

Choice Support

Choice Support Nottingham

Inspection report

Unit 3 Adam Court
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Choice Support Nottingham provides care and support to people living in 'supported living' settings, which will be referred to as 'sites' in this report. The sites referred to are where people's homes are located. The sites were varied from people living in their own flats with access to a communal, shared, space where staff were based; to people living in small, shared living settings. People live at these sites with support from staff so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service provides support to adults with a learning disability and autistic people. At the time of our inspection there were 45 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.

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

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Staff provided support to people which ensured they maintained good health. However, we found some examples of regular health care needs not being met. Medication was managed safely, and people were supported to access support from health professionals.

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

People were supported by staff who had been safely recruited and were trained to be able to effectively support people.

Right Care

Systems were in place to provide management oversight and ensure regular quality and compliance checks were completed. However, managers had not coached all staff effectively which meant they were not always clear about their role in relation to the effective use of these systems. This meant issues that could impact people's care may not be identified.

Staff were respectful and supported people in a way that demonstrated they valued people's differences and equality needs. This was reflected in person-centred care plans and risk assessments.

People were supported to communicate using accessible information, and their diverse needs and choices were respected because they were receiving regular support from consistent staff including consistently used agency staff.

People were supported by friendly and caring staff, so people received compassionate care. Staff respected people's choices and treated them with dignity.

Right Culture

Not all people were empowered to live inclusive lives that enabled them to achieve positive outcomes. We identified 1 specific individual that this applied to. However, the provider was taking action to resolve this. Other people were supported to live an inclusive life that promoted their independence.

Staff were appropriately trained for their role, so people received support from staff that understood how best to support them. However, not all staff were provided with consistent support and leadership to support continuous improvement and development.

The provider was open, honest and responsive in relation to feedback during the inspection and committed to make improvements based on this to improve people's quality of life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 26 February 2020).

Why we inspected

The inspection was prompted in part due to concerns received about people's nutritional and personal care needs not being adequately met, medicines and staffing, including management oversight at 1 specific site. A decision was made for us to inspect and examine those risks.

The provider has engaged team leaders and the duty manager to provide additional support for this site which has provided the staff team with support and guidance.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Choice Support, Nottingham on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Choice Support Nottingham

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection so that the provider could let people know we were visiting and why.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from partner agencies including local authority and Health Watch UK. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with 7 people and 3 relatives about their experience of the care provided. We spoke with 11 staff

members. This included 7 care staff, 1 team leader, the duty manager, the quality and compliance manager, and the registered manager. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training information, health and safety audits, and policies and procedures were reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not always managed risk, and people's safety associated with risk, effectively.
- Risk assessments were not always up to date and safety monitoring and management tasks had not been consistently completed at some sites. Whilst there had not been any incidents as a result of this, it did place people at increased risk of harm.
- The quality of information in people's support plans was variable from site to site. Some contained regularly reviewed and updated information on risk assessments, but some did not.
- The registered manager told us they recognised not all documentation at 2 of the sites was updated and current. However, staff knew people and understood their individual risks. For example, 1 staff member described how a person's food was prepared as they were at risk of choking. We reviewed information in the person's support plan from the speech and language therapist about their modified diet.
- Staff were able to identify when incidents occurred, but reporting and recording was not always completed effectively and information shared with the wider team.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems, processes and policies in place to safeguard people from the risk of abuse.
- Almost all people, and their relatives, told us they felt they were safe. They felt confident with staff support, and safe in their environment. However, 1 person told us they didn't always feel safe, "I don't always feel safe at night when agency staff are on shift as I don't know who to go to if I have a problem." This was discussed with the provider who advised they would speak with this person to see what they could do to support them to feel safe.
- We reviewed records of staff training in safeguarding. Staff confirmed they were trained in safeguarding and knew what to do if they had concerns that someone was at risk.
- The provider had reported any safeguarding concerns to the local authority.

Staffing and recruitment

- Staff were recruited safely, and the sites had enough staff on duty to provide the required support for people.
- We reviewed 3 staff files which contained appropriate references, documentation and staff had received a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed some services were fully recruited but others were reliant on agency staff to ensure there

were enough staff on shift. The regional manager told us they used the same agency, and agency staff, as far as possible so they knew the people they were supporting.

Using medicines safely

- Medicines were ordered, stored and administered safely.
- We spoke with 1 person who described the support they received from staff. This was documented in their medication support plan which provided staff with clear guidance.
- People's support plans contained details on the person's GP and pharmacist.
- As required medicines, (PRN), had a protocol in place and we noted reasons for administering PRN medicines had been recorded by staff.
- Staff told us they had received training for medicines administration, there was also a policy which supported best practice.

