Chosen Care Limited

Chosen Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

We carried out an unannounced comprehensive inspection of this service on 6 and 10 April 2017. Chosen Court provides accommodation and personal care for up to 11 people with a learning disability. 11 people were living in the home at the time of our inspection.

A registered manager was in place as required by their conditions of registration. 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.

At our previous inspection on 25 and 26 November 2016, the provider did not meet the legal requirement in relation to the records of people's mental capacity assessments and consent to care. Following that inspection, the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made. We found that improvements had been made in obtaining consent to care and mental capacity assessments for significant decisions had been completed with the assistance of external professionals.

We discussed requirements for mental capacity assessments when people when unable to consent to aspects of their everyday care needs with the registered manager. We were satisfied staff recognised when people had capacity to consent and people's rights were upheld. People were encouraged to be independent with the aspects of the care they could manage for themselves and supported with everyday living skills, including budgeting, when they were unable to do this for themselves. During the inspection the registered manager completed a mental capacity assessment and booked themselves on further training in these assessments. We were assured that documentation of capacity assessments would be prioritised following the inspection.

People living at Chosen Court benefitted from staff who prioritised their needs and wishes and understood them well. Risks were identified and carefully managed with appropriate help from external health and social care professionals. Staff knew how to protect people from harm and were skilled in meeting people's support needs. There were enough staff so that people could be supported flexibly and in response to their changing needs. Medicines were managed safely.

Staff felt supported in their roles and were encouraged to obtain relevant qualifications and skills. When people had specific dietary or religious needs, these were well documented and care plans were followed by staff to ensure people's needs were met. People were supported to access community based services, activity groups, preventative and specialist healthcare.

The atmosphere at the home was open and relaxed, where everyone was valued, respected and cared for as an individual. People spoke freely about what they wanted or any issues they were experiencing and they were supported to enjoy their private family lives.

Systems were in place to monitor the quality of the service and improvements were being made to the home in response to feedback and quality audits.

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 safeguarded from the risk of abuse because staff knew what to be aware of and how to report their concerns.

People were protected against health related and environmental risks and there were enough suitable staff recruited to meet their support needs.

People were supported to take their medicines safely and plans were in place to keep them safe in the event of an emergency.

Is the service effective?

Requires Improvement

The service was becoming effective. Capacity assessments needed to be completed for people who were unable to consent to the care provided.

Staff had the skills and knowledge to meet people's needs. They were well supported to carry out their roles.

People received a balanced diet and were supported to have enough to eat and drink. They had good access to health care.

Is the service caring?

Good

The service was caring. Staff developed positive friendly relationships with people who used the service. People were treated with respect, kindness and compassion.

People were listened to and had been involved in making decisions about their care.

People's dignity and privacy was maintained and their independence was promoted.

Is the service responsive?

Good

The service was responsive. People received personalised care and were routinely consulted about the support they received.

Staff knew people well and worked flexibly to help them follow

their interests. People were enabled to maintain relationships with those who mattered to them.

There were arrangements in place for people to raise complaints.

Is the service well-led?

Good

The service was well-led. The registered manager worked with staff and people to provide an open and inclusive home environment.

Monitoring systems were in place to ensure the service was operating effectively and safely.

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 checked 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.

We undertook an unannounced comprehensive inspection of Chosen Court on 6 and 10 April 2017. At this inspection we also checked that improvements to meet legal requirements planned by the provider after our 6 February 2015 inspection had been made.

