Choices Housing Association Limited

Choices Housing Association Limited - 17 Norton Avenue

Inspection report

Stanfields
Stoke On Trent
Staffordshire
ST6 7ER

Tel: 01782819870
Website: www.choicehousing.co.uk

Date of inspection visit:
06 June 2018

Date of publication:
26 July 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 6 June 2018 and was unannounced.

At the last inspection the service was rated as requires improvement. We found the provider was not meeting all the requirements of the law. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve to at least good. During this inspection we found that the provider had done what they said they would do and were no longer in breach of regulations.

Choices Housing Association Limited – 17 Norton Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

17 Norton Avenue accommodates up to six people in one adapted building. At the time of this inspection there were four people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the time of the inspection. 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.

People were protected from avoidable abuse and harm by well trained staff. Risks were assessed, identified and managed appropriately, with guidance for staff on how to mitigate risks. Premises and equipment were kept clean and tidy. Staffing levels were sufficient to meet people's needs and staff had their suitability to work in a care setting checked before they began working with people. Medicines were now managed safely, following improvements to the systems in place. The registered manager had systems in place to learn when things went wrong.

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

People were supported by well trained staff and received effective care in line with their support needs. Staff received regular supervision and appraisal which encouraged reflections on their practice with people and what they could do to further improve people's experiences of receiving care and support. Staff had access to continuous training that was developed and delivered around people's individual needs.

There was a good choice of food, which people enjoyed and they received support to meet their nutrition and hydration needs and to encourage independence. Staff were committed to supporting people to stay healthy and people achieved excellent outcomes resulting from staff's commitment.
The environment was designed and adapted to support people effectively, including significant improvements being made to bathroom facilities to improve people's choice, independence and comfort.

Healthcare professionals were consulted and staff worked collaboratively with them to help manage people's complex health needs and to promote best practice. People were supported to access a wide range of healthcare services and were empowered to improve their quality of life and health. Innovative support was provided to encourage and support people to remain healthy. Links with health and social care professionals were excellent.

Staff were kind, caring and compassionate with people. People were supported to express their views and encouraged and supported to make their own choices with a range of communication aids. People were treated with dignity and respect by staff who knew them well.

Staff understood people and their needs and preferences were assessed and regularly reviewed. Activities were organised by staff and people were supported to participate in activities that they preferred. People's diverse needs were considered as part of the assessment and care planning process. Complaints were managed in line with the provider's policy. People were supported to consider their wishes about their end of life care.

A registered manager was in post and was freely available to people, relatives and staff. People, their relatives and staff were involved in the development of the service and they were given opportunities to provide feedback that was acted upon to improve the service. We found the registered manager and provider had systems in place to check on the quality of the service and use this to make improvements. Continual learning and improvements were encouraged.

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 abuse and avoidable harm. People's risks were managed to help them stay safe without restricting their freedom.

There were enough staff to respond to people's needs and medicines were safely managed.

People were protected from the spread of infection. Lessons were learned and improvements made when things went wrong.

Is the service effective?

Outstanding

The service was consistently effective.

People's needs and choices were effectively assessed and care was delivered in line with professional guidance. The service had excellent links with healthcare professionals and worked collaboratively to ensure people's health was monitored and effective outcomes achieved.

Staff were well trained and supported to deliver effective care. People were supported to eat and drink enough and creative ways to encourage a healthy diet were utilised.

People's needs were met by the design and adaptation of the service and their consent to care was obtained in line with the law.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff who knew them well.

Staff made every effort to communicate effectively with people so that they could make their own choices and decisions. Staff supported people as much as possible to express their views.

People's dignity and independence was respected and encouraged.

Is the service responsive?

Good

The service was responsive.

People received personalised care to meet their individual needs.

People and relatives were involved in developing and reviewing care plans that were accurate, personalised and up to date.

People felt able to raise concerns and a suitable and accessible complaints procedure was in place.

People were supported to plan for their end of life care so that their wishes and preferences were catered for.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who understood and complied with their responsibilities of registration with us.

There was an open and inclusive culture where people, relatives and staff were encouraged to be involved in the development of the service.

Effective governance systems were operated to monitor and improve the quality and safety of the support provided.

The service worked well in partnership with other agencies and sought to continually improve.

Choices Housing Association Limited - 17 Norton Avenue

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 6 June 2018 and was unannounced. The inspection was carried out by one inspector.

We used the information we held about the service to formulate our inspection plan. This included information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information about safeguarding concerns, serious injuries and deaths that had occurred at the service.

