

Choices Housing Association Limited

Choices Housing Association Limited - 20 Dairy Close

Inspection report

20 Dairy Close

Leek

Staffs

ST13 6LT

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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 

Overall summary

We inspected 20 Dairy Close on 28 September 2015. The inspection was unannounced.

The service is registered to provide accommodation and personal care for up to four people. People who used the service had a learning disability. At the time of our inspection there were four people who used the service.

The service had 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 and associated Regulations about how the service is run. The registered manager was unavailable at the time of our inspection, but we were able to speak with the deputy manager.

Summary of findings

People were kept safe because staff understood how to recognise possible signs of abuse and the actions they needed to take if people were at risk of harm. People's risks were assessed in a way that kept them safe whilst promoting their independence.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available to meet people's needs in a timely manner. The registered manager made changes to staffing levels when people's needs changed.

Staff were trained to carry out their role and the provider had safe recruitment procedures that ensured people were supported by suitable staff.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves. People's capacity had been assessed and staff knew how to support people in a way that was in their best interests. We found that where people were able they consented to their care and treatment.

People were supported with their individual nutritional needs and were able to access other health services with support from staff.

People told us and we saw staff were kind and compassionate. Staff treated people with respect, gave choices and listened to what people wanted.

People's preferences in care were recorded throughout the care plans and we saw that people were supported to be involved in hobbies and interests that were important to them.

The provider had a complaints procedure that was available to people in a format that they understood.

Staff told us that the registered manager was approachable and led the team well. Staff had clear values and were enthusiastic about their role and what their support meant for people.

People, relatives and staff were encouraged to provide feedback on the service provided. The registered manager had systems in place to assess and monitor the quality of the service provided.

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 kept safe because staff were aware of their responsibilities to protect people from harm. Staff knew people's risks and supported them to remain independent whilst protecting their safety. There were enough suitable staff available to meet people's needs and medicines were managed safely.

Good



Is the service effective?

The service was effective. Staff received training to carry out their role effectively. People were supported to make decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005. People told us that the food was good and they were supported to access health services.

Good



Is the service caring?

The service was caring. Staff were caring and kind and showed patience and compassion when they supported people. Staff treated people with privacy, dignity and respect and gave people choices in their care.

Good



Is the service responsive?

The service was responsive. People were supported to be involved in hobbies and interests that were important to them. People received individual care that met their personal preferences and were involved in the planning and review of their care. There was a complaints procedure available in a format people understood.

Good



Is the service well-led?

The service was well led. People and their relatives were encouraged to give feedback about the quality of the service. Staff had clear values and were committed to providing a good standard of care. Monitoring of the service was in place and we saw that actions had been taken to make improvements to the service provided.

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 was 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 September 2015 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included notifications that we had received from the provider about events that had happened at the service. For example, serious injuries and safeguarding concerns.

We spoke with three people who used the service, three care staff and the deputy manager. We observed care and support in communal areas and also looked around the home.

We viewed two records about people's care and records that showed how the home was managed. We also viewed two people's medication records.

Is the service safe?

Our findings

People told us they felt safe and the staff treated them well. One person we spoke with told us they would tell staff or the registered manager if they felt unhappy with the care they received. They said, “I would tell the deputy manager or the registered manager if I was unhappy with how I was being treated”. Staff explained what signs people may display if they were being abused such as; unexplained bruising or a change in a person’s behaviour. Staff were aware of the procedures to follow if they suspected that a person was at risk of harm and they told us they could speak to the registered manager if they had any concerns. One staff member said, “I would speak with the deputy manager or registered manager if I was concerned someone was at risk of abuse. I know there is a whistleblowing policy too and would not hesitate to speak up if I had concerns”. We saw that the provider had a safeguarding and whistleblowing policy available and the ‘no secrets’ policy contained guidance for staff to follow if they had concerns that people were at risk of abuse. The registered manager had referred safeguarding concerns to the local authority and we had received notifications of any incidents that had occurred.

