

## Choice Support

# Choice Support - 5 Bowley Close

### Inspection report

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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

Choice Support – 5 Bowley Close provides accommodation and support for up to four people who have autistic spectrum disorders and learning disabilities. At the time of our inspection there were three people living at the service.

The service had a registered manager. 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 received safe care and support. Staff understood the types of abuse which could happen to people and their responsibility to report any concerns to keep them safe. Appropriate procedures for safeguarding adults from abuse were in place. Staff assessed risks to people and had support plans in place to keep them as safe as possible. There were sufficient staff on duty to meet people's needs.

The service had systems in place to ensure that people were protected from risks associated with their health. Assessments contained guidance for staff on how to reduce the identified risks to protect people from harm. Accidents and incidents were recorded and monitored to identify how to reduce the risk of a recurrence. People received support to take their medicines. Medicines were managed safely.

Staff had the skills and knowledge they required to undertake their role. Staff received relevant training as well as regular supervision and appraisal to support them in their role.

Staff treated people with kindness, compassion, dignity and respect. We saw positive and friendly interactions between staff and people. People and their relatives were involved in planning care and had input into review meetings.

People were supported to eat and drink. Staff were aware of people's dietary needs and their likes and dislikes. People were supported to meet their health needs effectively and to maintain a healthy lifestyle.

Staff had an understanding of the systems in place to protect people who could not make decisions about their care needs. Assessments of people's capacity were carried out where necessary. Staff supported people in line with the requirements of the Mental Capacity Act 2005. We have made a recommendation on the Deprivation of Liberty Safeguards to ensure authorisations.

People received individualised support that met their needs. Care plans were person centred and reflected individual's preferences. There was a complaints procedure as well as an accident and incident reporting. People using the service, relatives and staff said the registered manager was approachable and supportive.

Staff felt supported in their role to provide care to people. People and staff felt able to speak with the

registered manager and provided feedback on the service. The registered manager undertook checks on the quality of the service and made improvements when necessary.

The registered manager worked in partnership with healthcare professionals to ensure people received the support they needed.

## 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 protected from the risk of abuse and neglect. Staff knew how to identify abuse and understood the safeguarding procedures to follow if they had a concern.

Staff identified and managed risks to people's health appropriately. There were sufficient staff available on duty to meet people's needs. People were supported by staff who were recruited safely.

People were supported to have their medicines safely.

### Is the service effective?

Good ●

The service was effective. People received care from staff who were trained and skilled to meet their individual needs. Staff received support from their managers to undertake their roles effectively.

People's support was provided in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People gave consent to the support and care they received.

People received the support they required with eating and drinking and their dietary needs were met. People had access to the healthcare services they needed to maintain their well-being.

### Is the service caring?

Good ●

The service was caring. Staff were caring and knew the people they supported well.

Staff involved people in planning for their support and care and information was presented in a way they could understand. People's choices and preferences were known and respected.

People's privacy and dignity were respected. People received support to maintain relationships with their friends and family.

### Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and reviewed regularly. Care records included detailed information about people and guidance for staff about how their needs should be met.

There was a complaints procedure available for people to use if they were not happy with the service. People and their relatives were involved in the planning and delivery of their care. People received their care and support as planned.

People took part in activities of their choice and pursued their interests.

### Is the service well-led?

Good ●

The service was well-led. Staff described the registered manager as friendly and approachable. The service had an open and transparent culture in which good practice was identified and encouraged.

The registered manager carried out checks and monitored the quality of the service and made improvements when necessary.

People's views about the service were welcomed and their feedback was acted on. The service worked positively with healthcare professionals.

# Choice Support - 5 Bowley Close

## **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 unannounced inspection took place on 16 January 2017 and was carried out by a single inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications received. A notification is information about important events which the provider is required to tell us about by law. We used this information to plan the inspection.

During the inspection we spoke with the registered manager and four members of care staff. We reviewed two people's care records and their medicines administration records charts. We viewed five records relating to staff including recruitment, training, supervision, appraisals and duty rotas. We looked at monitoring reports on the quality of the service.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we spoke with two relatives and received feedback from two healthcare professionals.

# Is the service safe?

## Our findings

People were safe at the service. A relative told us, "Staff support [person's name] to keep safe in and out of the home." One healthcare professional told us, "I have no concerns. Staff look after [people] well."

