

Choice Support

Choice Support - 2 Endymion Road

Inspection report

2 Endymion Road
Haringey
London
N4 1EE

Tel: 02072614100

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29 January 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Choice Support – 2 Endymion Road is a residential care home providing personal care to six people with autism and a learning disability.

The care home accommodates six people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to six people. Six people were using the service. The building was very large, however, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The care home was in need of redecoration and repairs in the kitchen in particular the floor and wall tiles.

People were unable to verbally communicate with us during the inspection, so we observed care. People's relatives told us they thought their relative was safe at the service. Staff at the service knew people's individual risks and how to reduce the risk of harm and did not have any undue restrictions on their daily lives. Medicines were managed safely, and staff were trained in their safe administration. Recruitment checks were in place to ensure staff were suitable and safe to support people living at the home.

The service was clean and free from malodour. The risk of infection was reduced as staff followed safe hygiene practices.

Staff received appropriate training to give them the skills needed to provide good effective care to people. Staff received effective supervision from the registered manager. Relatives thought staff were good at their jobs and had the skills needed.

People's health was regularly monitored, and staff supported people to attend appointments with health professionals and health screening schemes. People were provided with a varied and healthy diet and were

able to eat foods of their choice and from their culture.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring. Staff respected people's privacy, dignity and independence. Relatives spoke positively of the staff supporting their family member and how they interacted with them. Staff were non-discriminatory towards people in the home and respected each person as an individual.

Care was personalised and regularly reviewed. Care plans were detailed and contained preferences in care and how to support people at all times. People's communication needs were documented in their care plans and staff knew how to effectively communicate with people. End of life wishes were documented.

Staff were very complimentary of the registered manager and deputy manager. Staff told us they felt well supported and the atmosphere at work was positive. Quality assurance systems were in place and supported the registered manager and deputy manager to monitor the care people received and plan improvements where needed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was requires improvement (published 29 March 2018). Since this rating was awarded the registered provider of the service has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection. This service was registered with us on 29/01/2019 and this is their first inspection as a newly registered service.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Some aspects of the service were not safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

Some aspects of the service were not effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good 

Choice Support - 2 Endymion Road

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

The inspection was carried out by one inspector.

Service and service type

Choice Support 2 Endymion Road 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We observed care as people at the service were unable to speak to us. We spoke with four members of staff

including the registered manager, deputy manager, and three care workers.

We reviewed a range of records. This included two people's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives to seek their feedback on the quality of the service for their family member.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed .

Assessing risk, safety monitoring and management

- The premises were in need of updating and repairs needed to be actioned.
- We found loose tiles and damaged flooring in the kitchen. The registered manager showed us records to show this had already been identified and reported to the landlord and they were trying to have this chased but to date had still not been repaired. The risk of harm was reduced as people required support when in the kitchen.

The above was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they thought their family member was kept safe. Comments included, "Yeah, [person] is being kept safe" and "Yes, I noticed staff always keep an eye on [relative]."
- People had appropriate risk assessments to reduce the risk of possible harm.
- Staff were knowledgeable about people's individual risks and could tell us how they supported them in a non- restrictive way. For example, a member of staff told us they reduced the risk while out in the community. They said, "[Person using the service] likes to spin around, so when going into the community we make sure they are safe on the pavement and we walk near road."
- Health and safety checks were performed regularly to ensure people were safe at the service. These included, water temperature checks, cooked food checks, fridge and freezer checks and electrical equipment checks.
- People had an up to date personal emergency evacuation plan to ensure staff supported them to leave the property safely in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff knew the systems and procedures to protect people at risk of abuse.
- Staff told us how they would report an allegation of abuse and to whom.
- A member of staff said, "When we provide personal care we are constantly checking their [people using the service] body for bruises."
- Staff were confident the registered manager would act on any allegation they reported. Staff told us if the registered manager or deputy manager failed to take action they would blow the whistle and report the matter to the police, social services or the Care Quality Commission.

Staffing and recruitment

- People were supported by staff who had been recruited to the service safely.
- Records confirmed staff completed an application form, attended an interview, provided references, a

criminal record check with the Disclosure and Barring Service to ensure they were safe to work with people using the service.

- There were enough staff to support people at the service. We viewed staff rotas and they showed each shift was covered to support people attend activities and receive support as needed.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff were trained in the safe administration of medicines and had their competency assessed before they administered medicines.
- A member of staff said, "When we give the medicine we sign medicine administration record (MAR) and a colleague checks this and initial. At handover it's checked again, if there is a gap in the MAR we check who did the medicine and inform the manager."
- We viewed MAR charts and found they had been completed correctly with no gaps.
- There were systems in place for the safe ordering and disposal of medicines at the home.

