

Chosen Care Limited

Chosen Court

Inspection report

139 Hucclecote Road
Gloucester
Gloucestershire
GL3 3TX

Tel: 01452616888

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Ratings

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

Summary of findings

Overall summary

This inspection was announced and took place on 19 March 2016. Chosen Court is registered to provide personal care for up to three people with learning disabilities in shared accommodation.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe. Their risks were assessed and managed appropriately and they were able to take part in activities they enjoyed and make decisions about their day to day needs with the support of the staff. They had their medicines administered safely and were supported by caring staff whose focus was their well-being at all times.

People's care plans were tailored for them as individuals. Family and those important to them were involved in their care and support and staff ensured people kept in contact with them whenever they wished.

People's healthcare needs were met by ensuring they had the appropriate access to healthcare professionals in the community such as the district nurse and GP.

Staff were supported by each other and the registered manager and had access to the relevant training to equip them to do their job well. Staff felt able to voice their concerns and provide ideas on how to shape the service. The staff reflected the values of the service.

Staff's on-going competency was overseen by the registered manager.

The service had a caring and committed registered manager. The provider supported the registered manager in ensuring the service was safe and providing high quality care. Regular quality assurance spot checks and audits ensured that all care and support was delivered safely and effectively.

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.

People were protected from the risk of abuse because staff knew how to recognise abuse and how to report concerns.

People's risks were identified and managed.

People's medicines were managed safely and audited regularly.

There was enough staff to meet people's needs.

Robust recruitment processes ensured people were safe from being cared for by unsuitable staff

Is the service effective?

Good 

The service was effective. People were supported by staff that had access to the training they required.

Staff felt supported.

Staff told us that people's consent to care and support was sought at all times.

Staff told us that people had freedom to choose what and when they ate and were also supported to consider healthy eating options.

People's on-going healthcare needs were managed and monitored effectively, working with healthcare professionals in the community.

Is the service caring?

Good 

The service was caring.

Staff knew people well.

Staff told us and records confirmed that people's views were taken into account and helped to shape the service.

Staff were considerate of people's feeling at all times and always treated people with respect and dignity

Is the service responsive?

The service was responsive.

Records showed us and staff confirmed that people received person centred support by staff that knew them well.

Relatives told us that people were able to maintain relationships with those who mattered to them.

Staff and relatives told us that people could take part in the activities of their choosing.

People and relatives were able to provide feedback to help improve the home.

Good ●

Is the service well-led?

The service was well-led.

People benefitted from a service which had a caring and committed registered manager.

The values of the service was embedded in the staff

Regular quality assurance processes ensured the safety and effectiveness of the service.

Good ●

Chosen Court

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 19 March 2016 by one inspector and was announced. The service was given 48 hours' notice because it was a small service and the inspection took place on a Saturday therefore we needed to ensure the registered manager was available. People who used the service were offered the opportunity to speak with us however they declined this offer. We spoke with two relatives by phone after the inspection, two members of staff and the registered manager.

We looked at three care records, three staff recruitment files, staff training records, staff duty rotas, and other records relating to the management of the service.

Prior to the inspection we looked at the information we held about the service. This information included the Provider Information Record (PIR). The PIR is requested by us and asks the provider for key information about the service, tells us what the service does well and the improvements they plan to make.

After the inspection we spoke with a health care professional that had regular contact with the service.

Is the service safe?

Our findings

People were kept safe from the potential risk of abuse because staff had the appropriate knowledge and understanding of safeguarding policies and procedures. Staff understood their role in protecting people and keeping them safe. All staff had received safeguarding training. There was an up to date safeguarding policy in place which staff were expected to sign to say they had read and understood. The staff we spoke with said that they were confident in the safeguarding process and knew who to contact if they had any concerns including the relevant external safeguarding agencies.

People's risks were identified and managed appropriately. Risk assessments were detailed and reviewed regularly. They provided staff with the necessary guidance to keep people safe. For example, risks had been identified for some people using kitchen equipment and cooking.