People were safe from the risk of abuse and neglect. Staff were able to discuss the signs of abuse and knew what actions they would take to protect people from harm. The provider had arrangements in place to ensure staff knew how to protect people from harm. Staff understood the provider's policy and procedures regarding abuse and safeguarding and these were available for them to consult. Staff understood their responsibility to report any concerns to the registered manager to ensure appropriate action was taken to keep people safe. Staff told us and training records confirmed that they had received training in safeguarding adults and attended refresher courses when required.

Staff knew how to keep people safe through whistleblowing. Staff knew the provider's procedure to follow to report their concerns of abuse to external agencies such as the local authority safeguarding team and CQC when necessary to keep people safe. One member of staff told us, "I would whistle-blow if I felt the manager had not addressed concerns of abuse."

Staff knew how to communicate with people and support them if they became distressed. One member of staff told us, "We have guidance and understand what action to take when people present behaviours that might cause harm to themselves or others." Another member of staff told us, "We know the situations that can cause a person to become anxious and try to minimise such events from happening." Staff could explain how people might communicate that they were distressed. For example, one person would sit themselves on the floor if they were unhappy and needed to say something. Risk assessments showed how staff were to support the person appropriately.

People were safe because staff had identified and managed risks to their health appropriately. People's care plans contained up to date assessments that detailed any identified risks to their safety or that of others. Support plans were in place and regularly updated to guide staff on how to provide care to people whilst keeping them as safe as possible. For example, staff had identified a person had a difficulty with eating and swallowing and had put a plan in place to address this concern. Risk assessments and care plans contained information such as staff supporting the person to cut their food into smaller pieces and encouraging them to eat slowly.

People participated in community based activities safely because staff had sufficient guidance on what action to take to reduce the risks to people when they were out. Staff told us and records confirmed they accompanied people on outings in line with their risk assessment. Staff were able to explain the specific risks that each person might face when in the community, such as sitting on a pavement and what action they needed to take to help keep the person safe. People had risk assessments carried out on their environment, fire safety, going out, self-harm and self-neglect.

Staff kept people's finances securely and managed them appropriately. People received support on how to

manage their money and could access it when needed. Staff maintained accurate records on people's cash withdrawals and expenses and followed the provider's money handling procedures to reduce the risk of misuse. The registered manager had audited records and ensured staff handled people's money appropriately.

People were protected in an emergency at the service as staff understood what to do to keep them safe. Staff were able to tell us what they had to do if they discovered a fire to protect people. Records showed staff carried out regular fire drills to ensure they knew how to evacuate the building safely. Each person had a personal emergency evacuation plan with up to date information about the risk level associated with evacuating them safely in the event of a fire.

People were protected from avoidable incidents because staff learnt from incidents that had occurred at the service. Staff kept a log of accidents and incidents and the action taken to protect people from risk of harm in line with the provider's policy. The registered manager investigated incidents and developed action plans to prevent a recurrence. Records of staff meetings showed the registered manager had discussed accidents and incidents and ensured staff took appropriate action to ensure people received safe care and support.

People had their needs met by a sufficient team of staff. Staff told us the registered manager ensured there were always enough staff on duty to support people safely. They said enough staff were made available where people needed one to one support to attend appointments or activities in the community. Handover records and the rota confirmed this. Rotas showed staff absences were covered and the service managed sickness cover appropriately. The registered manager explained that they monitored staffing levels in response to people's health conditions and ensured that sufficient staff were available to meet people's individual needs. During our inspection, we observed there were sufficient staff who responded to people's requests without delay.

People received their support from suitably recruited staff. One member of staff told us, "I only started to work in the service when all the checks had been completed." The provider followed safe recruitment procedures and carried out pre-employment checks to assess the suitability of applicants to support vulnerable people. Staff files contained criminal records checks, two satisfactory written references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history and proof of their right to work in the UK. This ensured people received their support from staff considered appropriate for the role.

People received the support they needed with their medicines to maintain their health. Staff told us they followed the provider's procedures and checked that they gave the correct medicine to the right person at the right time. The registered manager made regular checks to ensure people had received their medicines safely. Medication administration records were fully and accurately completed and showed people had received their medicines at the correct time and right dose when they needed them. There were individual protocols in place for people prescribed as required medicines (PRN). Staff told us they knew when to offer people PRN's and records showed they had followed the service's procedures to administer their medicines safely.

People's medicines were managed appropriately so that they were protected against the risk of unsafe administration of medicines. Medicines were stored safely and secured in a locked cabinet in each person's room. Staff told us and records confirmed they only started to administer people's medicines when the registered manager had assessed them as competent to do so.



