

Choice Support

Choice Support - 6 Bowley Close

Inspection report

6 Bowley Close
London
SE19 1SZ

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Choice Support - 6 Bowley Close is a small residential care home providing personal care to three people with a complex learning disability at the time of the inspection. The service can support up to four people.

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.

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

Relatives were positive about the kind and caring nature of the staff team. People were relaxed with staff and we observed people were treated with kindness, dignity and respect.

People were supported to a range of healthcare appointments and staff followed up any issues or concerns. People had accessible records in place that helped health and social care professionals understand their conditions and how they liked to be supported if they went to hospital.

People received personalised care and staff knew how to meet their needs. As people were unable to fully communicate, staff had a good understanding of people's body language and facial expressions to ensure they responded appropriately.

People were cared for by a long serving staff team who were dedicated to support them to live meaningful and fulfilling lives. Relatives were positive about the relationships staff had developed with their family members.

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

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.

The provider acknowledged that recent changes in management had led to some shortfalls in the monitoring of the service. A new manager had just started and an action plan was in place for issues to be addressed.

We have made a recommendation about the effectiveness of their quality monitoring.

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 Good (published 23 March 2017). Since this rating was awarded, the registered provider of this service merged with another provider and altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Choice Support - 6 Bowley Close

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This consisted of two inspectors.

Service and service type

Choice Support – 6 Bowley Close 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had been on maternity leave since January 2019 and had resigned during this period of leave, with their last day scheduled for 22 July 2019. An interim manager had been in place but was no longer in post at the time of the inspection. A new manager had only recently been recruited and it was their second day of employment on the day we visited.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to meet and speak with us. As there was no registered manager in post, we also wanted to be sure that the provider or a senior member of the management team would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. 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 reviewed the last inspection report and spoke with three relatives about their experience of the care provided. We used all of this information to plan our inspection.

During the inspection

We met with the three people who used the service and introduced ourselves. We were unable to speak with them as they were not fully able to communicate with us. We carried out observations throughout the day to help us understand the experiences of people as they could not talk with us. We spoke with six members of staff. This included the manager, a deputy area manager and four support workers.

We reviewed a range of records. This included three people's care and medicines records, four staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included incidents and accidents and minutes of team meetings.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to recruitment, training, incident and accidents and quality assurance processes. The deputy area manager sent us further documents on 18 July 2019. We spoke with one health and social care professional who had experience of working with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment

- The provider had not always followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. Recruitment documents sent to us after the inspection showed that suitable references for two staff members had not been obtained. Although one reference had been obtained for each staff member, they were not robust enough to ensure their suitability. The deputy area manager acknowledged this was not in line with their own policies and procedures and followed this up with their human resources team to make sure further references were requested.
- Disclosure and Barring Service (DBS) checks for staff had been completed at the time of recruitment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Sufficient levels of staff were deployed across the service to ensure people's needs were met. Samples of weekly rotas showed staffing levels were consistent with what we saw throughout the inspection.
- There were four staff on duty from the morning and the new manager. We saw each person had a member of staff to support them throughout the day. A staff member covered a sleep-in shift from 10pm to 8am to deal with any emergencies.
- There was an established staff team who had worked for the provider for many years, with two members of staff working for 20 years. One relative said, "[Family member] and some of the staff have been there a long time and know each other well."

Learning lessons when things go wrong

- There were procedures in place for the reporting of incidents and accidents across the service. Incident forms were completed with information about the event and what action would be taken.
- For one incident that occurred in June 2019, initial investigation records, such as support worker statements, had not been taken. The incident report stated that it would be discussed at the next team meeting, but it had not been. The deputy area manager acknowledged this and said they were waiting on a response from the social worker. We were told staff had been spoken with, but the deputy area manager said they would need to follow this up. They sent us correspondence on 22 July 2019 that this had been discussed with the staff involved and shared with the person's social worker.
- We saw safeguarding and lessons learnt had been discussed at a staff meeting in November 2018.

Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training which was refreshed annually. Staff had a good understanding about their responsibilities, including knowledge about the types of abuse people were at risk of.