We spoke with relatives of a person who used the service. We did this to gain their views about the care and to check that standards of care were being met. Most people who used the service were not able to speak to us about their care experiences so we observed how the staff interacted with people in communal areas and we looked at the care records of three people who used the service, to see if their records were accurate and up to date. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a visiting professional, four members of care staff, the registered manager and the deputy manager. We also looked at records relating to the management of the service. These included five staff recruitment files, meeting minutes and quality assurance records.

Good

Is the service safe?

Our findings

At our last inspection, we found that improvements were required to manage risks to people's health, safety and welfare and to ensure that people received their prescribed medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of the regulation.

People's risks were assessed and managed so they were supported to stay safe. When risks were identified, we saw robust risk assessments and management plans were in place which were understood and followed by staff to keep people safe. For example, one person would display self-injurious behaviour when they were upset. We saw that clear plans were in place which included triggers for the person becoming upset so that staff knew how to minimise the risks to them. Staff were aware of these triggers and we saw that they supported the person successfully, in line with the risk management plan whenever they started to show signs of becoming upset. This showed that risks were identified, assessed and managed to help people stay safe.

We also saw that people's risks were managed in the least restrictive way possible to ensure they were safe but their freedom and choices respected. One person was assessed as being at high risk of choking. A professional had advised that bread and toast were high risk items for the person to eat which could put them at risk. However, staff had recognised that the person enjoyed these foods and worked with the professional to put plans in place to safely manage the risk of choking without completely cutting out these foods from the person's diet. Staff would cut the food into small pieces and sit with the person, encouraging them to eat slowly and not to overfill their mouth so that they could still enjoy these foods. Staff we spoke with were aware of the risks and we saw the person was supported to eat in line with their care plan. This meant that the person could enjoy the freedom of a diet with no restrictions but their high risk of choking was managed safely.

People received their medicines as prescribed. We observed that one person displayed some behaviour which could have suggested they were experiencing some pain. Their care plan and protocol for 'as required' pain relief detailed how they communicated they could be in pain. We saw that staff responded to this by asking, "Would you like some paracetamol to make you feel a bit better?" The person accepted and pain relief was administered in with their care plan and this had good effect. This meant that staff recognised and responded to people's need for pain relief medicines.

The registered manager told us they had made some changes to the way in which medicines were managed since the last inspection. We found that improvements had been made to the systems in place to ensure consistent stock control and reduce the likelihood of medicines being out of stock. There were monthly stock checks completed alongside running totals of medicines after each administration and we found that these records matched the actual stocks in total. There were thorough protocols in place to guide staff about when and how to administer medicines on an 'as required' basis and records showed that staff followed these. Staff who administered medicines told us they had received training which helped them to safely administer medicines and their competency was regularly checked via observations of their practice.

The systems and processes in place were operated safely to ensure that people received the medicines they needed.

We saw that people were smiling and happy when interacting with and receiving support from staff. Relatives told us they were happy with the care delivered at 17 Norton Avenue and felt confident their family member was safe. They said, "Absolutely [my relative] is safe here." Training had been provided for staff to help them safeguard people from abuse. Staff we spoke with were knowledgeable about safeguarding adults' procedures and confidently told us about the different types of abuse which may occur, how to recognise signs of abuse and how to report their concerns. A staff member said, "I'd report any concerns to the manager or on-call manager. I feel absolutely confident they would act on any concerns and if they didn't I could speak to the safeguarding team myself." The registered manager understood their responsibilities in safeguarding people from abuse and we saw that incidents had been reported to the local authority when required, so that necessary investigations could be carried out and protection plans implemented when needed. Safeguarding referrals made to the local authority were discussed at staff meetings so that any learning, alterations to care plans or practice could be shared with staff. Staff were aware of the systems and processes in place and we saw this was working to ensure that people were protected from abuse.

Sufficient numbers of staff were available to support people when they needed it. We observed that people's needs were responded to swiftly and people were supported to safely attend appointments and access activities outside of the home. The registered manager told us and we saw that people's needs were assessed and reviewed regularly and this information was used to inform how many staff were required to keep people safe and meet their needs. Some people who used the service had one to one hours specifically funded for them. These were delivered and targeted according to people's individual needs. For example, one person had one to one hours to help manage their emotional health. We saw that these were delivered at the times when the person was most in need of this to safely meet their specific needs. The registered manager ensured that there were enough staff to safely meet people's needs even when unexpected events occurred. During the inspection, a person unexpectedly had to go to hospital and a member of staff needed to attend with them to ensure they were safe. The registered manager arranged for a regular agency staff member to cover their shift in the home so that they could support the person at the hospital for as long as required. This showed that staff were available to support people to stay safe and meet their needs.