People told us and we saw that people were encouraged to be as independent as possible, whilst taking account of people’s risks. People were encouraged to make drinks themselves and were involved in the preparation and cooking of their meals. Risk assessments were in place which ensured that people remained safe from the risk of harm, such as scalding or burns. One person told us they liked to help with meal preparation and they enjoyed going out with staff. This person had a risk plan in place which contained details of the risks when they went out and how many staff were required to provide appropriate and safe support. We saw that people were also supported with their mobility and equipment was available when needed; such as a wheelchair for one person who was only able to walk short distances. This person used their wheelchair when they went out as they became unsteady when they were tired and this meant that the risk of them falling was lowered. Staff were able to describe the support this person needed to keep them safe, which matched this person’s support plans.

We saw that incidents at the service were monitored by the registered manager and actions had been recorded to

lower the risk of further occurrences. For example; one person had displayed behaviours that challenged and we saw risk assessments had been updated and plans were in place, which gave guidance to staff on how to support this person when they became anxious.

People told us there were enough staff available. One person said, “Staff are always about when I need them. They come and help me if I’m finding something hard to do”. We saw that there were enough staff to meet people’s needs in a timely manner and people were not kept waiting when they needed support. We saw staff had time to support people in a calm and relaxed way, talking and chatting to people whilst they provided support. Staff told us that there were enough staff available to meet people’s needs and where there have been shortages due to sickness these have always been covered so people had the support they needed. We saw that the registered manager had a system in place that assessed the staffing levels that ensured there were enough staff available. The deputy manager told us that they would also refer to the local authority if they had evidence that a person needed extra support from staff in certain situations. For example; one person became anxious and displayed behaviour that challenged when they attended health appointments. We saw staffing levels were changed to ensure this person was supported by two staff to alleviate and manage their anxieties safely. This meant the registered manager had made adjustments to staffing levels to ensure people’s needs were met.

We saw that the provider had a recruitment policy in place and checks were carried out on staff before they provided support to people. These checks included references from previous employers and criminal record checks which ensured staff were suitable to provide support to people who used the service.

People were supported to take their medicines. We observed staff administering medicines to people in a dignified way, sitting down with people and they explained what the medicine was for. People were supported to take as required medicine; such as medicine for pain and to control people’s anxieties. We saw that there were detailed protocols in place that gave staff guidance so they knew when to administer the medicine. Staff explained why ‘as required’ medicines would be needed and how they recognised when this medicine was required. Staff told us that they had been trained to help them administer

Is the service safe?

medicines safely and we saw records that confirmed this had been completed. We found that the provider had effective system in place that ensured medicines were administered, stored, recorded and managed safely.

Is the service effective?

Our findings

People we spoke with were very happy with the food. People told us that they were able to choose the meals they had and they discussed the menus at weekly meetings. One person said, “The food is very good, I choose my own breakfast and I can make my own breakfast too. We have meetings to talk about the food we want, but we don’t have to have what everyone else wants. If I want something different I can have it”. We observed breakfast and lunch. We saw staff sat with people and chatted with them giving encouragement and asked if they were okay. Staff we spoke with understood people’s needs and knew when people needed softer diets to help them swallow easily. The records we viewed showed that people’s nutritional needs were assessed and monitored regularly. For example; one person had been assessed as needing a softer diet as they had some difficulties swallowing. We observed staff supporting this person to eat food that had been prepared in this way.

People were supported to access health professionals. One person said, “I go to the doctors and dentist if I need to. I see the epilepsy nurse too”. We saw that people had health action plans in place, which contained an assessment of all aspects of people’s individual physical and emotional wellbeing and the support needed to keep people healthy. We saw that staff had identified that one person had been suffering from some memory loss and confusion. This person had been referred to a consultant for an assessment. Staff told us the support they provided and we saw there were plans in place which showed the advice from the consultant was being followed by staff.

Staff told us they had received an induction when they were first employed at the service. One staff member said, “I found the induction good. I had carried out training and I shadowed another member of staff before I supported people on my own”. Staff also told us they received training, which was regularly refreshed and updated. The records we viewed confirmed this and we saw that competency assessments had been completed for medicine training which ensured staff had understood the training provided. Staff told us they received supervision on a regular basis,

where they discussed any issues and their development. One member of staff said, “I find supervision good. It gives me an opportunity to discuss my role and any training or development needs I have”.

