Choices Housing Association Limited

Choices Housing Association Limited - 23 Mount Pleasent

Inspection report

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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

Overall summary

This inspection took place on the 9 September and was unannounced. At the previous inspection in June 2014 no issues were identified and the provider was compliant with the regulations.

23 Mount Pleasant is a home for eight people who need long term care and support because of their learning or physical disability. At the time of the inspection seven people were using the service.

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.

Summary of findings

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards is part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider followed the guidelines of the MCA to ensure that people were not being unlawfully restricted of their liberty and decisions were made in people's best interests.

People were kept safe as the provider and staff followed the correct procedures when they suspected abuse had taken place. Staff had received training in safeguarding and knew what constituted abuse.

Risks to people health and wellbeing were regularly reviewed and minimised and people's independence was promoted.

There was enough staff to keep people safe and support people to maintain their independence and access the community. Safe recruitment procedures had been followed.

Medicines were managed safely. All staff had received training in the safe management of medicines. The provider had systems in place to safely store medicines.

People and their representatives were involved in decisions relating to their care, treatment and support.

People were supported to have a healthy diet dependent on their assessed individual needs.

People had access to a range of health professionals and staff supported people to attend health appointments when necessary.

People were treated with kindness and compassion and their privacy was respected.

People had opportunities to be involved in the community and to participate in hobbies and interests of their choice.

Staff were supported to fulfil their role effectively through regular support and supervision and training applicable to their role.

The provider and registered manager had systems in place to continually monitor the quality of the service and implemented action plans to ensure continuous improvement.

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?
The service was safe. People were protected from the risk of abuse. There were sufficient suitable staff available to meet people needs. Identified risks to people were minimised through the effective use of risk assessments. People's medicines were stored and administered safely.

Good

Is the service effective?
The service was effective. Staff received regular support and training. The provider worked within the guidelines of the MCA to ensure that people were involved and consented to their care, treatment and support. People were supported to have a healthy diet dependent on their assessed individual needs and when necessary had access to a range of health professionals.

Good

Is the service caring?
The service was caring. People were treated with kindness and compassion. People's dignity and privacy was respected.

Good

Is the service responsive?
The service was responsive. People received care that reflected their individual needs and preferences. People had the opportunity to be involved in hobbies and interests of their choice. There was a complaints procedure and people's representatives knew how to use it.

Good

Is the service well-led?
The service was well led. There was a registered manager. Staff told us they felt supported to fulfil their role and the manager was approachable. Systems were in place to continually monitor the quality of the service.

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 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 took place on 9 September and was unannounced.

The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held on the service. This included notifications the provider had sent us.

People who used the service had complex needs and limited communication skills so they were unable to tell us whether they were happy with the service they received. We spoke to two people who used the service and observed the care of others. We also spoke with two relatives, three members of staff and the registered manager.

We looked at three people's care records, staff recruitments files, quality monitoring records and staff rosters. We did this to ensure that care was being monitored and improved when necessary.

Good

Is the service safe?

Our findings

People who used the service were unable to tell us whether they felt safe, so we looked at the systems the provider had in place to keep people safe from harm. Staff we spoke with knew what constituted abuse and what to do if they suspected a person had been abused. The local authority safeguarding contact numbers were clearly visible in the office and reception area, with a flow chart that instructed staff on what steps to take to keep people safe. We had been made aware of safeguarding issues which had been managed by the provider according to the agreed procedures in the past.

People who used the service had a range of needs which meant they required support to maintain their safety due to their physical disabilities. Some people used wheelchairs to mobilise and specialist equipment to maintain their health, such as hoists and specialist beds and mattresses. Staff knew the risks associated with the safe use of equipment and had been trained in its use. Equipment was well maintained. Staff undertook daily checks of people's beds and recorded their findings, if issues were identified they were dealt with as quickly as possible.

One person had been falling more frequently. We saw the person's risk assessment had been reviewed and control measures put in place to minimise the risk of further falls. Risk assessments were in place for each person dependent on their needs and they were kept under constant review. This meant people's safety was constantly being considered. When risks were identified there was clear guidance for staff to follow which meant people could be supported consistently by staff. Staff we spoke with knew the individual risks associated with each person and what they needed to do to keep people safe.

There were sufficient staff to keep people safe. We saw that some people had extra staff support and this was always available to them. For example, four people required two members of staff to support them with personal care. Staff told us that they always had enough staff to meet people's needs safely. We observed that people did not have to wait or were not left for long periods of time unsupervised. Staff worked well between the two floors to maintain safe and adequate cover at all times.

