

HF Trust Limited

Choice South West (Supported Living)

Inspection report

The Tiverton Community Hub - Main Office
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Tel: 01884251932

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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

About the service: Choice South West is part of HFT a national provider of services for people with learning disabilities. This service provides personal care and support to people in their own homes in and around the Tiverton area. There are two main sites where people have their own tenancies and support is provided over a 24-hour period, and one person lived in their own home.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service currently supports 14 people receiving personal care.

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

People said they felt safe and cared for by the service. People were supported by staff who were compassionate, knew them well and with whom they had built trusting relationships. They were supported to express their views, and care was organised around their individual needs. Staff promoted people to be as independent as possible and upheld their right to privacy.

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's support focused on them having control over their daily lives and opportunities to take part in everyday routines.

People received effective care and consistent support from staff with the right skills to meet their needs. Staff monitored people's health and wellbeing and worked with other professionals to make sure people received the treatment they required.

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

People received care and support in accordance with their wishes and preferences. Support plans gave information about people's likes and dislikes and staff knew people well. People were actively engaged in meaningful activities and relationships.

People were protected from abuse by staff who were aware of the different types of abuse, and ways to protect people. People received their medicines safely and on time.

The service was well led by the registered manager. The culture was open and promoted person centred values. People, relatives and staff views were sought and taken into account in how the service was run. The provider had systems in place to monitor the quality of care provided and made improvements in response to their findings.

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 22 February 2017). At this inspection the ratings for the service have remained the same.

Why we inspected

This was a scheduled/planned inspection based on date of registration

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Choice South West (Supported Living)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and

action plan and looked at the Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and observed staff as they supported people and spent time with them. We spoke with the registered manager, senior support worker and two other members of support staff. We reviewed a range of records. This included two people's detailed care records, one of these in an easy read format, medicine administration records, records of accidents and incidents and audits and quality assurance reports. We looked at two staff files in relation to recruitment and staff supervision.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

After the inspection

We spoke with four relatives and health professionals.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they were happy, and staff were kind to them. Our observations of people with staff showed they were relaxed and happy in their company.
- Relatives told us overall, they felt people were safe when being supported by staff. One relative told us, "Very, I never find any problems and she feels very safe there...always glad to go home (the service)."
- The provider had policies and procedures regarding safeguarding in place and staff had received safeguarding training. Staff demonstrated a good awareness of safeguarding and whistleblowing issues and had a clear understanding of action they should take if they had any concerns. They told us they had confidence in the registered manager to take action if they raised a safeguarding concern.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments to promote their safety, independence and social inclusion and these were regularly reviewed and updated. For example, where a person was at risk of leaving their home and placing themselves at risk. Where a person had been having increasing difficulties with eating, drinking and swallowing, a risk assessment had been completed and an assessment sought from the speech and language team (SALT).
- People's independence was promoted by using positive risk assessments. These included assessments which enabled people to access the local community without staff support. The registered manager had been working with people to put in place accessible pictorial risk assessments. One person's pictorial risk assessment set out the risks associated with going out and getting money from the bank. There were photographs of the bank which the person used to help guide them to reduce any risks.
- Accidents and incidents were reported and recorded. The registered manager reviewed all of these and made any required changes.
- The registered manager encouraged staff to learn from errors. For example, when a minor medicine error occurred, staff received support and additional training.

Staffing and recruitment

- There were adequate numbers of staff to keep people safe and to meet their needs. The registered manager was actively recruiting new staff. Where there were gaps in the staff rota, existing staff including relief staff undertook additional duties. The service had relief staff they could use and also used the services of a local care agency if needed.
- The provider had an appropriate recruitment process in place to ensure fit and proper staff were employed. This included checking of references and carrying out Disclosure and Barring Service checks

(DBS).

- People were encouraged to be part of the recruitment process to enable them to have a say about the employment of new staff to work with them. This included meeting possible new staff and being involved in the formal interview and selection process. The registered manager said it was important that their staff had the right skills and personality to work with people they supported.

Using medicines safely

- The provider had medicine policies and procedures in place and staff completed medicines administration records. Medicines counts were carried out daily.
- All staff had completed medicine training and had their competency checked and reviewed annually by the registered manager.
- The provider told us in the provider information return (PIR) they have a "zero tolerance to medication errors. Where a minor medicine error had occurred, action had been taken. This included refresher medicine training and competency assessments. This minimised the risk of any further errors.
- People's care plans contained information about how to support people with their medicines, including the use of 'as required' medicines. 'As required' medicines are those given only when needed, such as for pain relief. The registered manager told us how they had helped a person stop using as required medicines for agitation.
- The provider is involved in the STOMP national project (stopping over medication of people with a learning disability, autism or both with psychotropic medicines). People's medicines were reviewed annually, and action plans put in place to help minimise the use of these medicines.

Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff received training in good infection control practices.
- The provider had detailed policies which provided the staff team with clear guidance around good infection control practices.
- Staff had the required protective equipment (PPE's) available, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections.

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; Staff support: induction, training, skills and experience

- People received care and support in accordance with their wishes and preferences. Support plans gave information about people's likes and dislikes and staff knew people well. This helped to make sure people received support which was personalised to their individual needs and wishes.
- People had their support needs reviewed on a regular basis with their keyworkers and regular reviews were undertaken with their care managers.
- People were supported in accordance with up to date guidance because staff received regular training to make sure their knowledge was up to date. Staff completed the provider's three-day face to face induction training and an induction workbook when they started working at the service and worked alongside experienced staff to get to know people.
- New staff to care undertook the care certificate which had been introduced in April 2015 as national training in best practice.
- Staff had completed the provider's mandatory training and refreshers as needed.
- Training specific to people's needs was provided. For example, on caring for people living with epilepsy. The provider has a specialist skills practitioner who works with people to assess their individual needs and gave staff bespoke training to meet them.
- Staff said they felt supported. They received regular supervision with their line managers. Staff were asked for their views about their development needs and about ways to improve the service.
- Staff effectively supported people with behaviours which were challenging. For example, one person did not recognise other's boundaries and would leave the service without making staff aware. Staff were working with them to be able to socialise safely.

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

- People received meals in accordance with their wishes. Menu planning was based on peoples' needs and preferences. Staff used pictorial shopping lists and pictorial menu planners to help support people make choices. A relative was in discussion with the registered manager about developing a healthy eating plan for one person.
- Where people required support with eating and drinking, assessments had been completed.
- Eating and drinking care plans contained detailed information for staff and followed specialist advice. For example, one person needed to have their drinks thickened to reduce the risk of them choking, advice which

staff followed.

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 have access to a range of services that ensured they experienced positive health and wellbeing outcomes. This included primary and secondary healthcare services, such as GP checks and occupational therapy involvement.
- Where staff identified a health need, people were referred promptly to external healthcare services, and staff followed guidance provided by those professionals. For example, staff had worked closely with the speech and language therapist (SALT), psychologist and occupational therapist.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Where people were able staff encouraged them to make choices and give their consent to the support they received. Where people did not have capacity staff still consulted them about the actions they would like staff to take and looked for signs of recognition and agreement.
- Mental capacity assessments were completed appropriately. Where there were restrictions, such as managing a person's medicines, a mental capacity assessment and a best interest meeting had been carried out. This meant relevant professionals and family members were consulted and involved in decisions made about the person's care.
- The registered manager said they used "picture aids to ensure the people we support understand what they are being asked. I put together several mental capacity assessment tool kits to support staff to work on the assessments with the people we support."

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

- Staff demonstrated a kind, calm and caring manner and gave people personalised care. Staff knew what was important to each person, including everyday things like what was for tea and what activity they were undertaking the next day.
- Staff had built up positive and caring relationships with the people they supported. They spoke about people in a kind, loving and caring way. One staff member said how they had known the people they supported for a long time and what they meant to them.
- Staff were always willing to go 'above and beyond' and would support people in their own time if needed. One staff member explained how if someone needed to go into hospital they could call upon staff locally to help.
- People's equality and diversity was respected. People had person-centred support plans in place in which the person was at the heart of it. Plans showed a high level of detail about people's needs, their social histories and what was important to them. This helped staff to ensure people's individuality was considered when supporting them.
- The registered manager and staff understood the importance of the Equality Act 2010. They ensured people were protected from discrimination. They were passionate about ensuring all staff had a good knowledge of how to meet people's diverse, cultural, ethnic, religious and social needs. For example, assisting people to regularly attend their local church.

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

- People and relatives were able to express their compliments and grumbles. These were recorded in a log by staff. Some examples included, "(person) ...wanted me to thank (staff member) for all of the help he has given him to get his model train set up" and "Called to thank ...staff for continuing to support (person) following her decline in health."
- Staff were involved in decision making about people day to day and at staff handover meetings. Daily staff handover meetings were held where relevant information about each person's needs were communicated. Communication books were also used to pass on information between staff. For example, in relation to people's health appointments.

Respecting and promoting people's privacy, dignity and independence

- We observed staff interacting with people in a respectful manner. Staff understood the importance of

promoting people's dignity, for example one person was being supported with their meal in a discreet dignified manner.

- People were supported to learn new skills and gain independence. A person described how they were able to go out on their own and use a taxi. They went on to tell us they wanted to join a singing group and staff had supported them to go to a singing group.
- Staff encouraged people to be as independent as able. We observed a person make themselves a drink and place the used glass in the dishwasher. A staff member said people were involved in the weekly shop and made decisions about their meals. Others used public transport with and without support of staff.
- The service used technology to support people to gain independence. For example, one person had an alarm they could use if they got into difficulties. The use of the alarm meant the person did not have so many monitoring checks.