- Staff confirmed they were confident that any safeguarding issues would be dealt with and were aware they could raise their concerns with external agencies, including the Care Quality Commission. One support worker added, "I do believe the right action would be taken, but we also have our whistleblowing policy to follow."
- Where there had been a recent allegation of financial abuse, the police and local authority had been informed and the provider was waiting on the outcome of the police investigation.
- Relatives we spoke with told us they felt the service provided a safe environment and did not have any concerns. One relative added, "You can tell they are happy there and we are reassured with everything."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and were reviewed if there were any changes. There were detailed guidelines in place for staff to follow so they could support people safely.
- Guidance was in place for risks related to epilepsy and behaviour that challenged the service. Disability Distress assessment tools had information for staff to understand when people were in pain or distressed, as they were unable to fully communicate this.
- Staff were aware of risks to people and explained how they managed them, ensuring people were safe and being able to protect the person's freedom. One support worker told us how important it was for people's seizures to be recorded for monitoring purposes. We saw correspondence from a healthcare professional who highlighted one person's seizures were controlled well and praised the recording of staff with the quality of the seizure charts.
- People had Personal Emergency Evacuation Plans (PEEP) which had important information about the procedures in place in the event of an emergency. A fire risk assessment had been completed and there were weekly fire alarm tests and six-monthly fire drills.

Using medicines safely

- There were procedures in place to ensure people received their medicines safely. Staff completed training before supporting people and annual medicines competency checks were completed.
- People had detailed medicines profiles in place which included guidance for staff about people's medicines and how they liked to take them. There was further guidance about possible side effects and people were supported to have their medicines reviewed, at least annually.
- Samples of medicine administration records (MARs) for two people had been completed correctly and daily checks were in place to minimise any errors. Staff gave us an example of how they had recently raised a concern about one person's medicines as they felt it needed to be reviewed by the GP.
- One relative said, "The staff manage this well and we certainly don't have any concerns." Staff spoke positively about the quality of training they received related to people's medicines.

Preventing and controlling infection

- There were cleaning schedules in place with monthly checks on the cleanliness of the home. Staff were responsible for cooking and doing laundry and had completed training in infection control and food safety.
- The kitchen had a rating of five from the Food Standards Agency, which is the highest rating that can be given.
- We observed staff following safe infection control procedures and saw staff had access to personal protective equipment (PPE). One relative told us the home was always clean whenever they visited.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had been assessed before they used the service or when their health needs changed. When people's health changed or staff had concerns, the provider had used best practice guidance materials from the NHS with information about the conditions and signs and symptoms.
- People had easy read 'OK Health Check' plans in place, with information about people's health conditions. The OK Health Check is a systematic approach to assessing and planning the healthcare needs of people with a learning disability.
- Guidance was in place for one person from the Community Learning Disabilities Physiotherapy Team, with pictures and information for staff to follow to ensure safe transfers.

Staff support: induction, training, skills and experience

- People were supported by staff who had an induction and training before they started work. Relatives spoke positively about the skills of the staff team as they had worked with their family members for a long time. One relative added, "They need to provide all of their support and I'm very confident in their knowledge and understanding of their needs."
- Mandatory training was classroom based and also covered online. Areas included health and safety, moving and handling, first aid, fire safety and basic life support. Staff were positive about the training they received. One support worker said, "The training is very detailed and even though I have worked here a long time, it gives me confidence to support people."
- Staff also had access to specialist training and had completed workbooks on epilepsy awareness. One support worker said, "I have found the training is catered for the people we support and epilepsy training is refreshed annually."
- Staff had supervision and workplace observations to support them in their roles. Where there were gaps in supervision records, staff confirmed even if it was not a formal supervision, it was flexible and senior staff were always available to talk about any issues if they needed to.

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

- People were supported to eat and drink and staff were aware of their nutritional needs. We observed people being supported with their meals during the inspection and saw they received the appropriate levels support. One relative said, "[Family member] has lots of allergies and they know this and take care of it well."
- People's preferred foods were recorded in their care plans, including any nutritional risks, special diets and the level of support required. There were guidelines in place for one person from a speech and language therapist and we observed staff follow them to ensure any risks were reduced. Staff were also aware of one person's religious and cultural needs which we observed during the inspection.

- People were given choice and staff made sure they were involved in decisions about what they wanted to eat. One relative said, "Staff are aware of their likes and they cook their favourite food and make milkshakes for them."