# Is the service effective?

## Our findings

People received appropriate support they required to maintain their health and well-being. Staff had the relevant skills and knowledge to meet people's needs effectively. One healthcare professional told us, "Staff contact us if they have concerns about [people's] health."

People received support from staff who had undergone appropriate induction in their role. A member of staff told us they 'shadowed' experienced colleagues who supported them to understand their role. Staff completed the provider's formal induction which included meeting people, medicines administration competency assessment, reading of their care plans and the policies and procedures of the service. Staff had completed the provider's mandatory training before they started to support people on their own. Records showed new staff's performance was reviewed regularly during the probationary period to ensure they had developed the competence to meet people's needs. New staff were confirmed in post when the registered manager had assessed them as competent to support people independently.

People were supported by staff who had the relevant skills to meet their needs. Staff told us they received training that helped them to meet people's needs effectively. One member of staff told us, "The training is thorough and provides us with the knowledge we need on how to support [people]." Another member of staff said, "We can request additional training if needed." Training records showed that staff had received training on safeguarding adults, medicines management, first aid and infection control. The registered manager maintained records and ensured staff had attended the required training to stay up to date with current practice. Staff had received specific training on autism and managing behaviour that challenges which enabled them to support people effectively with their health needs

People received effective care as the registered manager supported staff to carry out their responsibilities. Staff told us they had regular supervision to review their development needs. Records showed that staff were having supervision in line with the service's policy. Staff files contained up to date notes of supervision meetings held and the discussions on how they were to support people and their development needs. The registered manager used the supervision sessions to monitor and review staff performance and to establish what they needed to do to improve the quality of care provided to people. Staff told us and records confirmed they had received an appraisal in the last year. Staff records showed that appraisals were used to identify areas for development and any training they required to develop their skills and knowledge. The registered manager ensured staff had received the training they required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 Deprivation of Liberty Safeguards.

We checked whether the provider was working within the principles of the MCA and whether any conditions

on authorisation to deprive a person of their liberty were being met.

Staff understood and supported people in line with the principles of Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had received training in the MCA and DoLS. The registered manager had ensured where necessary people had mental capacity assessments to establish whether they could make decisions about their care and treatment. Records showed staff had arranged for 'best interest' meetings where people lacked mental capacity and were unable to make certain decisions. Staff were able to describe people's rights and understood the circumstances in which a DoLS application should be made to the local authority.

At the time of the inspection two people were subject to DoLS to enable people to receive safe care in the home and when accessing the community and other services. DoLS were reflected in people's care plans and risk assessments which identified how staff should respond to people's varying capacity to make decisions regarding their care and support.

The registered manager was in the process of renewing a DoLS authorisation of one person that had expired. The person's previous DoLS assessment showed that they required continuous supervision and control and they continued to receive care in line with the previous authorisations. This included regular checks of the person in their room and support to receive personal care.

Staff knew how to communicate with people and understood them when they made choices about their care and support. The provider ensured all staff had attended training on Makaton. Makaton is a language that uses signs and symbols to help people with a learning disability to communicate. Staff said people pointed, used Makaton sign language, pictorial aids or body language to show them what they wanted. Staff told us they involved people on decisions about their day to day care and asked for their consent before supporting them. Care records showed how staff supported a person with their personal care and to understand the nature of the decision. We saw staff gave people what they requested, for example, by showing a choice of cereals, tea or coffee and having them choose what they wanted.

People were supported to eat and drink as they required. Staff encouraged people to eat healthily and promoted fruit and vegetables in their diet. There was a menu which staff had planned with the involvement of people to reflect their individual nutritional needs and preferences. Staff ensured meals catered for the diverse and cultural needs of people at the service. People were supported to eat out regularly as they wished.

People received food appropriate for their nutritional needs. Staff had detailed information about people's dietary needs and preferences and understood how this could impact on their well-being. Staff monitored people's nutrition and hydration needs and made referrals to healthcare professionals when necessary. A referral had been made to a speech and language therapist for guidance in relation to a person's eating and drinking. Care records showed staff had followed the guidance received from healthcare professionals to manage the person's swallowing difficulty.

People received support to access healthcare services when required. Staff supported people to express themselves when they met with healthcare professionals. Care records showed that people had seen healthcare professionals when they needed to and had attended follow up appointments. Staff maintained records of appointments attended, visits and reviews made by healthcare professionals including podiatrists, social workers, opticians, dieticians, speech and language therapists and dentists. Each person had an annual health check to establish whether there had been changes to their needs and to discuss any further support they might require. This meant that their health needs were addressed in a timely and

consistent manner. Records showed staff sought guidance and used the advice given to support people in line with their health plans.