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 received care and support in a way that was flexible and responsive to their needs. For example, one person's mobility had deteriorated due to a health need. Within a few days an occupational therapist had undertaken an assessment, a hoist had been put in place and staff had received training how to operate the hoist. This meant the person's moving and handling needs were met promptly and enabled them to stay in their own home.

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 were supported to express their views according to their ability. Families and professionals were also consulted and involved in making decisions about people's care and treatment. One person had limited verbal communication skills. Staff knew the person well and recognised requests such as requiring a drink.
- Ensuring people had information which was accessible to them was very important at this service. The registered manager had started to implement accessible support plans for people. They showed us one pictorial support plan which the person had worked with their keyworker to develop.
- Minutes of meetings with people were created in accessible formats. For example, recorded word, pictorial and large print so everybody understood what was discussed.
- Pictures of staff on duty were displayed so people knew who would be working with them.

Supporting people to develop and maintain relationships to avoid social isolation;

- The staff supported people to be actively engaged in meaningful activities and relationships using the provider's model called 'fusion model of support'. This gives people more control over their lives and enables them to be independent, have a choice and feel included in society.
- Staff tried to ensure they supported people to continue with any planned activities although this had restrictions due to funding. For example, attending the local church services, local gym, knit and natter, local choir and Slimming World groups.
- Staff supported people to be active within their local community. One person did voluntary work at a local charity shop. Another was supported to run their own bespoke furniture making business.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to.
- The provider had a complaints policy which was available in an easy read format for people and visitors.
- The registered manager had a log of any concerns, grumbles and complaints. There were no significant complaints, however the registered manager dealt positively with all grumbles to address them.

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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff understood and followed the provider's vision, "We believe in a world where anyone with a learning disability can live within their community with all the choice and support they need to live the best life possible."
- Staff were motivated and enthusiastic about their work. They worked well together and were happy in their work and demonstrated a sense of pride in the service. They had developed close relationships with people, which helped to create a happy environment.
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The registered manager told us they had an open culture and staff confirmed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a manager registered with the Care Quality Commission. A registered manager 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. The registered manager was new to the service and had registered with the Care Quality Commission (CQC) in November 2018. They were passionate about the service and the changes they had made. These included, people being involved in Voices To be Heard (VTBH) and the quality of support given to people. Voices To be Heard (VTBH) is a speak out group developed nationally by the provider.
- Staff said the registered manager was very open and approachable. During the inspection we saw staff and people were very relaxed and comfortable with the registered manager.
- The provider had a robust quality monitoring process. The registered manager completed monthly compliance audits based on CQC's key line of enquiries (KLOEs). They had an action plan of improvements being made, which was monitored by the providers regional and divisional manager. The registered manager said they asked a person using the service to help them make an easy read monthly compliance action plan. They said, "This enables me to get people's opinion of the quality of care they are receiving."
- As part of the quality assurance process, the registered manager said, "Staff are observed supporting individuals to ensure that they are promoting engagement, independence, dignity and respect."
- The registered manager understood their responsibility to keep CQC informed of any notifiable events,

providing additional information promptly when requested and working in line with their registration.

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

- People were supported to understand their rights and talk about issues important to them. A person supported by the service was the national chairman of the provider's Voices To be Heard (VTBH) speak out group. Staff supported the person supported to attend the 18th session of the United Nations Committee in Geneva to share their personal experience of the effects of austerity. They were also supported to travel around the country talking about issues for people with learning disabilities and had won a national award for being their advocate.
- People at the service attended VTBH meetings locally with a pictorial agenda specific to their wishes. To encourage attendance the registered manager had successfully linked this to a social event. The last meeting discussed the provision of local public toilets. This had led to people contacting their local MP and receiving a response and a pictorial map of local toilets.
- The provider was supporting people with a campaign called 'walk in our shoes'. The provider and people they supported were calling on politicians to spend time with people with a learning disability, and hear what life is like for them. A person supported by this service went to Downing street to bring the campaign to the attention of the prime minister.
- People were part of their local community and used local facilities and engage in leisure activities.
- The provider sought the views of family members and friends by questionnaires and reviews of people's care. Where appropriate the staff worked in partnership with others to make sure people's needs were met.

Continuous learning and improving care; Working in partnership with others

- People received the care and support they needed because staff worked with other professionals, family members to make sure they kept up to date with any changes in people's treatment and support needs.
- Advocates had been used when people had considered moving home and when a person was considering how much support they required.
- One person was helped to remain in their own home despite having increased needs due to their health. Staff worked with the person, health and social care professionals and family to enable them to receive the additional supported needed in their home.