Preventing and controlling infection

- Systems were in place to reduce the risk of infection and staff received infection control training.
- The home was clean and free of malodours.
- Staff were allocated tasks during each shift to maintain the cleanliness of the home.
- Staff wore personal protective equipment to reduce the risk of spreading infection, these included gloves and aprons.
- There were appropriate disposal systems in place for clinical waste.

Learning lessons when things go wrong

- Staff were able to learn lessons after things went wrong.
- Where incidents had happened, these were recorded and within the report there was a section to reflect and learn from the incident.
- Staff told us they had supervision with the registered manager or deputy manager where there had been specific incident to discuss and any training needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs;

- The home needed redecoration to ensure it met people's needs and felt welcoming throughout.
- The kitchen area, downstairs sensory room, bathrooms and people's bedrooms needed updating and redecorating. The registered manager, deputy manager and staff were aware of this and wanted the home to be redecorated for the benefit of the people living there. A member of staff said, "This place is a big house, I'd like them to put money in renovations to make it homely. If they renovated it (kitchen), it would be a beautiful kitchen."
- The registered manager informed us they were waiting for confirmation from the landlord of the property as to when it would be redecorated.

The above was a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We observed that the living room had been redecorated and this area had a more homely feel.
- People's bedrooms had personal items and pictures if they wanted to have them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had been living at the service for a very long time and there had been no new admissions.
- The registered manager showed us documentation in preparation for new admissions which took into account people's ongoing physical, mental and social needs were assessed holistically by the service. The needs assessment was pictorial to help people understand and be involved.
- We observed staff supporting people in line with their choices and people responded positively when they were offered choices they liked.

Staff support: induction, training, skills and experience

- Staff received regular and appropriate training to support them in their role and supervision to monitor progress.
- Staff received mandatory training in; first aid, manual handling, food safety, epilepsy, equality and diversity, medicines, fire awareness and handling information.
- Staff were pleased with the amount of training and support they received. A member of staff said, "We are never short of training." Another member of staff said, "The training is helpful, it really opens your mind helps you see things you may be doing wrong. If someone [staff] is doing the wrong thing you can see and help your colleague."

- Relatives told us they thought staff were good at their jobs and displayed good skills in supporting and caring for their family member. A relative said, "Staff have the skills, I've not had any problems with staff." Another relative said, "It's a testament to them, the effective skills and communication they have, coming up with solutions."
- Records confirmed staff received regular supervision with the registered manager or the deputy manager as per their policy. Staff who were due an appraisal also received this to provide them with a review of their work and identify any areas for personal development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat healthily and to drink sufficient amounts.
- During the inspection we observed staff offered people hot and cold drinks of choice.
- Staff told us all the food they cooked was fresh. A member of staff who was unpacking the food shopping said, "We buy a lot of fresh vegetables. We offer people choices, we have a picture menu and ask them what they would like to eat it, if not we can substitute [offer an alternative choice]."
- People's cultural needs in relation to food were respected. A member of staff said, "We have a lot of people who are from the West Indies. We try and cook the food they like. We also have people who like to eat pies, we always rotate."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Details of health professionals working with people were clearly documented in people's care plans. These included; GP, dentist, chiropodist
- People were supported to attend health appointments and annual health screening as needed. Outcomes of these appointments were recorded for all staff to be aware and where people did not wish to attend this was documented.
- People had up to date 'hospital passports' this is a document that would accompany a person if they had to go to hospital. It contains their important information about their medical, healthcare and communication needs to ensure hospital staff knew how to best care and support the person.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was sought before care was given, records confirmed this. Staff knew to ask for permission before providing care.