We observed staff talking to people in a patient manner and in a way that met their understanding and communication needs. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA sets out the requirements that ensure, where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. Staff explained how they supported people to understand decisions that needed to be made. One member of staff said, “I understand MCA. People are not always able to understand or make a decision about a specific part of their care. We then need to help them in their best interests”. We saw that mental capacity assessments had been completed and clear guidance was available for staff which ensured people were supported in their best interests.

The deputy manager had a good understanding of their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS) and how they ensured that people were not unlawfully restricted. The DoLS are for people who cannot make a decision about the way they are being treated or cared for and where other people need to make this decision for them. For example; staff told us how they followed the DoLS in place for the two people whose care records we had viewed. Staff understood what measures were in place to keep this person safe in the least restrictive way.

Staff told us how they supported people who had behaviour that challenged. Staff told us they were trained in managing aggression, but they didn’t have to use restraint very often because they used distraction and diversion where possible with people. One staff member, said, “I’m trained in managing behaviours that challenge and I understand how to carry out safe restraint if needed. We don’t need to use it often as we use diversion and distraction and we know what helps to calm people down and avoid any possible triggers”. We saw that the care plans contained guidance for staff to follow and any triggers to people’s behaviours.

Is the service caring?

Our findings

People told us they were happy with how the staff treated them and the staff were kind and caring. One person said, "I like the staff they are very nice, friendly and helpful. If I feel upset I can go to staff and they make me feel better about things". Another person said, "Staff are good to me". We saw staff were caring and compassionate with people and showed patience when they provided care. People were comfortable with staff and spoke with staff easily, when they needed support, reassurance or just wanted a chat. For example; we observed staff talking with people throughout the day, asked if people were warm enough and spoke with people face to face. Staff we spoke with were positive about their role and told us they cared about the people they supported and how they made sure people felt comfortable. One staff member said, "I give 100 % to the people who live here. It is important they are happy and cared for". Another member of staff said, "I get such a good feeling from knowing people are cared for and comfortable. I'm here for them and to make sure they have a good quality of life".

We saw people were able to access their rooms whenever they wanted and if they wanted to have their own private time alone. One person said, "I have a television in my room and I can go and watch it when I want to be on my own". Staff told us that they ensured that they were sensitive to people's privacy and ensured that people felt

comfortable when they were providing personal support. One staff member said, "I am always aware of people's feelings and promote people's dignity. We have privacy screens in some windows so where people do not have self-awareness they can still maintain their privacy". Another member of staff said, "I always treat people in a respectful and caring way". One staff who we spoke with referred to people using respectful words such as "a gentleman". We saw staff knocking on doors before entering and staff spoke with people in a dignified way. Staff talked with people in a way that made people feel that they mattered. For example; when people approached staff and asked a question the staff member gave people their time and responded to their questions in a relaxed manner.

People told us that they were able to make choices about their care. One person said, "I choose lots of things. I dress myself and choose what I want to wear. I tell staff what I want to do and they sort it out for me". We saw people were given time to speak and staff listened to people's wishes and acted upon them. Staff we spoke with explained how they ensured people were given choices and they respected their wishes. One staff member said, "I respect people's wishes and I always ask what people want to wear, where they want to go and what they want to eat". Another member of staff said, "I always give people time to make choices. People are given choices in every aspect of their daily lives and I listen to what people want".

Is the service responsive?

Our findings

People told us they regularly went out and were supported to undertake hobbies and interests that were important to them. One person said, “I get to go where I want to go and do the things I like. I go on the bus with staff. I’ve been to the cinema, play pool at the local pub and I like to go to the gym”. Another person said, “I go out a lot with staff and do things I like to do”. People showed us photographs of the different outings that they had been on and laughed with staff about the enjoyable time they had all experienced. We saw and staff told us that people had key workers and where possible staff supported people who had similar interests. Records we viewed contained details of people’s interests and where people had been out such as, regular shopping trips, meeting friends and family and visiting local attractions.