We spoke with two staff and looked at the way in which they had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. Staff confirmed that checks had taken place and they had received a meaningful induction prior to starting work at the service. The files provided evidence that pre-employment checks had been made. These checks included application forms detailing previous employment, identification and health declarations, references and satisfactory disclosure and barring checks (DBS). This meant that an effective recruitment process was in place to help keep people safe.

People's medicines were stored and administered safely. Medication was kept in a locked cabinet within a locked room. Staff we spoke with confirmed they had received comprehensive training in the administration of medication. One staff member told us: "I had to be observed four times before they deemed me competent to administer medicines on my own". The registered manager told us that staff's competence in medication administration was on-going and was assessed formally on annual basis. When people required 'as and when' (PRN) medication there were clear protocols in place informing staff of the signs and symptoms the person may exhibit when they required their medication. Staff knew people and knew how they preferred to take their medication, one staff member said: "[person who uses the service] prefers their medicine on a spoon".

Good

Is the service effective?

Our findings

We observed people's care and saw that staff were effective in their role. Staff knew people well and knew what support they required. Staff we spoke with told us they felt well supported and had received training to be able to fulfil their role effectively. New staff had a period of induction prior to working at the service with people and the registered manager showed us that support, staff observations and appraisal of staff performance was on going.

People who used the service required support due to their mental capacity to make informed decisions. Some people had an Independent Mental Capacity Advocate (IMCA). IMCA's represent people who have no one else independent from the service such as a family member or friend who can support them with decision making processes. Best Interests meetings had taken place which had involved all the relevant people in the person's life to ensure that what was being discussed was found to be in the person's best interest. For example, one person had been assessed and recommended a specialised bed by the occupational therapist. Due to the high cost of the bed, the registered manager had arranged a meeting with all the people involved in the person's life to agree to the purchase. We saw each person had an 'implied consent' care plan which had been implemented using the knowledge the staff had of the person. The plan stated how the person may react if happy or unhappy with any given activity or request.

Several people had a deprivation of liberty safeguards authorisation (DoLS) in place, restricting them from certain items or situations. Staff knew what restrictions were in place for people and understood the need for them. The DoLS are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. This meant that the provider was following the principles of the MCA to ensure people were not being unlawfully restricted.

People had their nutritional needs met. Staff knew people well and knew their likes and dislikes. Some people required a specialised diet due to swallowing problems (known as dysphagia). Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all, so their diet has to be softened or taken through a tube. The registered manager told us that they recently arranged training from a health professional in 'dysphagia'. They told us that staff had found it particularly useful as they had undertaken a practical exercise in eating foods that were difficult to swallow. Food and fluid intake was monitored and people were regularly weighed. If someone had lost weight, action was taken to monitor and seek external support.

One person visited the opticians on the day of the inspection. A member of staff told us: "I spotted that [person who uses service]'s glasses are scratched so I made an appointment and we are going today". Another person had recently attended a 'well man' clinic at their GP's. Physical health care reports were made weekly for each person and any issues identified were acted upon. People attended their GP, consultant, dentist and other health appointments on a regular basis with the support of staff. We saw a recent comment from a dentist in the compliments book which congratulated the staff on how well they supported people to look after their teeth.

Good

Is the service caring?

Our findings

People who used the service were treated in a kind and compassionate way. We observed that staff spoke kindly and respectfully to people. One person was able to communicate by pointing at pictures. We saw that a member of staff offered the person choices of what to eat and drink by using the visual prompts for the person to point at. The process was not rushed or hurried and the staff allowed the person as much time as they needed to make the choice. A relative told us: "We have always been really happy with the care at Mount Pleasant, my relative is always pleased to see the staff and gives them a hug".

Staff spoke to people before completing a task with them and did not assume people's compliance with their request. One staff member said: "Shall I take you to your room to help you with cleaning your teeth now", prior to the activity taking place. We saw that another person had been showing signs of 'not being themselves'. We saw records that showed that staff had spent time with them talking and listening, using the communication tools available to them. Staff were able to determine that the person was unhappy about a current situation. We saw that a meeting had been held with the person and relevant people and a solution had been found. This meant that people were being supported to express their views and action was taken to relieve the person's distress.

People were encouraged to be as independent as they were able to be by being involved in simple household tasks, such as bringing their laundry to the laundry room or doing the hoovering. Realistic goals were set for people and these were regularly reviewed to ensure the person was happy and the goal was still of benefit to the person.

