Choice Support

Choice Support - 18 Varty Road

Inspection report

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 7 February 2017 and was unannounced. The previous inspection was on 24 May 2015 where the service was found to be in breach of three of the regulations in relation to safe care and treatment, safeguarding adults from abuse and improper treatment, and poor maintenance of the premises.

Choice Support – 18 Vartry Road provides accommodation and care to four people who have a learning disability, some of whom also have an autistic spectrum condition. At the time of this inspection there were four people living in the home in single bedrooms. People shared a lounge and two bathrooms.

At the time of the inspection there was no registered manager in place, although the manager, who had been in post since July 2016, had applied to be registered with the Care Quality Commission. 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 2008 and associated Regulations about how the service is run.

At this inspection we found some improvements had been made since the inspection in July 2016. Although there remained a breach of the regulations in relation to safe care and treatment, people were no longer at risk from breaches relating to poor maintenance of the premises or safeguarding adults from abuse and improper treatment.

Staff were caring and kind and understood the needs and preferences of the people who lived at the service. We were not able to get verbal feedback to our questions due to people's communication needs but we spent time observing staff with people living at the service and there was a warm caring atmosphere at the service.

On the day of the inspection the cupboard where medicines were stored was not secure due to a broken lock, but medicines were moved following the inspection to a secure cupboard.

The service had experienced upheaval in the preceding weeks due to planned maintenance works so staff explained not all systems were up and running at the time of the inspection. For example, we found meat that had been defrosted to cook that day partially covered and not labelled in the fridge. Staff told us the labels were in a box yet to be unpacked. We also found an out of date cooked meat product in the fridge.

Staff supervision took place on a regular basis and staff told us they were well supported in their role.

Care support plans were detailed and described people's needs, preferences and methods of communication extensively, but not all had been updated in the last year. Where one person's needs had changed dramatically in the last few months, their care records were up to date and provided detailed

guidance regarding the best way to support them currently.

Risk assessments were in place for the majority of risks identified in the support plans, and there were appropriate documents in place for people who were not safe to leave the property unaccompanied.

People were supported to attend activities such as shopping, visiting local parks, eating out and going on holiday.

Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

There were enough staff to meet people's needs. Changes in day care provision locally meant there would be additional requirements made of the service in coming months, and this would impact on staffing levels required.

Staff recruitment was safely managed. References and checks took place so the provider satisfied themselves that staff were safe to work with vulnerable people.

Whilst the kitchens, bathrooms and bedrooms were clean the building décor was dated and in some areas the carpet was threadbare. In this way the service was not homely.

We could see that team meetings took place regularly. Whilst there were quality assurance processes in place we noted that actions were not always carried through from action plans in a timely way. The manager told us he was aware of this and he and the area manager were keen to embed more effective systems going forward, to improve the quality of the service.

There was a breach of the regulations in relation to the governance of the service and of safe care and treatment.

We have made recommendations in relation to risk assessments, guidelines regarding people's financial contribution to essential items and activities and obtaining nutritional advice for the service.

You can see what action we told the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Medicines were not in a locked cupboard on the day of the inspection.

Food was not always being stored safely.

Staff were safely recruited.

Is the service effective?

Good

The service was effective. Staff had regular supervision and were trained in key areas.

People had access to good healthcare.

The service had appropriate documentation in place if they were restricting people's liberty.

Is the service caring?

Good

The service was caring. Staff were kind and understood people's preferences and needs.

People were encouraged to do tasks themselves and be as independent as possible.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not responsive. People's support plans were comprehensive and contained information on people's needs and preferences, but not all had been updated in the last 12 months.

Each person had an individual weekly programme of activity in accordance with their preferences.

There was an accessible complaints system in place.

Is the service well-led?

Requires Improvement

The service was not consistently well led. Whilst there were

audits taking place actions were not always followed through in a timely way.

The provider had not planned sufficiently nor drawn up risk assessments to make appropriate temporary arrangements to accommodate people whilst works were completed at the property. This impacted on people who lived at the service.