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

- People were supported to access a range of healthcare services. Where staff noticed changes in people's health, these issues were discussed with the relevant health and social care professionals and referrals made. Where one person had had a fall, it was followed up with the GP.
- People had easy read hospital passports in place which gave information about their health conditions and what healthcare professionals needed to be aware of if they went to hospital. One relative said, "If they are ill, they take them to the hospital or can get a GP to visit them if they need to."
- Staff kept records of people's healthcare appointments and followed any guidance given. We saw a speech and language therapist had visited one person and was happy with the support they were being given.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider followed best practice to ensure mental capacity and best interests assessments had been considered and put in place where people lacked capacity.
- The provider worked with the relevant health and social care professionals when applications were made to deprive people of their liberty. Their related assessments and decisions had been properly taken to ensure that people's rights were protected. Positive feedback was seen regarding people's DoLS assessments.
- There were decision making agreements within people's care records which highlighted how people could be involved and the support staff should give to ensure they were involved in day to day decisions about their care.
- Staff completed MCA and DoLS training and the five key principles of the MCA had been displayed in the staff office to help remind staff. Staff we spoke with had a good understanding of their responsibilities. One support worker said, "Despite people's communication needs, we have to help them with their decisions."

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

- Where people used wheelchairs, the home was accessible with wide spaces to accommodate them. There were two communal bathrooms, one wet room and one with a bath. The bathroom was not routinely used as it was in need of decoration.
- People had access to a garden, however it was not well kept. The deputy area manager acknowledged that work needed to be done to improve the upkeep of the premises and had raised this with the landlord.

- One member of staff told us maintenance issues were not always resolved in an acceptable timeframe, which had impacted on people in the past. They added, "It can take time to get things fixed, but at least some of the issues we had with the water have been rectified."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Throughout the inspection we observed positive interactions between people and the staff team. There was a relaxed atmosphere and staff spoke with people in a respectful way, involving them in the care they received.
- Relatives were positive about the caring attitude of the staff team. Comments included, "They are exceptional and I know [family member] is very happy. They have developed a lovely relationship" and "The best thing is the nature of the staff. They are so upbeat, very uplifting and make them laugh."
- Staff had a good understanding and told us how important it was to develop trust with people they supported. One support worker added, "I love my job and the people I support. I get a nice feeling when I support them and get a positive reaction or response."
- We saw a recent compliment from a health and social care professional that said, 'The staff are always compassionate and caring and put people at the centre of what they do.' Information in one person's care records showed a health and social professional noted that the person was evidently comfortable in the environment and showed no signs of distress.

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

- Relatives confirmed although they were not always available to attend review meetings or healthcare appointments, they were always consulted about any care and support needs. One relative said, "I am always getting an update if there is anything and am kept involved in their care."
- We observed staff throughout the inspection involving people in the care they received. Staff understood people's needs and knew by body language or facial expressions if they were happy with the support they were receiving. There was also detailed information in people's care plans about how staff could involve people.

Respecting and promoting people's privacy, dignity and independence

- We observed positive interactions during the inspection. Staff made sure doors were closed when they supported people in communal bathrooms. People were supported in a respectful and dignified way at mealtimes and when being supported into their wheelchairs.
- Staff understood the importance of respecting people's privacy and dignity and gave detailed examples. One support worker said, "As [person] is non-verbal, it makes it even more important in how I respect their privacy and dignity. I always knock and greet them. When I help them to get ready, I demonstrate what support I'm going to give, show them the toothbrush for example, so they are aware of what is going to happen."

- One support worker told us they were the dignity champion and shared best practice examples with the staff team. Information about 'The 10 Dignity Do's and Don't's' was displayed in the staff office.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had personalised care records, which included a two page profile about what was important to them, likes and dislikes and things staff needed to know about them. Due to people's complex communication needs, there was detailed information and communication guidelines for staff to follow.
- We saw staff had a good understanding and responded to people appropriately, which ensured they received the support they needed. A comment from a health and social care professional said, '[Person] receives good quality care and staff have a very good understanding of their care requirements and communication methods.'
- We saw there were some minor inconsistencies as monthly keywork sessions and the activities file were not always being recorded or updated. Although we saw that people had daily interactions with staff, the deputy area manager acknowledged this and we saw it had been picked up in their recent quality monitoring visit. The manager added, "We are aware we need to document more and highlight what we are doing."

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's communication needs were assessed and staff had a good understanding of how to meet their needs. Care records explained the communication support people required. This included information about points of reference and the best times to communicate. One relative said, "The staff can communicate well. They understand signs and body language and that is really good."
- Easy read documents were made available to people to aid their understanding. Where there had been a recent change in housing management, an easy read letter was provided to help explain this and reassure people there would be no change to the staff team.