One inspector carried out this inspection. 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 also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with five people living in the home and reviewed three of these people's care records. We observed a staff member administering medicines and checked medicines records for 4 people. We reviewed the processes in place for managing medicines and the use of 'as required' medicines. We spoke with the registered manager, interviewed five care staff and joined staff at a shift handover. We also looked at the recruitment records for three staff, staff training records, policies, complaints, accident and incident records and quality assurance systems. We observed the care and support being provided to people and spoke with two external health professionals.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had appropriate knowledge and understanding of their responsibilities in safeguarding people. Staff had completed training in the safeguarding of adults and understood how to recognise and respond to potential indicators of abuse, such as changes in a person's behaviour or unexplained bruising. Information about local safeguarding procedures was accessible to staff via a noticeboard in the home but needed to be added to the provider's safeguarding policy. Not all staff were clear about the roles of the external agencies involved in safeguarding people. The registered managed assured us these minor improvements would be addressed. Staff were confident that any concerns they raised would be listened to and acted upon and they knew how to raise concerns to CQC.

No safeguarding incidents had occurred at the home since our last inspection. People were happy with the manner in which staff supported them and how they spoke to them. We saw they were relaxed and at ease with the staff supporting them, laughing and exchanging banter. Comments included, "Nice residents, nice staff and nice [registered manager's name]", "I really like it" and "The clients are happy, I've never had any cause for concern". Robust procedures were followed to support people who were unable manage their personal funds independently.

Risk assessments were in place to support people to be as independent as possible at home and to access their local community safely. Staff were knowledgeable about how specific risks were managed with different people. For example, a staff member told us how one person was coping much better as a result of having "boundaries and structure". This approach had allowed the person to establish trust with the staff team. Staff handover demonstrated how staff worked together to manage risks to people. One person had a target fluid intake for each day to help maintain their health. The total amount they had drunk that morning was passed on to the afternoon shift. Actions taken in response to people's moods and energy levels were also communicated so staff knew what to expect and what was needed of them. Care plans were detailed, included recommendations from health professionals and reflected the care provided.

Risks to people from the environment were managed safely. The home was secure and the premises were clean and well maintained. External contractors had completed required safety checks and a fire risk assessment was in place. Regular checks of fire safety equipment and fire evacuation drills had been carried out. Comprehensive personal evacuation plans and an updated business continuity plan were in place should they be needed in an emergency.

People were safeguarded against the risk of poor care through robust recruitment procedures. All required checks had been carried out for the three staff members whose records we sampled. Any gaps in employment history were accounted for and a Disclosure and Barring Service (DBS) check was completed before staff started working with people in the home. DBS checks alert providers to people that may be unsuitable to work with vulnerable groups. When staff had previously worked in a care role, evidence of satisfactory conduct had been obtained and reasons for leaving these roles were verified.

There were two staff vacancies at the time of our inspection but existing staff were happy and able to cover

these hours. A staff member said, "We are well staffed…we can easily cover the shifts even without the vacancies being filled". The registered manager knew that staff liked working the extra shifts but was recruiting to these posts to cover any unplanned staff absences. The staff team was well established and stable. Staff spoke positively about their roles and told us they enjoyed working at Chosen Court. One said, "I love it to be fair". During the inspection people were supported by staff to attend health related appointments and community groups. A flexible approach by staff meant people could do spontaneous everyday activities like popping to the local shop if they wanted to.

People's medicines were managed safely. Systems were in place to reduce the risks to people, including checking the stock received, regular stock checks and safe storage and return facilities.
Accurate Medicines Administration Records (MAR) were maintained and clear protocols to guide staff in the use of as required [PRN] medicines were available. Staff responsible for administering medicines completed 10 competency checks before they were 'signed off' as competent. The staff member responsible for medicines said, "We have not had any medicines errors for a long time. Everything is written and auditable".

Requires Improvement

Is the service effective?

Our findings

At our inspection of 6 February 2015 we found the service was not always effective as people's capacity to consent to their care had not been assessed and recorded in line with the Mental Capacity Act 2005 (MCA). The 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty. 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 were being met.