People received support from safely recruited staff. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

Relatives told us that the service was always clean and tidy. We observed that all areas of the home and equipment looked clean and hygienic. Staff understood the importance of infection control and we observed them following safe practices during the inspection. The registered manager told us that infection control audits were completed monthly. We viewed these and found no actions were outstanding. This meant people were protected from the risk of infection and cross contamination.

The registered manager told us and we saw that lessons had been learned and improvements made when things had gone wrong. At the last inspection, we found some concerns in relation to the way in which people's medicines were managed. The provider and registered manager sent us an action plan which covered all areas of concerns identified. At this inspection we saw that the action plan had been completed and that systems in place to manage people medicines were now more robust. The registered manager and

provider had successfully worked on improvement plans for the service to improve the quality and safety of services provided to people and we saw during the inspection that this had been successful.

Outstanding ☆

Is the service effective?

Our findings

At our last inspection, we found that improvements were needed to ensure that people received a consistently effective service. At this inspection, we found that vast improvements had been made. The new management team had implemented new systems with a focus on person centred care and achieving the best outcomes for people who used the service. This was achieved through team working and reflective practice. Effective appraisal, team meetings and supervision allowed staff the time to work on their individual development plans as well as reflecting on their practice working with people, looking at what was working well, what was not working well and what could be done to improve people's experiences of receiving care and support. This had led to a change in staff culture where staff were accountable for their own practice and took pride in identifying actions they could take to improve people's quality life. The management team then enabled staff to follow through their own ideas to support people achieve exceptional outcomes that would not have otherwise been possible

People were supported to eat and drink well to maintain a healthy diet. We saw that people were supported and encouraged to be involved in the planning of meals as much as they were able. Staff had recognised that people were not able to verbally articulate their choice of meals, therefore they had worked closely with people and professionals to develop bespoke pictorial aids to support people in making choices about their meals. Weekly meetings took place with people where they were asked what they would like to purchase for their meals that week. We saw that people's known likes and dislikes were incorporated into the menu planning.

People were referred for professional advice when this was required and people were provided with specialist diets to meet their needs. One person required a low fat, low salt, low sugar diet to help manage their health condition. We saw that this was provided and in collaboration with staff, they had been supported to maintain a healthy diet which had helped them to lose weight, having a positive impact on their health and quality of life. Staff had recognised that the person's weight impacted on their health and mobility and therefore limited their access to some activities they may have enjoyed. A clear care plan was implemented to promote gentle weight loss and we saw this was effective in achieving the desired outcome as staff were committed to improving the person's quality of life. The person was now able to mobilise more independently and we saw them happily walking around the home and accessing the activities they chose, when they chose them. Their improved mobility had increased their independence around the home. We were also told that they could now access a wheelchair for longer distances which increased their access to the community and participation in activities they enjoyed such as trips to the theatre and art club. The person did not previously utilise their wheelchair as it was unfamiliar to them, so staff spent time, patience and understanding in supporting the person to gradually increase the use of the wheelchair thus improving their confidence and sense of safety. Staff told us how they attempted to support the person to access the theatre to watch a musical performance as they had a love of music. Staff told us, "The first attempt was unsuccessful and we weren't sure why. We spent some time and realised it was the flip seat at the theatre that they couldn't tolerate. They needed to feel secure. So we took the wheelchair and kept [Person] seated in it. The absolutely loved it, really enjoyed themselves. We worked hard to get to that point and I'm so glad we did." This showed how staff commitment to supporting the person to lose weight, to access a wheelchair

and overcome barriers the person faced had led to them having an experience that would not have otherwise been possible. This had significant improved the person's quality of life by accessing new experiences that they enjoyed.

Staff worked closely with people and other professionals involved in their care to enable people to be as independent as possible. There was a genuine commitment from staff and the management of the service to support people to maintain their independence. For example, people were provided with specialist equipment such as a lipped plate to help them eat independently. Creative ways of encouraging people to eat a healthy diet were being introduced. One staff member had a particular interest in nutrition. They worked with people and supported them in trying to encourage people to eat five portions of fruit and vegetables a day to help them stay healthy. The staff member had observed that one person did not like eating fresh fruit and vegetables that were available to them. They told us they had considered making 'smoothies' but that person really enjoyed milkshake, so they were making smoothies with yogurt to help the person have more fresh fruit and vegetables in their diet. This showed that staff took ownership of improving people's health and were enabled to try creative approaches in helping people eat a healthy, balanced diet.