- People were encouraged to make decisions for themselves as much as possible. Staff told us they supported this by showing people different options for example items of clothing or pictures of activities to help people decide where they wanted to go.
- Records confirmed people had DoLS authorisations requested and where these had expired a renewal had been applied for.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported and cared for by a staff team who were kind, patient and compassionate.
- We observed people have positive interactions with staff during the inspection, such as staff guiding people to use their favourite toys to comfort them.
- Relatives were positive about staff and their kind and caring nature. A relative said, "I liked how [staff member] was with [family member], they didn't talk down to her, very caring." Another relative said, "We are very impressed, the staff are lovely. [Staff] has a nice relationship with my [family member]."
- Staff spoke of people in a kind and respectful manner. A member of staff said, "We respect one another and talk to people in a respectful way." The same member of staff said, "You put yourself in their shoes, all about love and respect and being kind to them [people who use the service]."
- Staff understood and respected people as individuals, their culture, backgrounds. Staff received training in equality and diversity and did not discriminate. A member of staff told us, "We are not judgemental, people can be who they want to be, eat and wear what they want."
- People who identified as lesbian, gay, bisexual or transgender (LGBT) were welcomed at the service. A member of staff said, "I do not see sexuality, if someone is LGBT I'm here to do a job to benefit people."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and relatives were able to support this as well.
- People were assigned a key worker (person responsible for organising and coordinating care) who they were able to spend protected time to review aspects of their care and decisions they may wish to make.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff told us they ensured people's privacy was protected during personal care. A member of staff said, "Once we have finished bathing [people] we go to their bedroom, close the door and get dressed."
- People were encouraged to be independent and to be involved in gaining skills to help develop them to become independent. We observed a person take milk and pour it in their cup of tea without assistance.
- A member of staff said, "[Person] is quite independent, they can dress themselves and tie their shoes." The same member of staff provided examples of people living at the service who helped to do their own laundry, make their bed, set the table and vacuum the home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support from the care home.
- People were supported by a staff team that was consistent and who knew them well.
- People set goals and staff supported them to achieve them. Staff knew people's likes and dislikes very well. A member of staff talked about how they prepared fish in the way the person liked it to ensure they would eat it. This information was recorded in the care plan which meant anyone reading it would be aware of this person's preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs clearly stated in their care plan.
- Staff told us they spent time getting to know people which helped them understand the methods of communication people used. For example, a member of staff said, "We do use pictures to communicate but we understand what they need and whether they are in the mood to do something or not."
- Communication passports were present in people's care plans. Communication passports provided useful and practical information about a person's different communication methods to help staff and other professionals meet their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in activities of their choice.
- A member of staff said, "We take [person] cycling and into the community." Other activities people took part in included visiting the stables and visiting tourist attractions."
- People were supported to maintain important relationships to them and to spend time with family. Staff told us how they were taking someone to visit their family. The relative confirmed the visit took place and they were very happy to see their family member. The relative said, "They [staff] brought [person using the service] up on the train, it was lovely to see her and to meet the member of staff."

Improving care quality in response to complaints or concerns

- People using the service were unable to directly raise a verbal complaint, however, staff were vigilant to people's moods and change in behaviour if they were unhappy.
- A member of staff said, "They [people using the service] can't speak to us so if we see the pillow is not

looking right we will change it, we have to advocate for them."

- The home had a complaints policy and procedure and staff told us they would inform the registered manager if they needed to make a complaint on behalf of someone using the service.
- Relatives told us they knew to raise a complaint and they were confident they would be listened to and have the matter taken seriously. A relative said, "I have not complained, they are doing a good job."

End of life care and support

- At the time of the inspection no one required end of life support.
- End of life care plans were in place and people with support had plans for how they wanted to be looked after at the end of the life and funeral plans.

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. This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager, deputy manager and care staff were all committed to providing the best outcomes for people using the service.
- People's care was organised in way to always be person centred to meet their needs through regular reviews of care.
- The registered manager wanted to empower people using the service and staff. They said, "It's about giving staff a sense of ownership, I empower the staff team to be creative and problem solve. I think it's been successful."
- People were empowered at the service and the registered manager said, "We have to be inclusive, we don't look at limitations, if they (People who use the service) want to go to a football match, take them."
- Staff told us the registered manager and deputy manager were very supportive, there was an open door policy and the atmosphere at work was good. A member of staff said, "We have a wonderful manager and deputy, we can talk about whatever problems we are going through. The work is challenging, it makes it easier to have supervision with the registered manager and deputy manager."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 home had a registered manager in place who also managed another local service the provider had.
- The registered manager ensured staff were aware of their roles and responsibilities during supervisions and meetings, staff confirmed this.
- There were effective quality assurance systems in place to monitor the quality of the service. The service received an audit by the provider to check the quality of records and people's experiences. Spot checks also took place to ensure people received safe care at all times.
- The registered manager was fully aware of their duty of candour responsibilities and the need to be open and transparent if something went wrong.
- A relative told us the registered manager was open and transparent with them. They said, "If anything should happen, they don't try to hide it, they are open. They are good at keeping me informed."

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

- The home helped people give feedback during their key work sessions with a member of staff, using a format that was accessible for them such as pictures.

- Staff surveys were being sent by the provider and responses had not been received as yet.
- Team meetings took place and staff confirmed they attended and found them useful to share best practice and discuss people using the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged and promoted regular learning from their staff.
- Staff told us they attended regular training events to develop their skills. A member of staff said, "The managers always encourage us during supervision to attend new training."
- The registered manager attended provider forums with the local authority and found them to be very useful especially as it provided an opportunity to share best practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment All premises and equipment used by the service provider must be properly maintained. 15 (1) (e)