Preventing and controlling infection

- The provider was taking appropriate action to prevent and control infection which was supported by the organisations policy.
- The provider had ensured staff had a supply of PPE available to them and staff confirmed they knew how to use PPE effectively.
- Staff carried out regular cleaning in shared areas of the sites and supported people to maintain a clean and safe home environment.

Learning lessons when things go wrong

- The provider used instances of when things went wrong as an opportunity to learn.
- We saw that accidents and incidents were reviewed to identify themes and assess if anything could be learnt, for example, a more effective way of working identified.
- The team leader shared an example of this, and the supporting correspondence. It evidenced lessons learnt from recurring medication errors and how this was addressed, shared across the organisation, and had effectively reduced medication errors.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support

- People were not consistently supported to live healthier lives and access healthcare services.
- We saw that 1 person had seen the optician and had an optical prescription dated 2017. However, we were unable to locate any recent appointments and staff confirmed this was overdue.
- People had a hospital passport. Hospital passports provide vital information about people for medical professionals should they need to attend hospital. We reviewed people's hospital passports and found that information was not always up to date.
- We reviewed documents for 1 person who required their weight to be monitored. This was not completed consistently and was last checked in September 2022.
- People told us they saw the doctor and attended hospital appointments which staff confirmed. We saw correspondence from the hospital regarding appointments including confirmation of breast screening being completed. One person told us, "I go to hospital every month to have the health equipment I use tested."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- We reviewed a fluid monitoring chart for 1 person which had been completed consistently. However, there was no information for staff to ensure the person did receive a target amount of fluid each day so they were hydrated. This lack of target information could have put them at risk of dehydration. We also identified that the person did not have a support plan for this. We discussed this with the regional manager who acknowledged the lack of guidance for staff and that this would be reviewed.
- People on modified diets had clear information recorded in their support plan. We spoke with staff about people's diet who had a good understanding of people's specific needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies and professionals to support people to receive effective care.
- We did find evidence that this was not always timely for 1 person and there had been a significant gap in between appointments for required health checks. We shared with the registered manager who spoke with staff to ensure an appointment was arranged.
- We saw evidence of people being supported to access a bereavement councillor, the GP, dentist, speech and language therapist, and other health and social care professionals.
- Staff told us they had contacted people's social workers, "I get in touch with [social worker] for [name] if there are any issues or when we have needed to review their one-to-one support hours."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

This is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Documentation evidenced that DoLS applications had been made when required to ensure deprivation of liberty was managed within the legislative framework and staff practice demonstrated them working with people in the least restrictive way possible
- Consideration of people's capacity had been made appropriately and were decision specific and in line with each individual's needs and ability. For example, we noted that a capacity assessment was in place for 1 person's contribution to communal funds for payment for gardeners.
- We observed evidence of best interests decisions being made, where required, and documented.
- Staff understood people's capacity and consideration of this in relation to choice. This included people deemed to have capacity being able to make an unwise choice. One staff member told us, "I ensure I understand what the person is telling me, if they are saying they don't want to do something I will ask questions, and ask again at a later time, to ensure they understand the decision."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs and choices and delivered care in line with standards, guidance and the law.
- The provider used information shared by the person, family and local authority, as well as completing their own assessment, to form a support plan of people's needs and preferences.
- We observed staff offering choice, in a way that was meaningful to the person, and respecting their decision.

Staff support: induction, training, skills and experience

- Staff received an induction and training, and their skills and experience was explored during interview.
- One staff member told us, "I've started The Care Certificate, done e-learning and in house training, completed shadow shifts and had my competency checked. I feel I had the right training for the job." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Agency staff received an introduction to the service and people that lived there, they also completed a medication competency assessment on site which was in addition to any they received through the agency.
- Staff having a thorough induction, and training specific to their role, meant they were able to confidently