People were kept safe from the risk of financial abuse because the home had robust financial audit processes in place. Each person had their own bank account. One person managed their own money entirely. Some people required assistance in managing their money. This process was audited on a weekly basis and there were balance checks undertaken throughout the week. The registered manager was confident that because of this any discrepancies would be identified quickly.

Accidents and incidents were captured through the manager's quality audit processes. The aim being to identify any patterns of concern and then take the necessary action. The registered manager explained to us that they had not had any significant incidents at this location.

Each person had a personalised fire evacuation plan in their care plan. There were easy read leaflets available about what to do when hearing a fire alarm at their home. The fire alarm and fire extinguisher were tested on a weekly basis and a fire drill was undertaken every month. We also saw evidence of up to date checks for gas safety and Legionella risk assessments.

Relatives and staff told us that there were enough staff to meet people's needs. Rotas confirmed that there was always a member of staff at the home, including overnight. One person also had 30 hours a week of one to one support. The registered manager confirmed that no agency staff were used. She told us that the turnover of staff was very low and they had a well-established team. She said that "People value the consistency of staff". Two bank staff were also available and people knew them well.

People were protected from the risk of being cared for by unsuitable staff because there were appropriate recruitment processes in place. All relevant checks were in place including ensuring people were of good character, evidence of their employment history, reasons for leaving previous employment and a Disclosure and Barring Service (DBS) check. A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children.

People were given their medicines as prescribed. No-one at the service was administering their own

medicines. Medicines were stored safely and appropriately with regular temperature checks. All medicines were reviewed by the GP annually or as required. The registered manager audited the medicines regularly and confirmed that there had not been any medicines errors at this location. Each person had a detailed plan of how they liked to take their medicines. Medicines that were to be given only when required (PRN) had a protocol to show when they should be given and why. No medicines were given covertly. The registered manager said that if they initially declined a medicine then the staff would try again a little later. All staff had undergone medicines training and the registered manager had signed them off as competent.

Is the service effective?

Our findings

People were supported by staff who had access to relevant training. The registered manager oversaw staff's training needs through an electronic training record. Staff had undergone training the provider deemed as mandatory such as infection control and equality and diversity. Staff also had access to training that met people's specific needs such as continence care and dementia training. To keep staff up to date with changes in Health and Social Care, the provider had given staff access to other areas of training such as the Care Quality Commission's new methodology in inspecting. The registered manager explained how through this training staff had been encouraged to think about how they could evidence that people were receiving safe, effective and compassionate care.

We asked the registered manager why no-one had commenced the Care Certificate. The Care Certificate is awarded to those staff that have completed training in a specific set of standards that demonstrates they have the relevant knowledge and skills. She explained that they had an established team with no new starters but that they were set up to start the training as soon as needed, with one member of staff having undergone the Care Certificate assessor training. All staff had the level 2 national vocational Qualification (NVQ) training in Health and Social Care with one staff at level 3 and two others working towards it. A member of staff told us "I am happy with the amount of training". Another member of staff said "It [training] helps me feel confident looking after people".

All new staff underwent a two week induction programme within a three month probation period. After their probation they would undertake shadowing for a week and have a mentor who would be a senior member of staff. The registered manager would meet with them at regular intervals and then sign them off as competent at the end of their probation.

Staff told us they felt well supported. There was evidence of regular one to one meetings known as supervisions and appraisals. Staff confirmed with us that they received regular supervision. The registered manager said that each member of staff had supervision every eight to twelve weeks and an annual appraisal. One member of staff said "They [manager] always ask me how I am getting on and if I have any worries".

The registered manager discussed how they would be rolling out a 'discrete observational assessment' of their staff. This would involve the registered manager observing staff at work and completing a check list of these observations. This would then mean they could give the member of staff real time feedback about what they were doing well and what required improvement. The results would also feed into their regular one to one meetings as a way of monitoring their progress. This method had already been successfully utilised in the provider's residential service with senior staff undertaking the observation role.