# Is the service caring?

## Our findings

Staff were kind and treated people with compassion. A relative told us, "[Person's name] is happy and well looked after." There were caring and positive interactions between staff, the registered manager and people. During the inspection we observed staff greet people by name and spoke pleasantly to them.

People had developed positive relationships with staff. Staff understood people's communication needs which enabled them to understand how people preferred to receive their support. Care records showed people's communication needs and how staff were to understand their wishes about the support they required. Staff engaged positively with people using a range of communication techniques. This allowed staff to build relationships with people to gain an understanding of their needs and how they wished to be supported. We observed staff interact with a person with limited verbal communication. The person was comfortable and relaxed around the staff.

Staff responded to people sensitively when offering support to them with their care needs. Staff told us they knew people well including their likes and dislikes and understood their preferences relating to their support needs. People's preferences for certain foods or when they wished to have their support delivered was recorded. People had a choice of staff who supported them and were able to request the same gender staff for support with personal care when needed. Care records contained this information and showed staff respected people's choices about how they wished to receive support. People's care plans were available in an easy read format and in pictorial aids that reflected people's communication needs.

Staff respected people's privacy and dignity. Staff told us they closed doors when providing people with personal care. Staff said they respected people's privacy but ensured their safety by checking on them if there were concerns about their health or other identified risks. During our inspection, we observed staff respected people's personal space. They knocked on people's bedroom doors and waited to be invited in. Staff spoke to people in a respectful and dignified manner. A member of staff told us, "I explain to each person what I want to help them with and ask if it's ok." Staff supported a person in a way that promoted their dignity by speaking with them discreetly about their personal care and addressed them by their preferred names.

People were encouraged to remain as independent as possible. Care records showed the support staff had provided to people and the tasks each person had completed to retain their independence. For example, people had access to use adapted cutlery that enabled them to eat their meals independently.

People and their relatives were involved in planning people's day to day care. Staff supported people to decorate and arrange their bedrooms as they wished. Some people had furnished their rooms with family photographs and ornaments of sentimental value to them. People had a keyworker who was an assigned member of staff who they spoke to about their care and support. The keyworker spent additional time with people to maintain communication and to build relationships with people. Staff provided people and their relatives with the information they required about each person's care and support. Information was provided in an easy read format so that people were able to understand and participate in decisions about

their care.

People received the support they required to maintain relationships with their relatives and friends if they wished to do so. Staff told us there were no restrictions to the times relatives could visit and that they made them to feel welcome at the service. Care plans reflected the importance of supporting people to maintain these relationships and records showed they supported a person to arrange the visits. Records showed people received visits from or visited family and friends which they enjoyed.

## Is the service responsive?

### Our findings

People received support which met their individual needs. Staff involved people and their relatives in the initial assessment and regular reviews of their support and care. Staff received input from healthcare professionals in planning people's care and support. Care plans contained information about people's health, background, preference and routines that were important to them. Staff had sufficient information and guidance which ensured they could meet each person's needs appropriately. Records showed staff met people's needs in line with the support identified in their care plans.

Staff monitored and responded appropriately to meet people's needs. Staff met with people regularly to review their health and support needs. Records showed staff had updated people's care plans to reflect any changes in their health and the support they required. People's plans were personalised and detailed daily routines specific to each person. We observed a member of staff remind a person about their routine and the time they would be going out. Records showed this was important for the person, as any changes to their routine would cause them distress. Staff worked with other healthcare professionals who contributed to the review meetings of people's needs. Care records showed people's development plan and the actions they needed to take to achieve their goals. Staff recorded the support people had received and kept up to date information on people's mental and physical well-being.

People received support appropriate to their needs. Staff had identified and recorded in care plans people's behaviour that might challenge the service and others. Records contained sufficient details for staff on how to respond appropriately to such behaviours. Staff knew situations that could trigger these behaviours and used the systems in place to monitor a person's mood when necessary. Records showed the registered manager and staff reviewed the information about people's behaviours and involved health professionals when appropriate.

People received the support they required to engage in a range of activities that reflected their interests. Activities were reviewed regularly for people and they were asked what they would like to do each day. These included regular shopping trips, attending college and local day centres and clubs. Staff provided one-to-one support to people with specific needs and included them in activity opportunities. Each person's care plan contained details about their interests and the activities they enjoyed. Each person had an individualised pictorial activities plan. Daily records showed that people were supported to take part in these activities. We observed that one person went to a community centre in the morning, while another person went to a café in the afternoon. Care records showed that people were also supported to participate in their local community by attending cultural-based restaurants to support their cultural needs.