At this inspection we found the provider had followed their action plan to meet shortfalls in relation to the regulatory requirements, described above. When people were able to consent to their care they had signed or initialled their care plans to indicate their agreement with them. When significant decisions needed to be made about people's treatment, capacity assessments had been completed with the health professionals involved in providing treatment as indicated. However, when people were believed to lack capacity to consent to specific decisions about how their everyday care was managed, capacity assessments had not been recorded. We discussed the practical aspects of undertaking capacity assessments with the registered manager and signposted them to training to assist them in this process.

This shortfall had no observable impact on people as when people were able to communicate their wishes they did so readily and these were respected. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. Staff were able to tell us about what people could manage for themselves, for example, they knew whether an individual person would recognise if they had been given the right change, or if they could understand the concept of budgeting. Staff supported people to be independent as far as they were able and accepted they had the right to make unwise decisions. One said, "They can make a bad choice, if they have the understanding that it is bad for them… Most people can make everyday decisions here". When people were believed to be unable to consent to their care a best interests approach was followed.

External health professionals, who knew the service well, had no concerns about how people's rights were upheld by staff. One said about the registered manager, "She really knows her service users". By the end of our inspection the registered manager had completed a capacity assessment for a specific decision about one person's care and made enquiries about the training we signposted them to. The registered manager assured us they would prioritise the remaining capacity assessments and anticipated these would be completed within 4 weeks of the inspection. This timeframe was confirmed by the provider after our inspection, who also told us that the suggested training was booked for 26 June 2017.

DoLS authorisations were in place for three people at the time of the inspection. Other applications were awaiting assessment by the supervisory body. Care plans included the least restrictive options required to keep people safe and were in line with the authorisations granted. A condition had been imposed in one of the three authorisations and this had been met.

People using the service were supported by staff who had received appropriate training for their role. A programme of mandatory training updates was in place and training and supervision dates had been planned for the year ahead. Staff also received training specific to people's individual needs, such as managing epilepsy, anxiety and challenging behaviours. Some staff were completing relevant qualifications in social care. Staff were positive about the support they received. Their comments included, "It's good to have a bit of feedback. When I started in the senior role I wasn't 100 percent confident but they helped me to start believing in myself". Some staff felt they had more than enough training, "We're updated far too often… They're trying to get me to do the next level of my NVQ". Others expressed a wish to have more face to face training to help them retain and apply the online learning they had completed.

People were supported by staff who had the knowledge and skills to meet their needs. Comments from a visiting professional included, "Staff are really helpful. It's a dedicated area, they're adaptable. I've never had any issues, if someone's not feeling well the staff will tell you". Staff recognised even the more subtle changes in people's well-being and responded quickly and appropriately to them. For example, at handover staff were told about people's energy levels, their moods and their responses to the strategies employed, "given space and a chat", "tried again later" and "easily re-directed".

Staff had completed training in food hygiene and were attentive to people's dietary needs. The menu was balanced and included people's choices and suggestions. Guidelines from health professionals were incorporated into people's care plans in sufficient detail that they could be followed closely. When indicated people's intake was recorded and their weight monitored. Risks were clearly identified and staff knew how these were managed. For example, they observed that a person, known to be at risk of choking, was too sleepy to eat their lunch. They agreed with this person to delay lunch until after they had had a nap, which reduced this risk.

People received timely support to access healthcare services and maintain their well-being. This included support to access routine health screening, dental care and specialist hospital and community based services. Records demonstrated people were referred for assessment promptly when they became unwell or their needs changed. A staff member told us staff had good relationships with health professionals, which meant access for people was "probably better" than for most people. They said, "If there's any sort of problem and a person asks if they can see a doctor, they are usually in the same day or the next day".

Good

Is the service caring?

Our findings

Warm and caring relationships existed between people and the staff who supported them. The atmosphere at the home was friendly and relaxed. People spoke openly with staff and some regularly engaged in mutual banter with them. One person said, "I get on well with all the residents and staff. I'm friends with staff". Another person, who had previously had significant problems in maintaining a sufficient food and drink intake, referred to a staff member as "the nag". This was a standing joke between them as a result of their ongoing persuasion, to get them to eat and drink enough. When asked by staff, "why do we nag?" the person replied with a smile, "because you care". With another person, we heard lots of high spirited banter and laughter, when they had had enough of the friendly teasing; they laughingly told the staff member to "get lost!"