People's records detailed their wishes for their care and treatment. There was evidence that people's capacity to understand their day to day decisions, for example around their finances had been assessed and the support they needed was detailed within this plan. Staff were clear that people could make their own decisions. A member of staff told us "I give them the options and ask them to make the decision". The

registered manager told us that each person was registered to vote.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All staff had completed relevant training in MCA and understood their role in protecting people's rights in accordance with this legislation. We checked whether the service was working within the principles of the MCA and found that they were. We also checked whether any conditions on authorisations to deprive a person of their liberty were being met. A DoLS referral had been made for one person and was waiting for an assessment.

We were told, and relatives confirmed, that people were able to choose what they wanted to eat and undertook food shopping on a weekly basis with the support of staff as needed. Staff told us that people were encouraged to choose healthy options where possible. A relative said "Since [name] has moved in they have been eating much healthier and lost lots of weight". There was no set menu. Staff did most of the cooking however staff told us that people would get involved with baking or preparing basic meals.

Records showed that people had access to on-going healthcare, for example chiropody services and the GP. A log was kept of people's healthcare appointments. All health reviews by healthcare professionals fed into people's plan of care.

Is the service caring?

Our findings

Relatives told us that the staff were very caring. A relative said "I really cannot praise them enough." Another relative said "They do look after [name] well. I think they've been absolutely marvellous". A healthcare professional told us "They [people that use the service] seem very happy. It seems to me like a home from home for them".

People were supported by caring staff who knew them really well and understood their preferences, likes and dislikes. Staff had been with the people from the beginning of them living at the supported living accommodation and therefore people benefitted from the support of a consistent staff group. Staff demonstrated to us that they knew people well and could tell us details about them such as their life history and what they enjoyed to do. For example, two people liked to watch football whilst another person had no interests in sports.

One person was unwell at the time of our inspection and in hospital. Staff and the registered manager had visited them on their days off to make sure they saw a familiar face and that they were getting the care they needed. A relative told us that when this person was initially taken into hospital a staff member stayed the whole night with them in the emergency department.

Staff told us they ensured that the people they supported were treated with respect and their dignity was protected, for example when providing personal care. One member of staff said "I really enjoy helping people just to get on and live their life". The Provider Information Return (PIR) stated that the registered manager regularly visited their home and checked on people's happiness and welfare including observing interactions with staff where she saw people needs being dealt with sensitively and compassionately by staff who had built up relationships with them.

We were told that people had access to advocacy services if they needed it. Advocates are people who provide a service to support people to get their views and wishes heard.

The registered manager explained that there were no formal meetings taking place for people to express their views because people had chosen to no longer have them. The relatives we spoke with confirmed this. However the staff and relatives were clear that people could give their views on a daily basis to the staff. For example, people had requested that they go out to do food shopping rather than shop on-line and now every Tuesday people go out to shop for their food.

Whilst no-one was receiving end of life care, within each person's support record was a detailed end of life plan ensuring everyone was aware of their wishes. There was also a hospital communication record so that if anybody required hospital care staff could read this with the aim being to provide the best possible care in the least stressful way for that individual person.

Is the service responsive?

Our findings

People's care and support plans were person centred and regularly reviewed to reflect people's changing needs.

Each person had a 'This is Me' document telling staff details of their life and character including what they were good at and what they enjoyed. For example, one person said that they were good at choosing their own clothes. This was then reflected in their care plan.

The staff worked as a team to ensure people's needs were responded to appropriately. One person was going through a particular challenging time and staff responded to this by calling on the relevant healthcare professionals, such as the speech and language therapist for guidance on the best way to support them. This resulted in the development of some set phrases for staff to use that would help reduce their anxiety. The registered manager explained that this was proving to be very effective.

