

Chosen Care Limited

Chosen Care Supported Living

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Chosen Care Supported Living is a supported living and domiciliary care service providing personal care and support to adults with a variety of needs. This includes learning disabilities, autistic spectrum disorder and mental health needs. At the time of the inspection, 22 people using the service were receiving the regulated activity 'personal care'. A further 21 people were receiving support which was not regulated by CQC.

Personal care was being provided to people in 10 supported living houses located in the suburbs of Gloucester. Each house could accommodate between two and five people who had their own bedroom and access to shared communal spaces.

People's experience of using this service and what we found

People felt safe and supported and were happy with the service they received. Risks to people had been assessed and detailed support plans were in place. Staff followed people's support plans and provider policies to keep people safe, for example, in relation to COVID-19. Outcomes for people were good and the feedback we received from relatives and health care professionals reflected this. Significant progress had been made in meeting some people's health and anxiety related needs, where previously people had experienced challenges and obstacles in these areas.

People were supported by the provider to ensure their accommodation was safe, suitable for their needs and was well maintained.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were enabled to participate in reviews of their needs and have their voice heard. This was done through effective planning and use of a variety of communication methods, such as social stories. People were supported to develop life skills including cooking and managing their emotions. This enabled them to live meaningful lives in the community, including accessing mainstream services and maintaining relationships with others who were important to them.

People and staff benefitted from a highly inclusive culture and leaders who were committed to good outcomes for people. The management team were supported by the provider whose systems, governance and quality work had undergone significant investment and improvement. These improvements had been embedded since our last inspection. Comments from professionals included, "Overall really positive steps are being taken" and "They are getting to grips with everything."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service, at the previous premises where the service was known as 'Chosen Court', was Requires Improvement (published 8 February 2020) with two breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We carried out an announced focused inspection of this service on 21 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this inspection to check whether the Warning Notices we previously served in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chosen Care Supported Living on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Chosen Care Supported Living

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Chosen Care Supported Living service provides care and support to people living in 10 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Chosen Care Supported Living also provides domiciliary care. As none of the people using the domiciliary care service were in receipt of a regulated activity at the time of the inspection, domiciliary care was not included in this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The National Care Group had recently de-registered the service 'Face2Face' and all regulated activity was transferred to Chosen Care Supported Living. The former registered manager of Face2Face was responsible for managing the newly combined service and had applied to be registered manager. The outgoing registered manager had applied to transfer their registration to another of the provider's services.

Notice of inspection

We gave a short period of notice of the inspection because some of the people using the service needed

support to consent to a home visit from an inspector. Inspection activity started on 26 April 2021 and ended on 10 May 2021. We visited the office location on 28 and 29 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications about important events at the service and feedback from the local authority quality improvement team. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the site visit

We observed staff supporting people in two supported living settings. We spoke with five people who used the service. We spoke with eight members of staff including the regional manager, area manager, the manager (current), registered manager (outgoing), both service managers, and two support workers. We reviewed a range of records. This included five people's care records and several medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including audits and safety checks.

After the site visit

We continued to seek clarification from the provider to validate the evidence found. We spoke with two people who used the service and another seven people's relatives. We received feedback from eight professionals who regularly work with the service. We spoke with four staff members; two senior support workers and two support workers. We looked at staff training and supervision data, quality assurance records and policies.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely; Preventing and controlling infection

At our last inspection, risks to people had not been assessed, managed and monitored consistently, which put people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and actions needed to mitigate risk were understood by staff. This included supporting people at risk of choking to eat safely, managing risks related to COVID-19 and epilepsy, accessing the community and managing anxiety.
- People's support plans described how they should be supported while at home and in the community. Where health care professionals had made recommendations, these were included in people's support plans for staff to refer to. Referrals for assessment of needs were made when new risks were identified.
- People lived in a safe environment as regular health and safety checks were carried out by staff at supported living houses. The provider liaised with housing providers to ensure people's accommodation was well maintained. One relative said, "Improvements have been made to the house, they have updated things. It is a nice place."
- Systems were in place to ensure staff knew how to respond to protect people in the event of an emergency. This included doing fire drills and following missing person protocols.

Learning lessons when things go wrong

- Incident and accident records were uploaded to the provider's e-system where they could be responded to immediately. We saw managers calling staff to advise them in managing any ongoing risks to people. These records were analysed by the provider to identify trends.
- Lessons learned were routinely shared across the provider's services. This was facilitated at service level though weekly managers' meetings.

Using medicines safely

- People's support needs around their medicines had been assessed. All people whose support we reviewed received help from staff to manage their medicines. Staff competency was checked before they were able to support people to take their medicines.

- People were supported to have their medicines reviewed regularly, in line with best practice guidance including STOMP. (STOMP is a national campaign to stop the over-use of mood-altering medication to manage people's behaviour).
- People's individual medicine protocols and support plans were kept updated to guide staff in giving 'as required' medicines appropriately, as prescribed. Use of these medicines was monitored by the manager and provider to ensure staff followed the guidance provided.