We saw that people’s preferences and interests were detailed throughout the support plans. People had set goals and how these would be achieved for people such as; cooking, trips out, improving their daily living skills and holidays. Support plans showed the person’s lifestyle history, current health and emotional wellbeing needs and what is important to people. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people’s physical and emotional needs, which included their likes and dislikes. For example; one person liked to spend a long time in the bath as this relaxed them. Staff told us and the plans we viewed showed that this person liked to listen to the radio and have a bubble bath and enjoyed this time alone.

People and their relatives were involved in reviews of their care. One person told us that they had a meeting with the staff and their family to discuss what they had achieved and what goals they had for the future. We saw records of reviews that had been undertaken which showed

involvement of people and contained details of any changes to their health and wellbeing. For example; one person’s mobility had deteriorated and the plans had been updated as a result of this. Staff were aware of these changes and explained the support this person needed. This meant that the provider was responsive to people’s individual needs.

Some people had limited communication and staff understood people’s individual way of communicating and what people needed. We observed staff gave people time to respond to questions in their own way and staff explained how people communicated their individual needs. For example; one person did not like staff asking too many questions and would display behaviour that challenged if staff were not aware of this. We saw staff supported this person with their communication by asking short simple questions and gave the person time to respond without them becoming anxious. We saw that the support plans also gave staff guidance on how to recognise when people needed specific care, for example; how individual people showed signs they were in pain or were unhappy.

People told us that they knew how to complain and they would inform the deputy manager or the registered manager if they needed to. One person said, “I would tell staff if I was unhappy about anything”. The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to pictorial version of the complaints procedure, which meant that the provider ensured that people understood what action to take if they were unhappy. We viewed complaints that had been received which showed that an investigation had been undertaken and a response sent to the complainant. We also saw where the registered manager had informed other agencies where necessary.

Is the service well-led?

Our findings

People told us that they were involved in weekly meetings and we saw there were quarterly meetings held which included discussions on people's safety, how people were feeling, suggestions for change and organising trips out. People and their relatives had completed questionnaires so that the provider could gain feedback and make improvements to the service. We saw that these were available in a format that people could understand. The comments received from people and their relatives were positive and included; "Very happy living at Dairy Close", and, "Can't fault it. Always feel welcome".

The deputy manager was enthusiastic about their role and they understood the values and visions for the future of the service. They said, "I am clear about the visions of the provider and our main aim and focus is the people and providing good quality care". The deputy manager told us and we saw that the provider produced a newsletter that contained updates in practice and staff were nominated for recognition awards where staff had excelled in a certain area. Staff knew about the newsletter and awards scheme that the provider had in place.

Staff we spoke with were positive about their role and how they made a positive impact to people's lives. One staff member said, "I make sure people are safe and happy. Promote individuality in everyday life as people who live here deserve the best quality of life we can provide". The deputy manager said, "We are a good team and we listen and try and enrich people's lives by making people happy and promote independence". All the staff we spoke with told us that they were a good team and led by an approachable and supportive deputy manager and

registered manager. They said, "The registered manager is very supportive, approachable and fair", and, "The registered manager is approachable and is available any time of the day or night for advice. I can call them for advice and I know they will be happy to help".

Staff were encouraged to give feedback and were able to suggest where improvements may be needed. Staff told us and we saw that they had attended team meetings. One staff member said, "We attend staff meetings. I feel this is a good opportunity for all of the staff to get together and share experiences". We saw records of team meetings which included updates in care practice and discussions about the care standards expected from staff. The deputy manager told us and we saw that staff had been asked to record what they felt various standards meant to people in care. These were being collated so that further discussions could take place from the overall results.

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people. Weekly monitoring was undertaken of people's significant changes so that they could monitor and take immediate action if required. We saw that any concerns or changes in people's support needs had been discussed at staff handovers. We saw there were also monthly audits in place which contained more details and action plans had been implemented where improvements were needed at the service. For example; the medicine audit had identified refused medicines were not always recorded correctly and this had been discussed at the team meeting with staff. We saw records that showed the quality manager visited the service on a monthly basis, which ensured that the registered manager was progressing with their action and improvement plans.