People had flexibility around meal times so that they could choose when and where they wanted to eat. The service was focussed upon enabling people to have choice and control in their lives and daily routines. One person chose to eat their lunch in their room. They had a high risk of choking and needed to be supervised whilst eating so a staff member spent time in their room with them so they could eat their lunch safely in their room, as they had chosen. The staff member told us, "[Person] chose to eat in their room. They have a choking risk so needed one to one support. I don't stare at them because this puts them off eating, I just say, "Here's your lunch [Person's name]" and sit and chat with them, they eat much better this way." This showed how positive staff relationships and knowing people's risks, needs and preferences helped people to eat better and supported their choices.

People could be assured that the service worked in partnership with other agencies to consider their needs in a holistic manner which resulted in exceptional outcomes for people. Staff told us that they attended a handover session at the beginning of each shift, which ensured that they were able to provide a safe and consistent level of care to people. We attended a handover session and saw that staff were given a handover about each individual person who used the service, which included information about changes since the staff member had last been on shift at the service. For example, one person had had a new chair delivered. The person liked to sit in a particular chair in a particular room. However, the person's needs had changed and they now required a pressure relieving cushion to sit on, to reduce their risk of developing pressure areas. Their current chair did not have this feature. The service had sourced and purchased a new chair for the person, which looked like their original chair but had the required pressure relieving cushion. This showed how staff had recognised people's individual needs, risks and preferences, and thought of a creative solution to meet the person's needs and reduce their risks. The information was included in the handover so that staff were informed of the arrival of the new chair, and it's benefits so they could encourage it's use.

Handovers ensured that any risks or changes in people's needs were highlighted and communicated effectively so that staff had all the information they needed to deliver effective care. This meant that people could be assured that staff knew their care and support needs well and provided effective care and support. For example, a person needed to have their bowel movements monitored and we heard that details of bowel movements were shared at handover and the staff member was asked to monitor this and offer the person prune juice to help encourage a bowel movement, in line with their care plan. This showed that the staff team worked effectively together to share information and ensure people received the level of care they required.

People were supported to access healthcare services and ongoing healthcare support. People were supported to access to a wide range of healthcare professionals and services which improved their health and quality of life and we saw that positive outcomes were achieved for people. One person experienced chest problems and was at risk of aspiration. We saw that appropriate and timely referrals had been made to health professionals for support and their recommendations were implemented by staff. A speech and language therapist had recommended a specialist diet, which all staff were aware of and consistently followed. The service had also obtained a profiling bed for the person which helped to relieve any pain or discomfort and reduce the risk of aspiration by helping the person to rest in a more upright position. This showed how the person had been supported effectively to manage their health conditions.

Staff were committed to supporting people to access healthcare services to ensure that people received the specialist support that they required. One person had never been able to access breast screening because they could not tolerate the examination. Staff used a gradual approach to introduce the idea to them and supported them to understand and be involved in this. They communicated with services to coordinate an appointment with a disability specialist professional and we saw that the person had successfully been supported to attend this health appointment for the first time in twelve years. This showed how the service empowered people to attend appointments to improve their healthcare. The service had excellent links with health and social care professionals. A member of the community learning disability team (CLDT) had attended a staff meeting where they shared thanks from the CLDT with the staff. The CLDT frequently praised the staff for their teamwork with professionals in trying to engage people in achieving the best outcomes possible. Feedback from another health professional stated, "The manager and deputy manager and care staff team provide excellent care and have worked very effectively with the health team. I have been very impressed with the record keeping, the following of advice and communication." This showed excellent links and collaboration with health care services and had a very positive impact on people's health and well-being.

A person had been supported to have a full health review with their doctor. This was a great achievement for the person as they were very reluctant to undergo health examinations due to their need for structure, routine and familiar faces to reduce their anxieties. They had also been supported to access a 'health facilitator' who helped to improve access and coordinate healthcare services; ensuring complex healthcare needs were met. The service had worked with the person's doctor and health facilitator so that the person did not need to attend all of their appointments, as it caused them a lot of anxiety and stress. The registered manager and staff had discussions with the doctor to ensure they had all the information they needed to ensure appropriate referrals could be made for the person. As a result of this health review, we saw that the person had achieved excellent outcomes. For example, the person's pain was being explored so that they could receive effective treatment. We also saw that they had been supported to attend an optician's appointment. The person had never had a full optician check before because they were unable to tolerate the examination. Staff used a desensitisation approach over time to support them to attend. This revealed that they had become blind in one eye which could have been impacting upon their communication and behaviour. They were supported to have emergency surgery in their best interests and further sensory assessments completed to help staff support them as effectively as possible. The person had sensory activities available to them in the home and we saw that they were clearly marked to be placed on the person's left side, because of their sight impairment in the other eye. This showed how staff effectively met people's sensory needs.