Health professionals said, "It's even just the little things they do, everyone's really approachable and they make you feel like part of the team" and "Quite late one afternoon they were all sat in the lounge together with the TV on. Staff had their files as they had work to do, it was like a big family. It was lovely to see and very inclusive". Staff were sensitive to people's emotions, for example, they alerted each other and us to people who were in a low or anxious mood state. When introducing us to people, the registered manager was careful to do this in a way that they would find easy to cope with. One person celebrated a milestone birthday during our inspection. Their relative was in temporary residential care but staff made sure they did not miss the party by arranging to collect them and take them back later. This meant a lot to the person, who showed us their cards and presents and told us about the food and chocolate cake. A staff member said, "The smile on her face was unbelievable. It's about going the extra mile, we can sort it". Another said, "If you're happy, the service users are happy. We all support each other. My way with these guys is I think if that was my mum, dad or sister. We have good banter".

People expressed their views and wishes openly. This included how they wanted to spend their time, what they wanted to eat and when they wanted support. One person said they wanted the registered manager to stay with them while they spoke with us. During this conversation they expressed the frustration they were experiencing at times with another person who lived at the home. This led to a conversation about the options for where they lived, their previous discussions about this and how it might progress. Another person told us they went swimming twice a week but had "swapped the day" as they didn't get along with a person (from outside the home) who went to the Monday session. They added, "I can talk to a member of staff if I have a problem".

People's support plans detailed areas they needed support or prompting with and activities they could manage for themselves. Their cultural or spiritual needs and how they wished these to be met were documented. Where people had expressed their wishes for end of life care this had been recorded.

People's privacy and dignity was respected and promoted. Doors were closed when personal care was being given and/or if the person wanted time alone. People could have private time with their families when visiting the home, or while out with them. One person regularly used social media which they accessed independently. Staff supported and guided them with personal relationships from a respectful distance,

responding to the person's cues and conversation.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs and their views were respected. People's preferences, interests and religious beliefs were recorded and incorporated into their care plans. They were supported to pursue their interests and to maintain close relationships through a mixture of individual and group activities. For example, some people attended a community art group and/or regular swimming sessions while others enjoyed walking to their local for a soft drink. When people didn't feel up to the energy and bustle of a group session alternative quieter activities were available to them. This included making use of 'apps' on mobile devices, listening to music and art/craft activities at home.

An external professional said, "They have really good activity programmes. They're consistent. If occupied they don't get bored and that prevents behaviour from escalating". Staff recognised that people's moods fluctuated and sometimes they didn't feel like doing a planned activity or something else took priority for them. Staff used humour and encouragement to get people to participate but respected that people could choose how to spend their day. This had a positive impact on people. A staff member said about a person, "When she doesn't want to do an activity, for example gardening, she doesn't have to do it. Outbursts are now few and far between". This person told us, "I love this happy home".

Staff knew the people who were important in each person's life and communicated with them to arrange visits and/or discuss people's changing needs. Staff went out of their way to help people to spend time their family members. One person had been surprised by staff who had secretly planned a longer distance trip to allow them to visit a close relative they hadn't seen in several years. This person said, "It was brilliant. I thought they were taking me to the hospital about my eyes. They told me [where we were going] on the motorway". A staff member said, "The smile on her face was unbelievable. It's going the extra mile… we can sort it". Another person was regularly 'dropped off' to their relative's house to visit. Another person told us they were going to the shop that day to get a card for their relative, who was taking them out for lunch over Easter.