People were protected from the risk of social isolation and were encouraged to maintain contact with their friends and relatives. Relatives told us they could visit at any time during the day and felt welcomed at the service. Staff took people out for walks at their request and sat and spoke with people who wanted to chat. Records showed how people enjoyed the time they spent in and out of the service and their level of interaction with other people and staff.

People had their views considered and acted on. Staff told us they sought people and their relative's views about the service through regular contact. Records showed the registered manager had taken into account their views and acted on them. For example, the registered manager had made changes to the types of activities held at the service as suggested by people and their relatives. Another person had suggested they wanted to celebrate their birthday at a local restaurant. Staff had organised the event and invited the person's friends and relatives as they wished, which had made the person happy. Records showed where a person had requested a change to their daily routine this had been updated in their care plan and was being supported that way.

People had information on how to make a complaint if they were not happy with the care provided. There was a complaints procedure in place. People had access to an easy to understand guide on how to complain if people were not happy with their care. Relatives were confident the registered manager would take any concerns seriously and investigate the issues. Minutes of meetings with people and discussions with relatives showed staff asked if they had any concerns about the service. The service had not received any complaints in the past 12 months. The registered manager said they would take complaints seriously and use them as an opportunity to learn and improve practice.

## Is the service well-led?

### Our findings

Staff told us there was a positive and open culture at the service that encouraged good practice. They said the registered manager was open to ideas and valued their contributions to improve the service and the quality of care people received. The registered manager was visible at the service and spent time with people to understand their care. Regular house meetings were held with people which enabled them to share their views, plan what they wanted to do and identify any support they needed.

People and their relatives were involved in the development of the service. The provider carried out a survey of people who used the service, relatives and professionals to get their views of the service and to identify any areas for improvement. However, the survey's included all the provider's services. General improvements such as redecorating the home were made.

Staff said that the registered manager was always open to suggestions about how the service could be improved. Staff told us they felt supported by the registered manager. A member of staff told us, "The manager is supportive and will listen if something is bothering me." Records of regular meetings showed that staff were able to discuss how the service could be improved and any concerns they had. One member of staff said, "We share best practice and discuss what's been working well for each person." Minutes of the one team meeting showed staff had shared learning experiences from training courses attended. The registered manager used the team meetings to check that staff remained competent to meet people's needs. For example, they discussed incidents and accidents that had occurred and how to prevent such events from recurring and how to handle safeguarding issues. The registered manager used team meetings and supervisions to ensure staff understood their roles and responsibilities and had discussed areas of good practice so that people's needs were met. In this way staff said they were supported to develop and improve their practice.

Staff said the registered manager encouraged good team working and they felt supported by their colleagues. One member of staff told us, "We pick up on where others have left. Communication is good and we pull together for the benefit of [people]." There were clear communication processes which enabled effective sharing of information amongst staff about people's needs and the support they required. Staff used handover meetings held at the start of each shift to share information about people's health condition and any planned activities. Staff used a communication book in which significant issues about people were recorded and read out at the handover meetings. Staff told us this enabled them to keep up to date on people's welfare including their medicines and finances. The registered manager told us handovers ensured staff understood the support people required before they started work. Staff understood the organisation's vision and values and how they used them to support people with their well-being. The registered manager had discussed the vision and values in team meetings.

The provider had appropriate audit systems which ensured the service monitored effectively the quality of service. The registered manager carried out regular audits of the quality of care provided by the service and made improvements where necessary. Records of audits included checks on health and safety, premises maintenance, care plans and risk assessments. The registered manager told us and records confirmed they



carried out regular medicines management audits to ensure people had received their medicines and minimise any potential errors. Checks were carried out to ensure that staff followed the provider's policy on administering people's medicines and that all records were accurate and completed. People's finances were audited regularly and showed there staff followed the provider's policy and there were no concerns identified. The registered manager checked care plans and ensured records reflected people's current health conditions and the support they required. The registered manager ensured staff had guidance from healthcare professionals and sufficient information to support people with their health needs.

The registered manager monitored and reviewed accidents and incidents ensure that any risks identified were addressed. Staff knew where and how to report accidents and incidents. People were referred to healthcare professionals to ensure they received high standards of care.