People's needs were met by the adaptation and decoration of the service and they were involved in making decisions about decoration and any changes to them home. We saw that a new bathroom had recently been fitted because one person had particular needs which meant they would benefit from a shower rather than a bath and this was not previously available to them. This was seen as a priority by the provider and

swift action was taken to ensure that the environment and facilities were most suitable to the person's needs so that they could be more independent and comfortable. There was now a fully accessible bath and shower so that people could have a choice. People's bedrooms were decorated and personalised in line with what they had chosen. Some people had pictures or photographs to help them be independent, for example, on their wardrobes and drawers to show them which clothing items were kept where. One person liked to open drawers and take out items. The drawers previously contained staff paperwork such as cleaning charts. These were replaced with sensory items and books so that the person could take these out when they wished to. This showed that the service had considered and catered for people's needs with the design and decoration of the service.

The registered manager had identified that people required a reassessment of their needs and choices. The service was working in partnership with a range of health and social care professionals to ensure a holistic approach to assessing, planning and delivering care and support. For example, one person had had a full review of their health and social care needs. We saw that they were being supported to access specialist professionals and the service were looking for new approaches and techniques to help the person achieve the best possible outcomes. The service had proactively supported the person to access the positive behaviour support team, who were a group of professionals that worked closely with the service to help identify triggers and strategies to support the person to reduce their self-injurious behaviours. The service were proactively seeking to reduce the person's behaviours and support them effectively. The person's assessments and care plans had been updated following advice given by professionals and all staff were aware of advised techniques as these were discussed as regular team meetings where professionals were invited in to share best practice and individualised advice tailored to meet the person's specific needs. This reduced the instances of this person becoming unsettled and resulted in an enhanced sense of well-being for them. This showed that people's needs were holistically assessed and care was delivered in line with current guidance to achieve effective outcomes for people.

Staff were supported to develop the skills and knowledge to provide effective care. Relatives told us they felt staff were well trained. They said, "They (staff) seem to be well trained. They are very good and on the ball. They know exactly what is happening with [my relative] and how to support them. They are very careful when they support them to move." Staff told us they were provided with a thorough induction which equipped them with the skills they needed to deliver effective care independently. We saw that regular training updates were available and completed by staff and the registered manager monitored this closely. Staff also told us how they had recently completed additional training that was individual to people's needs. For example, epilepsy training had been arranged for staff as a person they supported was living with epilepsy. We also saw that training had been developed and delivered around individual needs of people who used the service. For example, a speech and language therapist was planned to deliver a specialist training session to staff to share information on a person's communication assessment and train staff on how to specifically support the person's communication. An occupational therapist had delivered a training session on positive behaviour support for a person who had a new 'proactive intervention' care plan in place. This showed that the service worked in partnership and used innovative and creative ways to support staff to have the specific skills and knowledge to deliver effective care to people.

Staff supervision and development was focussed on the needs of people living in the home. Staff had recently receiving training about epilepsy due to the particular needs of one person living at the home. They had also received training in end of life care and there was a resource folder about end of life care that had been developed by management in anticipation of people's future care needs. Additionally, staff had receiving training in basic Makaton (a form of communication using signs and gestures based on British Sign Language) in preparation for a person who was considering moving to the service. Staff told us they received regular supervision which they found useful and supportive. Staff told us they were given feedback on their

performance which helped them to improve and that regular checks of their competency were completed and feedback given during supervision sessions. Staff told us that they could discuss their training requirements and if additional training was required this would be arranged. Each staff member had an individual development plan which was reviewed during appraisals to ensure staff had the skills to meet the needs of the individual people using the service. This showed that staff were supported with a proactive approach to development.

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. Staff we spoke with had a good knowledge of the MCA and told us how they used it in practice to ensure people's legal and human rights were respected. One staff member said, "You don't assume people lack capacity or can't make their own decisions. It's about supporting people to make their own decisions." We observed that people were asked for their consent before care was carried out. When people lacked mental capacity about certain aspects of their care, we saw that a decision specific test of their capacity was carried out, in line with the MCA. We saw that decisions were made in people's best interests when required and relevant people were consulted before any decision was made on behalf of a person, for example, relatives and health professionals. These best interest decisions were accurately recorded and shared with staff to ensure that people's rights were protected.

The registered manager told us how one person required a number of scans to help diagnose and treat certain health conditions, which would reduce the person's pain and improve their quality of life. The person was unable to consent to the scans so a best interest's decision had been made in line with the MCA. This concluded that the person would require sedation to undergo the scans due to them being unable to tolerate the procedure. The best interest decision recognised that the least restrictive way of doing this would be for the person to only be sedated once and receive all the examinations they required at the same time. This would be least restrictive way of achieving the best possible outcomes for the person in relation to their health needs and pain management. This showed how the service worked in line with the MCA to ensure people's legal and human rights were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 found that people had been referred for a DoLS authorisation when this was required. This showed that the service was working in line with the current legislation and guidance to ensure that people's rights were protected.