Choice Support - 18 Varty Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 February 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information from notifications sent to us by the provider and safeguarding alerts for the last year.

We met the four people living in the home. The expert by experience spent several hours sitting with staff and people living at the service to observe how they spent their time and how staff communicated with them, as three out of the four people had significant communication needs. The fourth person used language and had greater understanding, but could not answer questions put to them by the expert-by-experience.

As part of the inspection process we looked at four care records and checked three staff recruitment files. We checked stocks against medicine administration records (MAR) for two people and looked at documentation relating to the management of finances for two people. We also looked at records relating to accidents and incidents, training records for the team and quality assurance documents and policies related to the service.

We spoke with two care staff, the manager and deputy manager. Following the inspection we spoke with five health and social care professionals and two relatives.

Requires Improvement

Is the service safe?

Our findings

Due to people's communication needs they were not able to tell us if they felt safe, but staff knew people well and could identify changes of behaviour that would indicate if they were not happy with the care.

Staff were able to give examples of the type of abuse that can occur, and were able to describe the process for identifying and reporting concerns. They knew about whistleblowing and what to do if they witnessed care being provided that they were concerned about. We saw that safeguarding incidents were dealt with safely and in line with procedures.

We found that food was not always stored hygienically or safely. There was a piece of meat that was defrosting in the fridge to be cooked for a person that lunchtime. The meat was partially covered but not labelled. We also found a packet of cooked meat that was opened and covered but was out of date. We asked staff if they usually used sealed and labelled food. They told us they did but due to the upheaval caused by the planned maintenance, labels were in a box upstairs. This was of concern as poor hygiene in relation to food management can put people at risk of infection.

This concern was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked later that day and found the out of date food had been removed and the meat was covered and labelled.

On the day of the inspection the filing cupboard in which medicines were stored was not locked. The manager told us the furniture had been moved in the previous week due to planned maintenance, and following it's repositioning, the lock had not worked. The cupboard was in a room that was routinely kept locked. The manager told us following the inspection he has moved the medicines to a cupboard with a lock.

We found when checking the medicines in a blister pack for one person that two tablets intended for the morning had been given in error from the lunchtime blister pack. This had not been noticed by the person giving lunchtime medicines. Although the person still had their medicines as prescribed, the deputy manager acknowledged this should have been noticed by the staff. The deputy manager told us this staff member's competency would need to be reassessed before they gave medicines again.

All stocks tallied with MAR sheets for boxed medicines and we found the storage temperature for medicines was logged daily. The deputy manager audited the medicines on a monthly basis.

The service used a screening tool to identify the range of risks for an individual. Specific risk assessments were then developed to address the risk and advise staff on how best to manage it. Risk assessments were in place for the majority of risks identified. For example, there was information for staff for one person who on occasion displayed behaviours that can be challenging. This contained helpful information to guide staff in

how to manage this behaviour. We found two out of the four people living at the service had risk assessment tools dated 2015, although some of the risk assessments had been updated since then. We could see staff had signed to state they had read the risk assessments.

We noted that not all risks identified in support plans had specific risk assessments. Although staff could tell us what to do to manage a person's destructive behaviour in relation to their clothes, and the service had founds ways to manage this effectively, there was not a separate risk assessment to guide new staff.

We recommend that all risk assessment documents are updated to confirm they reflect current risks and cover all the areas of risk identified in support plans.

We checked the staffing rota. There were two staff on duty in the day and evening, and a sleeping night staff available to support people. We asked staff if they thought there were enough staff to support people with care and attending activities and they told us in their view there was. Relatives confirmed they felt there was enough staff. As the service was small there was not a formal tool used to calculate staffing levels. Staffing levels had not been increased following an increase in one person's needs, although the manger told us additional staff were employed if required to take people to appointments. We were made aware by the manager that there were changes taking place for day care provision locally which meant the service would take responsibility for people's daily activities. This would impact on the staffing requirements for the service but would be considered as part of the review.