People's relatives were free to visit and staff supported people to visit their relatives in their homes on a regular basis. A relative told us: "Staff bring my relative to visit and they stop with them, I can tell they are happy and they are always happy to go back with them". A member of staff told us how they supported one person to write to their relative and send them photos and information of what they had been doing. We saw that the relative had recorded in the compliments book how grateful they were to the staff for sending the letters and how much it meant to them to be kept informed of their relatives welfare.

People's care records and other confidential information was stored securely. Everyone had their own room where they had their own private space. We saw care plans that allowed people with complex needs to spend small amounts of time alone and unsupervised. A staff member told us: "[Person who uses the service] likes a quieter environment and listening to their music, so they sit in the lounge alone for a while". We saw that staff observed the person from a distance allowing them privacy whilst maintaining their safety.

Good

Is the service responsive?

Our findings

Prior to admission into the service the registered manager completed a pre-assessment with the person and their representatives, to ensure that the service would meet the person's needs. People's health and social history was gained so care could be tailored around the person's specific needs.

An on-going regular review of people's care was evident through meetings and care plan reviews. People were supported to communicate and give their views in a way which met their individual needs. Some people used communication tools, other people required the support of relatives, representatives, such as IMCA's and staff who knew people well. We saw that everyone had a disability distress assessment which informed staff how the person may react when in distress. This assessment supported staff to look for signs and symptoms of distress in people who were unable to verbally communicate their needs.

People's care plans were written in such a way that the person was at the centre of the plan. People's likes, dislikes, family, interests and other personal information was available to ensure that staff knew how to meet their health and social care needs. Staff knew people well and we observed that they treated people as individuals and respected their preferences. A staff member told us: "[Person who uses the service] likes a lie in the morning, where as someone else is up early, we know what people like". People had a health action plan which was for staff to take with them if they had to support a person to hospital. The information within them would support hospital staff to know people's health and social care needs quickly, so they could respond accordingly.

Staff supported people to engage in hobbies and interests of their choice. People went shopping, out for meals, dinner and dancing, swimming and a wide range of other activities that met their individual preferences. There was sensory equipment available for people with complex sensory needs and photos and pictures around the service for people who required visual prompts. A monthly 'make a wish' project had just been set up, this involved the key worker supporting their key person to choose something they would specifically like to do during the next month. A picture of the activity was posted on a large board next to the person's name and a tick was put on the board when the wish had been achieved.

Handovers were conducted at every change of staff, to ensure the staff coming on duty were fully aware of the current care needs of each person. Staff told us that they knew people well and were kept up to date with any changes. A staff member told us: "[Person who uses the service] didn't want to get up the other day, which is really unusual for them, so we tried their favourite member of staff and they responded".

The provider had a complaints procedure which was visible in the reception area and also a complaints and compliments book. A relative told us: "I've never had any complaints but if I did, I would see the manager, he is very approachable". There had been no recorded formal complaints, however the registered manager told us of an alleged incident that may have occurred that had just been raised with him and he was currently seeking advice as to how to proceed with the investigation. This meant that people's concerns and complaints were taken seriously and acted upon.

Good

Is the service well-led?

Our findings

There was a registered manager in post. They had worked at the service for a number of years and knew the people who used the service well. Staff told us that they respected the manager and were able to talk to him. Regular staff meetings took place. One staff member said: “We talk about what’s working and what’s not working at the meetings and things get changed”.

The registered manager told us and showed us that they talked about values and staff practice at staff meetings. We saw that recently there had been a discussion and reminder of the six ‘C’s, which is a national strategy on compassion in care. The registered manager told us: “I make sure that routines are not in place to suit the staff and that people are getting personalised care, I reinforce this at meetings”.

When people’s needs changed and new care plans had been implemented, staff were made aware at handovers. Staff were asked to sign that they had read the care plan, this was a way the registered manager could ensure that staff had all the information they needed to fulfil their role.

The registered manager told us they worked alongside staff when needed and completed observations of staff practice to ensure that it was meeting the needs of people who used the service.

Staff we spoke with told us they knew about the whistle blowing procedure and they would report their concerns to the registered manager who they thought would act upon them. Staff told us that they knew who to contact in the event of an emergency or for advice and support when the manager was not available. The provider had a ‘on call’ system and contact numbers were available in the office.

Systems were in place to monitor the quality of the service. Risks to people and staff performance was regularly reviewed. People’s health care needs were monitored such as ‘epilepsy and falls' and when action was required it was taken. Staff training was kept up to date and there was an effective system in place to ensure that DoLS authorisations were in date and regularly reviewed. The registered manager analysed accidents and incidents and reported them to the provider. A quality and compliance manager conducted a visit and check of the service every month. We saw that if there was any action to be taken that this was followed on and completed.