provide effective care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were not consistently supported to express their views and be involved in making decisions about their care across the different sites.
- At 1 of the sites people told us they used to have tenant meetings to contribute their views on the service. One person told us, "We used to have tenant meetings, we've not had one for ages." We gave this feedback to the provider and tenant meetings have now been reintroduced at the site with a person who uses the service leading this.
- One person told us, "I haven't had a review for ages, the last review was quite a while ago." However, staff told us they were in the process of arranging a review for this person as they were aware that it was due.
- Issues identified were discussed with the provider and were swiftly addressed. The registered manager told us regular meetings with people, which had halted during the pandemic, were being reinstated.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated, and their equality and diversity was respected.
- We observed that people's culture, faith and traditions were recorded in their support plan. One example was that a person was supported to attend their chosen place of worship, which staff confirmed was happening regularly.
- The staff we spoke with talked passionately about their role and demonstrated they cared for people and ensuring they were well treated and supported. The duty manager talked to us about being involved in people's life journey, "It's been a beautiful thing to be part of and I'm glad they have the lives they do now."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence was promoted.
- One person told us they regularly had a friend visit, "Staff do respect my privacy, they wouldn't just walk into flat, they ring my doorbell."
- We observed staff promoting people's privacy and dignity, keeping doors closed when supporting with personal care, knocking before entering people's room, and they asked people if they were happy for the inspector to speak with them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider was committed to making improvements to the service in response to compliments and complaints a policy which supported this.
- Concerns shared with the provider, which had been received by the CQC, were appropriately responded to and planned changes in response to the concerns were shared.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was person-centred, supported people to have choice, and met their needs.
- People did not all have identified outcomes recorded or actioned which meant their preferences were not consistently explored and met.
- People were offered choice in a way that was meaningful to them including choice of activities and meals.
- Support plans varied across the sites, and some did not provide guidance for staff in a way that supported the delivery of personalised care. However, discussion with staff evidenced they understood what person-centred care was and the provider assured us that work on updating support plans was underway.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider followed the Accessible Information Standard and ensured that people had information made available to them in a format that they understood.
- People's communication needs were detailed in their care plan and there was clear information for staff to support their understanding of people's communication.
- We spoke with staff who had a good understanding of people's communication needs, and how best to support them. One staff member told us they used flash cards to support ' communication; another described using short, clear sentences when speaking with a person.
- We observed information provided for people in a format that they preferred and understood, and noted information displayed was available in easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities relevant to them whilst maintaining their safety.
- One person told us they had a season ticket for the football club they supported and regularly attended matches.
- Relatives told us that they visited freely and 1 person told us they visit their family regularly.

End of life care and support

- The provider was not currently supporting anyone with end of life care. However, we observed information was recorded in people's support plans about end of life plans. For example, we saw in 1 person's support plan information on their preference for cremation and where they would like their ashes placed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did promote a person-centred culture but achieving positive outcomes for people was not consistent.
- We saw information on people's outcomes, and how to support them to live an inclusive and empowered life, was inconsistent across the sites visited.
- People did not all have identified outcomes in their support plans, and where they were recorded, they had not always been actioned or updated.
- The registered manager told us, "As an organisation we are trying to change to being focused on purpose. Bringing control back to people and them being able to make decisions about their lives."
- One staff member told us about an example of where they had supported a person to achieve their goal. "[Name] is a big football fan. We worked together to make sure the grounds had wheelchair access, there was accessible transport, and now they go to matches regularly now."

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

- Managers and staff were not always clear about their roles and responsibilities, but did understand quality performance, risks and regulatory requirements.
- A lack of management oversight at some sites had impacted the completion of audits, and audits that were completed did not always have actions addressed in a timely way.
- The registered manager told us they were actively recruiting for team leaders to address the gaps in management and that experienced team leaders from other sites were providing support to the teams as an interim measure.
- The lack of management on site did present a risk to people in relation to appropriate actions being taken, for example, follow up after issues were identified during audits in order to avoid a reoccurrence.

The failure to ensure effective governance and leadership including failure to have clear and concise records in all areas to monitor and manage the service, and monitor and mitigate risks relating to the health, safety and welfare of service users, was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider did not consistently engage and involve people using the service and the public.
- People and their relatives did not always feel the provider engaged and involved them effectively. However, staff told us they felt the provider did involve and engage with staff positively.
- One relative told us, "They used to have regular meetings with us parents, they don't do that anymore."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities and acted appropriately on the duty of candour.
- The registered manager told us, "It's not just about safeguarding, we are always honest and open. We engagement the person where we can, family as well as communication and involvement from other relevant agencies."
- We reviewed documents on reported safeguarding concerns and notifications were made to the CQC as required.

Continuous learning and improving care

- The provider had identified areas for learning and improving care.
- The sites were at different stages of implementation of the use of digital platforms to record information, including accidents and incidents, which would support better management oversight.
- The registered manager told us they constantly looked for ways to improve care, "When I visit [sites] I watch, listen and talk to people, to find things we need to change."
- The registered manager was very open to feedback from the inspection team throughout the inspection process.

Working in partnership with others

- The provider consistently worked in partnership with others.
- We saw evidence of communication with professionals and family which indicated the provider did work in partnership with others.
- Local Authority partners told us the provider, specifically the registered manager. engaged effectively with them.