The service was clean throughout and staff had for example, different chopping boards for preparing different foods to minimise the spread of infection. However, the décor of the service was tired and the planned maintenance had not taken place despite people and furniture being moved to facilitate it. We discussed this with the manager who told us there was a plan to complete decorating in the near future but there was no specific date for this work to be undertaken.

Weekly safety checks of the service took place and there was testing of the fire alarm points on a weekly basis. Fire equipment had been serviced in the last year. A person's mobility equipment was checked on a monthly basis. People had personal emergency evacuation plans in place in the event of a fire to tell staff how best to support them out of the building.

At the last inspection there was a breach of the regulations as people did not have locks on their doors and this had enabled one person to go into another person's room at night and assault that person. People now had locks on their doors. People also had window restrictors in place to ensure they did not fall out of the window.

We discussed how people's finances were managed with the deputy manager. This was set out in the support plan for each person. The provider managed three people's money through individual accounts. A fourth person was supported to visit the bank to take out money and the money was then held by the service. We saw that receipts were kept and balances were correct. The deputy manager checked the balance against receipts on a weekly basis and noted this in the records.

We noted that one person had been charged over £100 for bedding since 26 November 2016. We asked the manager why this person had been charged for this essential item. Following the inspection the manager told us this person and another would be reimbursed for any money spent on bedding as it was the responsibility of the provider to pay for these items.

We recommend a policy is developed to set out clearly what people can be charged for, including their

contribution to staff travel and entry to activities.

The manager told us the recent holiday people had been on to facilitate the work required in the house had been paid for by the provider, as had the additional staff costs incurred to support them whilst they were there.

Good

Is the service effective?

Our findings

People living at the service were not able to tell us if they thought the staff had the skills to care for them, but one relative told us she thought staff had the skills to support her family member.

Staff had undertaken training in key areas including safeguarding, fire safety, moving and handling and first aid. Staff did not give out medicines until they had undertaken the relevant training, and we could see this had taken place. Staff received additional training in other areas. A refresher course in managing epilepsy and a full food hygiene course for new staff were booked at the time of the inspection.

In the last inspection report we recommended that the service find out about best practice in meaningful communication. Since then four staff had undertaken training in communication needs, but the remaining staff group had not yet undertaken the training. The manager told us the remaining staff would be expected to undertake this in the coming year. Support plans explained people's ways of communicating and explained what certain behaviours may mean. This helped staff understand people's needs better.

We could see that staff received supervision every two months and spot checks of staff practice took place which were recorded. Records showed that appraisals had taken place for two staff members last year, but the new manager was unable to locate records for two other staff as they predated his involvement at the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. The registered manager had made referrals to the local authority with regards to deprivation of liberty safeguards (DoLS) for all the people living at the service. We saw there were best interest decision making tools in place for one person who was unable to provide consent for use of an epilepsy alarm or managing their finances.

Staff understood the importance of gaining consent when providing care to people. They were sensitive to the fact that people could not always verbally give consent, but told us they knew when people were not happy to proceed with an action from their behaviour or from a few words they could use.

Choice Support provided money to people for their food. Some of this was used for communal shopping,

the remainder was for personal food items they may choose to buy when out.

Staff supported people to cook. There was a picture menu to prompt people and staff were clear about the types of food a person preferred or wouldn't eat. One person needed their food pureed due to changes in their health condition. The registered manager and two staff members had been on training run by the speech and language therapist (SALT) to ensure they could safely support this person with their nutrition. The remaining staff had yet to undertake this training but the SALT guidance was displayed in the kitchen for all staff to see, and staff working with this person had been shown by other staff how to ensure he was being safely provided with food. We spoke with the manager regarding when the remaining training would take place, and he undertook to commit the remaining staff to attend training in early April 2017.