People's needs were reviewed monthly and care plans and activity programmes were updated to reflect any changes. When people were unhappy about aspects of their lives they were listened to and the options were discussed with them and/or their close family. For example, one person had been prescribed the liquid form of their medicines when they became unwell. As their health improved and they were able to swallow better, they began to regularly refuse their medicine, which put them at risk. A discussion with the person revealed they couldn't tolerate the taste and they wanted to change back to tablets. The registered manager spoke with the person's GP to arrange this for them. Another person told us that they didn't like someone who attended the same swimming session as them, so their day had been changed.

We saw evidence that when people expressed dissatisfaction or frustration with aspects of living at Chosen Court, the options for moving were explored and discussed with them. People were encouraged to be as independent as possible. For example, in managing their personal care, going out alone, or accessing social media when they were able to do so. Their privacy was respected and staff supported them to stay safe by encouraging them to talk openly about anything they were unhappy about. A staff member said, "I like that

if they want to talk they'll come to me. It they are feeling a bit down they feel better because I listen".

The service had not received any complaints in the year prior to our inspection. We saw that people were comfortable in speaking openly with staff including the registered manager. They didn't wait for a meeting to make their feelings/wishes known. An easy read version of the complaints form was available to people within the home, alongside information about external agencies and advocacy services. Feedback about the service had been sought in the annual survey. This included people who used the service, their relatives and health professionals. Only one minor concern had been raised by a relative which had been quickly resolved.

Good

Is the service well-led?

Our findings

The core values of putting people first, being professional, respecting each other, working as a team and a commitment to continuous improvement were demonstrated by the registered manager and their staff team. A staff member said, "It's quite jovial in the home. I like the way it's run, it works really well for the people here. It's quite diverse with the service users. We all know each other and get along well. If we have any issues they get sorted, they make it so it can work. All individuals are different, here they appreciate the differences". Another said, "We're like a family really, they [people] all get what they want". People said, "I love this house" and "It's not bad here, you do get the odd grumble".

The registered manager was described by an external professional as "very hands on". They told us they would have no hesitation in approaching a team leader or the registered manager with any issues or concerns, they felt "valued" and "listened to" by the staff team. The registered manager was involved in all aspects of providing care to people and knew each person's needs, when reviews were due/had been undertaken and the outcome of these. They had good working relationships with people and the staff team who were open and relaxed in their presence. Staff said they could go to the registered manager with "any problems whatsoever". Staff were aware of the provider's whistleblowing policy. They said they would approach the registered manager of the provider's sister service if they needed to speak with someone outside the home, as they knew and felt comfortable with them. A staff member said, "Important things are told to me as soon as I come in… communication is key to all of it".

The registered manager was registered by the Care Quality Commission (CQC) to manage the service in 2014. They understood the responsibilities of this role and had notified CQC appropriately about incidents that must be reported to us. They had regular contact with the provider's representative and felt supported by them. The staff team was stable, staff were clear about their responsibilities and felt supported in their roles. They were encouraged to progress their careers and qualifications and felt supported by the senior staff team in doing this. One said, "Even if it's just the tiniest littlest thing they are there for me. They've helped me to build my confidence". Another staff member described the area they took responsibility for within the home with pride and confidence, it was important to them to get this right. Staff described themselves as, "a pretty good team" they were happy to be at work and to cover additional shifts if needed. One said about the registered manager, "I could talk to her about anything" and added that when they had experienced a personal issue, their shifts had been covered so they could spend valuable time with their family.

The registered manager sent a monthly quality report to the provider. This included progress with action plans, any incidents or accidents and feedback from surveys/monitoring visits/internal audits. The registered manager discussed these points and any other feedback from staff meetings and/or care reviews with the provider at their monthly visit to the service. We saw that points staff had discussed with us about how the service could be improved, were already known and being addressed by the registered manager. For example, staff felt their training could be improved by having more face to face sessions rather than predominantly online training. Additionally, changes were in progress to improve the usability of a communal space, creating a second lounge in the conservatory. Learning was shared between the

provider's services and the registered manager attended county based provider training and forums.