People's on-going relationships with their family and people important to them were supported by the staff and registered manager. Some people stayed with their family when they could and the staff always made sure that family were kept in contact by phone. A relative told us "They [staff] ring me and keep in touch with me and make sure I speak with [name] on the phone"

We were told that people were free to undertake the activities that they enjoyed. Each person had a list of the activities they liked to do in their care plan. People enjoyed going to the pub and the cinema. The registered manager said that the staff were available to support people with their activities as they wished. People were also encouraged to become involved with 'Building Circles'; a charity organisation whose focus was to offer friendships and activities to people with learning disabilities.

The staff and relatives confirmed that people did not want to develop any further links with the community other than their regular pub visits or local shopping. A relative told us "He is happy with his life and what he doing now". We saw a questionnaire that the provider had sent asking people if they wished to seek employment. Everybody had declined this opportunity. We were told by staff and relatives that the people that lived in the supported living house were all friends. Staff told us they all got on well with each other.

There was an easy read complaints policy in place so that people understood how to make a complaint if they wished. The registered manager told us that there had not been any complaints made.

Relatives told us that they were clear that their views were heard through their regular contact with the staff. They told us that they wouldn't hesitate to come forward and complain if they felt the need to but they were happy with the service. They were also clear that formal meetings were not needed and that everybody was happy with an informal approach to feedback and queries.

Is the service well-led?

Our findings

The registered manager was supported by an experienced team of staff. The registered manager said she was also well supported by the provider. She had a six monthly appraisal with the director where her performance was reviewed and any personal development plans could be discussed. The registered manager also said that she had support from the registered manager working at the provider's sister location and was able to share ideas and best practice. The registered manager had access to the training she required to do her job and to keep up to date with best practice. For example, she underwent a full days training around the Care Quality Commission inspection process.

The registered manager explained that her ethos was to "provide quality care and promote independence". She said "I am learning every day. No two days are the same in this job". The staff we spoke with demonstrated that they too reflected this value and told us that they wanted to always provide the best possible care.

The registered manager said that one of the key challenges facing the service was supporting people who were growing older. With that in mind she had arranged for all staff to undertake dementia training so that they would be prepared if they needed to support people living with dementia. She was also aware of the specific challenges of managing a supported living service as opposed to a residential service and how it was important that staff understood that this was the person's own provide home. She said, and staff confirmed this, that she visited the supported living location about every other day to speak with the people and staff and ensure that all was well and no-one had any concerns.

The registered manager was very supportive of her staff. For example she spent time ensuring that a member of staff was supported when undertaking training as they found this particularly stressful. All the staff confirmed that they felt well supported by the registered manager and that they were happy and comfortable at feeding back issues and concerns. They told us that if they had any concerns or ideas on how to improve the service they would be listened to. A member of staff said "I think the manager is brilliant. I can't fault her". The registered manager said she encouraged feedback and had an open door policy.

People's opinions were sought. The service sent out questionnaires to family on an annual basis to elicit their feedback. The results were consistently positive.

We also looked at a survey of the supported living service for 2015 undertaken by Gloucestershire Voices. Gloucestershire Voices are a user led advocacy organisation for people with learning disabilities. Part of their role is to be a quality checker of services that provide care and support for people with learning disabilities. All of the findings seen in this survey were extremely positive with a final rating given of 'I would be happy to live here'.

If staff were concerned about anything they saw or heard they all said that they would be confident to whistleblow. Whistleblowing is a way in which staff can report any concerns they may have anonymously. The provider had a whistleblowing policy in place that all staff had to sign to say they had read and

understood.

The quality, safety and effectiveness of the service was monitored by a monthly manager's quality audit. This covered areas such as staff training and health and safety. Findings were fed back to the director for review and to ensure they had an overview of the service. Other audits included spot checks of areas such as medicines and fridge temperatures. We saw that actions were taken from the findings to help drive improvements. For example the medicine audit identified that there needed to be a change in the way it was recorded to make it easier to read. The registered managers of this service and the provider's sister service would also undertake unannounced spot checks of each other's services.