Another person ate a very limited diet. One health and social care professional told us it was important for staff to continually offer this person a wide range of choices of food so this person was exposed to a wide range of foodstuffs. This person was at risk of weight loss which could impact on their well-being.

We recommend that further advice from a nutritionist is sought to support staff working at the service.

We could see that the service had involvement from health and social care professionals to support people to maintain their health. An occupational therapist and physiotherapist had provided detailed photographic guidance to support the care of one person who required new equipment for transferring when their mobility needs had significantly changed.

Some staff had undertaken specific training with the new mobility equipment, other people were yet to be formally trained. The manager had invited a health professional to attend a team meeting to offer guidance to three remaining staff in relation to moving and handling and continence equipment, and to discuss strategies to encourage the person to agree to use the equipment. People's health needs and people involved in supporting their health were outlined in their support plans.

Good

Is the service caring?

Our findings

Staff were kind and caring to people living at the service. They clearly understood people's preferences well and understood what they meant when they displayed certain behaviours. Staff told us how people told them what they wanted, and this ranged from using occasional words to pulling a staff member's hand to take them somewhere. Relatives told us they thought staff were caring to people.

People could not sign their support plans but by them being written in the first person and their actions being interpreted, this helped staff view people holistically.

We saw people being encouraged to assist with preparing breakfast by getting things out of the cupboard and getting milk out of the fridge. People were offered a choice of cereals, and made their wishes known to staff as to what they wanted.

We saw one person helping another person by picking up their yoghurt pot from the floor and putting it in the bin. One person could, with some assistance make light snacks and they were enabled to do so. People were supported with cleaning their room, and with shopping, to buy items of their choice when they went out. One person was able to say "No, I am not the domestic" when asked to assist with tasks, and this was respected by the staff.

The people who lived there appeared comfortable and at ease with each other. When two people recently went on holiday they were clearly missed by one of the remaining people. There was a warm atmosphere at the service despite the dated décor. People's rooms were personalised if they chose to do so.

Staff told us they showed people dignity and respect by knocking on doors before entering, ensuring personal care was provided privately, and by providing choices to people.

Staff supported people to maintain links with their family, for example, one person was supported to meet their mother at a specific location on a regular basis. Another relative told us they were very happy with the service provided to their relative.

People living at the service did not have any specific requirements in relation to their spiritual or cultural needs. We could see from training records that staff had undertaken training in equality and diversity issues.

Requires Improvement

Is the service responsive?

Our findings

At the time of the inspection some people at the service were attending day services but these were due to end soon and the service would be expected to support people with all their activities. People had activity plans as part of their support plans, and the service was drawing up plans to increase the range of activities available to people when their placements at the day service ended.

The service supported people with a range of activities. These included going out to the local shops or park for a walk, going out to the pub for a drink or lunch, going to buy food or clothes shopping, going bowling or going to the bank. People were also supported to get their hair cut and attend appointments with health and social care professionals.

Monthly review forms were completed that outlined how a person was and what activities they were doing. We noted that two people were very reluctant to engage in activities. A log was being kept for one person since December to see what activities they would engage in, and this was to be reviewed on a monthly basis.

The other person had expressed reluctance to go outside of the service following a significant change in their health in recent months. They had weekly massage therapy paid for by themselves, participated in using some basic musical shakers, were supported to do their exercises, and looked at pictures in brochures. The manager told us staff encouraged this person to do other activities without success. It was clear this person appeared happy in the living room with other people who lived at the service, but their day to day experience was very limited at the time of the inspection.
Support plans were in place and were detailed, outlining a person's multiple needs. They covered a wide range of areas including; requirements for personal care; how a person communicated; how to mobilise and people's preferences. They also suggested what people may be trying to communicate when they displayed certain behaviours and actions which was helpful for new staff in understanding a person's wishes and choices.

At the last inspection we recommended the provider sought advice to improve person centred care. Support planning training for people with complex communication needs was provided in 2015, but since then no staff had undertaken this training. We discussed this with the manager who undertook to ensure staff who had not undertaken this training did so in the coming 12 months.

