receiving care at the end of their life, but we found there were systems in place to ensure people's wishes for a dignified and comfortable death were understood by staff.

Is the service well-led?

Our findings

At this inspection we found the service was as well led as at the previous inspection. The rating remains good.

The registered manager understood their responsibilities. The last inspection rating was on display and could be seen by people and visitors. We received notifications of incidents that occurred at the service in a timely manner. The registered manager is required by law to tell us about incidents such as alleged abuse and serious injuries.

People told us they liked the registered manager and they felt comfortable speaking with them about anything. Staff told us they could approach the registered manager about things and felt confident any issues or concerns would be addressed. Staff told us they felt involved in the service and were able to make suggestions and could give examples. One staff member said, "I feel valued and listened to by the registered manager and other members of the staff team, my opinion counts, we can really express our views". Another staff member said, "I love it here, I really like the person centred approach and the values of the company". The registered manager told us they were always at the location and accessible to people, relatives and staff. We saw people and staff were comfortable to approach the registered manager during the inspection. The registered manager held regular meetings for people, relatives and staff. The meetings were used to have discussions about the home and enable people to share their experiences. We saw the meetings enabled discussions about future plans and people were fully engaged in decisions. Meetings with people were held weekly to discuss the week ahead and talk about menus. Further meetings were then held monthly to make plans for the future such as outings and activities or important changes in the service. We saw one person discussing with the registered manager the type of decoration they wanted in their room. This meant people and staff felt involved in the service.

The registered manager told us about how they did a range of audits to make sure people were receiving the care they needed and to check on the quality of the service. For example, there was a weekly check on medicines stock and recording. We saw this was effective in identifying issues and that actions had been taken. There were weekly checks carried out on people's health care records and where issues were identified these were monitored and referrals to other professionals completed if required. Weekly checks were also carried out on people's care records to ensure they were receiving the care they needed. The registered manager said a monthly score card was completed for the provider to confirm what issues had been identified from the audits and the actions that had been taken. This showed the registered manager had systems in place to ensure people received good quality care.

We found staff received regular updates to their training. There was a training matrix in place which helped the registered manager to monitor when staff needed to have refresher training. Staff told us they felt the training was good and supported them in their role. They gave examples of the courses they had attended. The registered manager told us they carried out observations with staff to confirm they were competent.

The registered manager told us they carried out regular checks on risk management. For example they

looked at health and safety, fire safety and environmental risk assessments. We saw these checks were effective in identifying issues and the registered manager took action to make changes.

The registered manager told us consistent care was important for the people living at the service. They said it helped those with behaviours that challenged if they were supported in a consistent way. We saw staff had regular discussions in team meetings about consistent care and staff told us they understood the importance of routine for people. Staff described people's routines to us and we found these were clearly documented in people's plans. We also found staff had handover meetings at the start of their shift to enable them to keep up to date. The registered manager told us they worked collaboratively with other agencies involved in people's care. We saw there was clear information about others involved in people's care in their care records. This showed people received consistent care.