Preventing and controlling infection

- People's homes were clean and systems were in place to protect people and visitors from catching and spreading infections. People's individual risks had been assessed and COVID-19 screening, testing and isolation was carried out in line with national guidance.
- People were supported to reduce risks from COVID-19. A variety of accessible formats had been used to help people understand the risks to themselves and others. Where needed, people had been supported to be tested and receive their vaccinations through referral to the specialist Intensive Health Outreach Team (IHOT).
- The provider kept their infection control policies up-to-date and communicated changes to staff to ensure national guidance was followed. When an outbreak occurred at two neighbouring houses, effective action was taken to contain the outbreak.

Staffing and recruitment

- There were enough suitable staff to meet people's needs. Recruitment processes had been followed and new staff were monitored and assessed during their probationary period. When staff performance did not meet expected standards, they were managed to ensure only suitable staff were employed at the service.
- People were supported by staff who had the right skills and experience. One person said, "They help me when I get angry." Another person told us staff had been a lifeline for them. Relatives comments included, "Staff are getting good" and "We are delighted with the way they support her." Professionals told us about improved outcomes for people. One professional said, "He has moved a lot [previous placements had broken down]. He is the most settled I have seen him."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and we saw they had formed trusting relationships with the staff supporting them. One person said, ""I like it. Staff are kind. Not mean to you." Relatives were assured as people were enthusiastic about going back after visits to their family home.
- Staff understood their responsibilities in safeguarding people and systems were in place to protect them from risk of abuse. This included easy read information for people about reporting abuse.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection the provider had not established and operated effective systems to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was provided in line with Right support, right care, right culture to achieve positive outcomes for people. Feedback from professionals included, "[Name] has been supported incredibly well to settle at [address] and is visibly glowing since moving there – it really was a joy to complete her review, with her communicating very clearly that she wished to remain living 'right here' (with a big smile and enthusiastic signing)."
- People and staff benefitted from a highly inclusive culture and committed leadership. People were helped to overcome barriers in accessing the services available to them. For example, by using familiarisation techniques and accessible communication methods to help people interact with professionals they were unfamiliar with.
- People were supported to develop skills which enabled them to live meaningful lives and their achievements were celebrated. One person had dramatically reduced their alcohol intake and was starting to rebuild their life. Two people had lost a significant amount of weight, one of whom was exercising regularly. Another person had progressed to having their COVID-19 vaccination without need of specialist intervention. Regular service and provider-led competitions encouraged people to learn new skills such as cooking and creating. We saw the emotional impact praise of people's achievements had on them and how much this recognition meant to people.

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

- The management team were supported by the provider whose systems, governance and quality work had undergone significant investment and improvement. These improvements had been embedded since our

last inspection. A professional said, "They are getting to grips with everything." A staff member said, "I think they are getting it right now."

- The provider supported managers through regular visits and meetings with their area and regional operational managers. Quality, risk and regulatory requirements were monitored through these meetings/visits and provider and service level audits.
- The regional manager had introduced comprehensive assessment and support planning tools to assist in identifying and managing risks to people. Completing the new assessment tool required a comprehensive review of known risks and recent incidents, such as falls and behaviours. Support plans were developed for all risks identified. These tools were being rolled out nationwide by the provider. Assessments for potential new service users were reviewed by senior managers to ensure people's needs could be met before a service was offered.

Continuous learning and improving care

- The provider acted to ensure services were updated on all significant new guidance and best practice standards through their 'Quality Matters' publications, policy updates and effective cascading of information. This included information on closed cultures and a robust COVID-19 response with excellent policies. Staff in all roles told us they felt better supported and communication within the organisation had improved.
- Lessons learned within the care sector, for example the report into Whorlton Hall, was reviewed and examined. Following this, the providers quality systems were reviewed and updated to ensure all relevant risks were addressed and monitored.
- The provider consistently shared learning from their own and other provider's inspections with all of their services. Where improvements had been suggested by external organisations (Inclusion Gloucestershire, CQC) or professionals, these had been made and rolled out to other services.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider worked openly and in partnership with others. The provider attended regular meetings with the local authority to monitor their progress with improvements. Action plans were readily shared with CQC and regular updates provided. Relatives said they were always kept informed.
- Health and social care professionals were positive about the service; Comments included, "Staff and managers are ready to work alongside services and keen to follow recommendations and advice" and "I've had very positive communication from all parties and I have found [manager] to be responsive to individuals' needs and prompt to address any concerns that are highlighted to her, taking preventative steps to ensure that any concern is not repeated."

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

- People were engaged through house meetings, provider visits and direct access to directors. In response to concerns about people's well-being being affected by the pandemic, 'tea and chat' sessions were introduced. This allowed people and managers to have direct contact with leaders within the organisation.
- Staff surveys had been carried out and the manager was proud of the improvement in feedback from staff. Compliments and complaints were tracked to monitor feedback.
- The provider recognised and rewarded exceptional staff performance through their employee of the month scheme and annual staff awards, for which individual managers and support staff at the service had been nominated.