We noted that two out of four support plans had been updated in 2016, one of these related to a person who's health needs had deteriorated significantly. This person's plan did record their current level of need although it still referred to a system of behaviour monitoring no longer in use at the service.

The remaining two support plans were dated 2015 and had hand written updates after this time. We discussed this with the manager, who told us he was aware that this was work to be completed, and that prior to him starting additional support had been provided for these support plans to be reviewed, but due to the previous manager leaving the updated support plans could not be located. A quality audit recommendation from August 2016 to cross reference risk assessments with the support plans had not been

completed.

The service had a pictorial accessible complaints policy in place. There had been no complaints received in the last year at the service. Relatives told us they had not made any complaints but felt confident complaints would be dealt with by the manager.

Requires Improvement

Is the service well-led?

Our findings

The area manager carried out an annual audit and monthly spot checks which were wide ranging, covering support plans, risk assessments, records related to finances, training, checks of the rota and service user appearance and well- being.

However, not all issues raised by the spot checks or annual audit had been addressed in a timely way. For example, in September 2016 the area manager noted cleaning needed attention, particularly skirting boards. When we inspected four months later these areas were still in need of a clean.

In the annual audit of August 2016 actions had been identified as outstanding from February 2016, and remained outstanding at the time of the inspection in February 2017. For example, ensuring support plans provided details regarding who paid for staff expenses when people were being supported outside of the house had not been completed. Neither had a full review of the risk assessments taken place despite the audit recommendation that this should take place.

The manager, who had been in post since July 2016, completed a monthly audit that provided details on appointments with health, for example, dentists or physiotherapists; reports on safeguarding and complaints for the month and each month the audit focused on a specific area. The report for January 2017 focused on support planning and was rated green, but we found that not all support plans had been formally updated in the last year as two out of four had handwritten updates after 2015. The manager told us that this was completed in error and should have been rated amber.

A shift plan was used on a daily basis to ensure tasks were completed by staff, but the out of date food had been undetected as it was two days out of date on the day of the inspection.

The manager told us that he had only been made aware of the maintenance planned for the middle of January 2017 in the week preceding the start date. The provider was aware that the maintenance was planned. We were concerned that the lack of planning for people living at the service meant that arrangements had been made hastily. This resulted in two people being asked to go on holiday at short notice, and two people remaining at the service with the minimum of furniture available for them at the service. For various reasons the maintenance work was not completed so the upheaval was without any benefit, and the service décor remained tired. Transition risk assessments were only completed after people had moved in January 2017 in preparation for any future move that may be required to allow the decorating and maintenance work.

These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We could see there were a number of ways in which the service was well led. For example, an annual audit showed that in February 2016 supervisions were not taking place regularly but we could see the new manager had set up supervisions for staff and had a supervision planner in place. Spot checks of staff

performance were taking place and records from these and supervision sessions were detailed and covered a range of areas.

Team meetings took place approximately every two months and staff told us they felt they could contribute their views at these meetings and in supervision.

Management support was available on a 24 hour basis through an on call system. One staff member told us they felt "very supported" by the manager and deputy, and staff told us both the manager and deputy manager were accessible and open in the way the service ran. The manager was working with staff through the Skills for Care Developing a Workplace Culture pack with a view to engaging staff in a positive way at the service.

There were weekly checks of the environment and monthly checks of equipment. The deputy manager carried out spot checks of people's finances on a regular basis and medicines were checked on a monthly basis.

An annual survey had been carried out, the results of which would be available in March 2017.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not ensure food was stored hygienically and so put people at risk of the spread of infection. Regulation 12 (1) (2) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Actions identified from quality assurance audits were not always addressed in a timely manner. The provider failed to assess, monitor and mitigate the risks arising from the planned maintenance required at the property. These issues impacted on the quality of the provision to people living at the service. Regulation 17 (1) (2) (a) (b).