Good

Is the service caring?

Our findings

At our last inspection we found that improvements were required as people's dignity was not always promoted and people were not always supported to the involved in choices and decisions. At this inspection, we found that improvements had been made.

We observed throughout the inspection and relatives confirmed that people were treated with kindness and respect. One relative said, "[Person] is so well cared for. They are always clean and tidy and well presented. I can't fault the staff. They are happy and friendly and so [my relative] is happy and content too." A healthcare professional stated, "The team demonstrate a caring attitude towards the residents and a strong value base in providing person centred care." We observed that staff were kind and compassionate in their approach when supporting people and spent time with people giving them the reassurance they needed. For example, one person was becoming anxious and upset. We observed that staff spoke with them in a calm, quiet, relaxed voice, saying, "[Person's name] it's alright, listen to me." We saw that staff showed concern for the person's wellbeing and followed the person's care plan to help them relax. A staff member said, "Sometimes [Person] just likes the closeness of someone with them rather than any actual activity or interaction." The person visibly calmed when staff spoke with them and suggested they put on some of their favourite music.

People had care plans entitled 'Things that worry me.' This helped staff to recognise and try to eliminate situations that caused the person worry. All staff were knowledgeable about things that might cause the person upset and actively tried to avoid these things. For example, one person could become distressed by new people they did not recognise and liked to be introduced to people to reduce their anxiety. The registered manager introduced the inspector to the person and ensured the inspector was aware of how they could reduce the person's anxiety. We also saw that when food shopping was delivered to the home, staff introduced the delivery person and ensured they said goodbye when leaving, so that the person did not become distressed. This showed that people were treated with kindness and respect.

People were supported to express their views and be involved in decision making as much as possible. A staff member told us, "People here cannot always verbally communicate with us so we are constantly trying to find new ways to communicate so that we can understand them better." We saw that each person had an individual communication care plan. This provided guidance for staff on what certain gestures and noises may mean the person was trying to communicate. Staff were aware of these and we saw they used the information to help effectively communicate with people. A staff member said, "We give choices but everyone is different and you have to know what works for them. Some people like pictures, some photographs and some prefer to be shown two options to choose from."
Staff were very knowledgeable about people's individual communication needs and we saw the use of different pictorial aids for individual for each person. One person did not respond to pictures, staff recognised this and referred the person for further assessment from a speech and language therapist to try and help them better understand the person's communication. This assessment determined that the person could communicate better when physically shown two choices, so staff did this to help the person choose between two options. One person responded better to photographs than cartoon style pictures so we saw these were used to help make choices and decisions.

Staff recognised that one person was caused anxiety by now knowing what was happening next. Staff had developed a 'now and then' communication aid to communicate to the person what is happening now and what was happening next. They were in the process of compiling photographs that were personal to them, such as photographs of the club they visited so this tool could be used consistently with the person.

Staff told us that use of visual aids and individualised communication tools had helped to maximise people's involvement in their care. There was a weekly service user meeting where people were asked about their feelings about living at 17 Norton Avenue and communication aids were used to try and understand people's experiences and make improvements for them when required. This showed that people were empowered to make choices and treated with dignity and respect.

People were supported to make choices in all aspects of their care and support. Each week, people 'made a wish' of what they would like to achieve in the week. Wishes included, "I would like to go to Trentham Gardens [a local outdoor attraction]" and "I would like to have my hair cut and go for a coffee." Staff then supported people to achieve their wishes, involving them in all aspect of this as much as possible, thus increasing their choices, experiences and independence.

People's privacy and dignity was respected. We saw signs on all bathroom doors that stated, "Please knock and wait for an answer before entering" because staff had recognised that some people were not able to lock the door or verbally communicate their need for privacy. The service had created lead roles and a member of staff had taken on the role of a 'dignity champion'. The dignity champion had arranged a 'dignity day' to promote awareness and recognition of dignity. People and staff were asked to consider what dignity was and what it meant to them and these ideas were used for reflection on practice. A dignity tree displayed in the home showed pledges from staff about how they would strive to promote people's dignity in their everyday practice. This showed that respect for people's dignity was at the heart of the service's values.