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 maintain relationships with their friends and family. A relative told us that staff supported their family member to visit another close relative on a regular basis. They added, "They would do this weekly, we think it is brilliant."
- People's interests and hobbies were highlighted in their care records and we saw people were supported to access the community during the inspection. We saw one person was supported to weekly sailing trips

and a sensory inclusion centre.

- Daily records confirmed people had regular engagement with staff in the home and also accessing the local community.
- People's religious and cultural needs were also supported. One person was supported to listen to the Quran twice a week. One support worker said, "I am also a Muslim and I know ways to address them. I use some Arabic which has helped build a relationship."

Improving care quality in response to complaints or concerns

- There was an accessible complaints policy in place. There had been no complaints received since the last inspection.
- Relatives told us they knew how to make a complaint if they had any concerns with the service. One relative said, "I've never had any problems with this. I'd definitely feel comfortable calling them if I did have any concerns but I haven't had any issues."
- There had been four compliments received from visiting health and social care professionals since January 2019. All of them were positive and complimented the staff team and home environment.

End of life care and support

- People were not being supported with end of life care at the time of the inspection. However, care plans had information about people's advanced plans and future wishes, with relatives being consulted.
- Where appropriate, people had Do not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place, which had been completed by a GP with input from relatives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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 provider had a good understanding of their registration requirements regarding statutory notifications. They had submitted the relevant notifications for incidents that occurred across the service. However, records related to the investigation were not in place and actions to discuss this with staff were not done until after we had highlighted this at the inspection.
- Where one person had been involved in two safeguarding incidents, we saw the provider had not informed the person's family member. The deputy area manager had thought this had been done by the person's social worker and acknowledged there was some miscommunication. A member of staff informed the person's family member after the inspection, where they said they had no concerns.
- The deputy area manager acknowledged that areas of improvement that had been identified in their internal monitoring visits since the previous registered manager went on maternity leave had not been actioned by an interim manager.
- Although the provider had identified these issues and we saw it had minimal impact on people, we were unable to see the effectiveness of the action plan as the identified issues had been given revised dates for the new manager to oversee, who had just started their employment.

We recommend the provider reviews their monitoring processes to ensure any identified issues are followed up and actioned within their agreed timeframes.

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

- Throughout the inspection we saw that despite people's communication needs, staff worked with them and engaged them in their day to day events and activities.
- We were unable to see any recent satisfaction surveys where people and their relatives could feedback about the service. One person had an easy read questionnaire from November 2017. We asked the provider to send us more recent information but we only received surveys from 2016. We also noted that there had been no house meetings recorded in the home diary since January 2019.
- Staff were positive about the service and complimented the team environment. One support worker said, "I do feel we are encouraged in our role and we all work well together. I feel that senior staff do make themselves available if we need them."

Continuous learning and improving care

- The provider hoped the recruitment of the new manager would address the previously agreed actions that had not been completed.
- The action plan that had recently been completed and sent to us after the inspection was detailed and covered 69 areas across the service. This included staff training, action to ensure a range of weekly and monthly audits were completed and action to ensure people were engaging in activities and opportunities of their choice.
- Team meetings discussed areas of the service, including team morale, people's activities, training, staff issues and responsibilities.

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

- Relatives we spoke with were positive about the management of the service and felt staff supported their family members to live meaningful lives. Comments included, "On the whole, they are cared for as best can be and it all works well. They are doing their best and I'm grateful for that" and "They are very open, we have a good relationship with the staff and am confident in them."
- Samples of compliments from health and social care professionals commented on the quality of people's lives. One compliment said, 'It was clear that people are at the forefront of the home, staff were interactive and engaged and people looked happy.'
- Staff felt confident the support they received would have a positive impact on the people they cared for. One support worker said, "There is a good sense of teamwork here. We all have different ideas and this can benefit people when we work together."

Working in partnership with others

- The provider worked in partnership with a range of health and social care professionals to seek advice and guidance related to people's health concerns.
- Staff had been able to access training from the Community Learning Disability Nursing Team to help support people who had epilepsy.
- The provider confirmed they were still looking to create links with a local day centre and a mosque, which had been discussed with staff after the last monitoring visit. We saw correspondence after the inspection that this was discussed with staff at a team meeting on 16 July 2019.