People's independence was respected and promoted. Care plans were written in a way which encouraged staff to recognise and maximise independence. For example, one person's care plan talked about the tasks they could do well by themselves, such as brush their own teeth. We saw that staff respected and promoted independence. One person needed to use a frame to walk safely. Staff had purchased a 'caddy' for their frame so that they could independently carry their belongings around whilst walking safely. This respected and promoted their independence as they did not have to rely on staff to help them move to where they wanted to be.

Good

Is the service responsive?

Our findings

At our last inspection we found that improvements were required because plans of care were not always accurate and up to date and people were not always enabled to participate in care planning as much as they were able. At this inspection, we found that improvements had been made.

People and their relatives were involved in all aspects of their care as much as they were able. A relative told us, "We have been involved in meetings and reviews and they also email us information and keep us informed about everything." We saw that people had person centred plans alongside their care plans and risk assessment that contained valuable information such as people's important relationships, interests and hobbies so that staff had access to information to enable them to provide personalised care. These plans were accurate and up to date and reflected people's individual needs and preferences. Staff told us they had opportunities to look at people's plans and were familiar with the information contained in them.

Staff clearly knew people well and talked about them with positive regard for their abilities. One person particularly enjoyed music and had their own record player and vast collection of records. A staff member said, "[Person] is ever so good with technology." We saw that the service had purchased a device so that they could listen to music in the bathroom whilst having personal care, as this helped them to relax and feel calm. They had also been supported to purchase an electronic tablet which staff were supporting them to become more familiar with in the hope this would maximise their communication and input into their own care planning.

People's diverse needs were assessed and planned for including any religious or sexuality needs. People were supported to access the church when this was important to them. Consideration was given to whether people needed support to develop or maintain relationships, including sexual relationships and consideration was given to whether people would like to access information or talk freely about sex and sexual relationships if they wanted to. People were supported to maintain family relationships and we saw that one person was consistently supported to visit a family member twice weekly to maintain the important relationship. This showed that people's needs, choices and preferences were assessed and met.

People had access to activities that interested them and were supported to maintain their hobbies. A relative told us, "[Our relative] gets everything they need. They used to love dancing, music and being in plays however they stopped as they got older and their mobility reduced. Since being here [at 17 Norton Avenue] they have got a new wheelchair so now they have the right gear to be able to get out. They still go dancing at a club and staff are looking into getting them to a football match which is something they used to love." We saw that people were enabled to access activities they enjoyed. Staff told us, "We tried to get one person to the theatre because they love music but the first attempt was unsuccessful. We persevered and found it was the seat they didn't like. It was the flip seat at the theatre. So we practised using their wheelchair so they were more comfortable and we got them there. They saw Elvis the musical and they absolutely loved it!" This showed that staff took time and effort to empower people to achieve their individual goals. Each week, people 'made a wish' of what they would like to achieve in the week. Wishes included, "I would like to go to Trentham Gardens" and "I would like to have my hair cut and go for a coffee."

Staff then supported people to achieve their wishes. This showed that people received personalised care that was responsive to their individual needs.

Relatives knew how to raise concerns and complaints and felt able to do this when required. A relative said, "I would feel comfortable to raise any concern. I'm sure they would deal with anything, they give you confidence in them." Information on how to make a complaint was available to people and information about other agencies who could help with complaints was available in the home. An 'easy read' version of the complaints policy was available to people who used the service and staff strived to understand whether people were happy with the care they received through using communication tools at regular reviews and weekly service user meetings. We found that when a concern had been raised, it was thoroughly investigated and responded to, which showed that complaints were taken seriously and dealt with in line with the provider's policy to ensure that lessons were learned and improvement made when required.

At the time of our inspection, no one was receiving end of life care. However, we found that people and their relatives had been supported to explore and record their wishes about care at the end of their life and to plan how they would be met. Plans included details such as where and how they would like to be cared for, who they would like to visit them and plans for after their death. People's religious beliefs and preferences had also been considered in relation to their end of life care. This showed that the service had considered how they would support people to have a comfortable and dignified death when the time came.

Good

Is the service well-led?

Our findings

At our last inspection the service required improvement because the provider had not notified us of changes that are required by law and although the management had identified areas for improvement they had not yet had the time to implement or sustain changes. At this inspection we found that vast improvements had been implemented and sustained.

There was a registered manager in post who was present during the inspection. The registered manager understood their responsibilities and was supported by the provider to deliver what was required. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We saw that the rating of the last inspection was on display and a copy of the last inspection report could be accessed by people and visitors to the home. Notifications were received promptly of incidents that occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The registered manager was open and transparent in sharing information about these incidents.

Relatives and staff told us that the registered manager and deputy manager were approachable, supportive and visible at the service. A relative said, "[Registered manager] is very good. The service is very well-organised and I always see the manager and deputy here, supporting people out and about around the service." A regular agency staff member said, "The manager and deputy and very visible. They are always approachable and very helpful." A Staff member told us, "[Registered manager] is always here or at the end of the phone if you need anything. She is definitely approachable and this place is definitely well-led now." The new management team had implemented a number of changes and improvements and staff echoed their view that the service was much more stable now. We saw that the registered manager and deputy manager were visible throughout the home; they knew people exceptionally well and chatted to them as well as providing care and support when required. They were present throughout the day and worked well as a team to enable them to review the day to day culture and working of the home and how staff interacted with people to provide good quality care. Staff told us this was usual practice. There was an open and inclusive atmosphere where people worked together to achieve good outcomes for people. A staff member said, "It's really nice, I love it here." A relative told us, "The staff are happy and friendly in their work and this rubs off on [our relative]."

The registered manager and provider had effective systems in place to monitor quality and safety. Regular audits took place including checks of medicines, infection control and health and safety to ensure that any issues were identified and action taken to make improvements. Work had taken place to review care plans to ensure they were accurate, person centred and up to date and we saw these were effective and regularly reviewed. Incidents and accidents were regularly reviewed and analysed by the registered manager and action was taken when required. For example, one person had pulled a drawer onto their foot. The registered manager acted to ensure a safety catch was installed on drawers to prevent this occurring again and the person's risk assessment and care plan were updated to ensure staff were vigilant. Incidents and accidents were discussed at regular staff meetings to ensure learning was shared. This showed that action

had been taken to ensure risks were managed and learning had taken place and been communicated to the staff team. No further similar incidents had occurred. This showed that systems and processes in place to monitor the quality and safety of care provided were effective.

People, relatives and staff were engaged and involved in the development of the service. There were weekly service user meetings where people were encouraged and supported to share their views about meal planning for the week, activities they would like to access and how they felt about living at 17 Norton Avenue. We saw their views were used inform how the service was run. For example, their opinions and preferences were used to inform the weekly shopping. A family survey was completed annually and relatives told us they received this. We reviewed the responses and found they were all positive. The provider had asked families for improvement suggestions and comments included, "We are so pleased we couldn't think of anything for improvement." A suggestions box was also available for people to use anonymously if they chose to. Families told us they were also invited into the home for regular celebrations and events. We also saw that a newsletter was developed for people and their families to share information and promote continuous involvement. This showed that people and their families feedback was actively sought and used to evaluate the service and they felt actively engaged and involved.

Staff felt engaged and involved with the development of the service. We saw that regular team meetings were held where staff could share their views and their feedback was acted upon. The staff meetings agenda followed CQC's key lines of enquiry to promote quality standards. For example, safeguarding referrals were discussed to share learning with staff and raise their awareness and further learning about potential safeguarding issues. Any new assessments or care plans were discussed and evaluated with staff to ensure they understood and followed these and professionals were invited in to discuss these with staff if further support was needed. A staff member said, "I feel well supported. I can access any training I need and share ideas. People get good quality here because of that." We saw that staff took accountability for helping people achieve good outcomes, such as contacting health professionals when required and supporting people to achieve individual goals.

We found the registered manager and staff team had systems in place to provide consistent care and work collaboratively with other agencies. This included engaging with a range of health professionals such as occupational therapists, physiotherapists and specialist nurses. We saw that professionals were regularly invited into the home to give presentations and share learning, including sharing details of people's individual assessment so the staff team could discuss with professionals how they would use this learning in practice. We saw this was effective in ensuring that professionals advice was followed so that people received good care. For example, one person had a sensory assessment which identified that they did not like bright lights. This was discussed during a team meeting and we saw that the person had natural light in the room, they had sunglasses available to use if they needed to and all staff were aware of this need. The staff team also had regular opportunities to discuss peoples care at handover meetings at the start of each shift. This meant the service worked effectively in partnership with other agencies to improve outcomes for people.

The service strived to continuously learn and improve. As well as the registered manager audits, the provider completed a compliance assessment every three months which aligned with the CQC's key lines of enquiry to promote continuous improvement. We saw that any areas requiring action were actioned swiftly. There were also peer audits completed where registered managers from the provider's other services completed additional quality checks to ensure the system was robust in identifying concern and driving improvement. The local authority had completed a quality monitoring visit and we saw that the registered manager developed their own action plan in response to this and all actions were completed. This showed that the registered manager and provider were keen to learn and improve the service and engaged a variety of

methods to achieve this. The registered manager had further plans and ideas that they were working on to further improve the quality of the service. For example, they were working with a community psychiatric nurse to develop a 'cognitive stimulation' group. These ideas would further improve the quality of the service people received.