

HF Trust Limited

Choice South Coast (Supported Living)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 12 July 2016 and was announced.

Choice South Coast (Supported Living) provides personal care in a setting called 'supported living' where people are enabled to live as independently as possible in their own homes with additional support. There were four people aged 51 to 73 years who received personal care at the time of our inspection. These people also received support with activities and independent living skills. A further 13 people were supported with activities and independent living skills but did not receive personal care. The service specialises in the care of adults with a learning disability.

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.

Staff were supported in their work but supervision and appraisal of staff was inconsistent and was highlighted by the local authority commissioning team as an area the service needed to improve on.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People and their relatives said the staff provided safe care.

Care records showed any risks to people were assessed and there was guidance of how those risks should be managed to prevent any risk of harm. Sufficient numbers of staff were deployed to meet people's needs.

People received their medicines safely.

Staff had access to a range of relevant training courses, including nationally recognised qualifications.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The registered manager knew the responsibilities of assessing people's capacity and worked with local authority professionals when there was an issue regarding people's capacity to consent to their care and treatment.

People were supported with shopping and the preparation of meals where this was needed.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed and people received regular health checks.

Staff had positive working relationships with people and were observed to have a good rapport with them. Staff demonstrated they had a caring attitude, were concerned about people's well-being and knew the importance of treating people with dignity.

Care was provided to people based on their individual needs which we call person centred care. People's preferences and individual needs were acknowledged in the assessment of their needs and in how care was provided.

People were supported to attend a range of activities, which included employment, hobbies, social events, holidays and trips to the cinema.

The service had a complaints procedure, which people and their relatives said they were aware of. People said their views were listened to and a relative said they were satisfied how a complaint they made was responded to.

People and their relatives' views were sought as part of the service's quality assurance process. The service promoted people and their families to take part in decision making.

There were a number of systems for checking the safety and effectiveness of the service such as regular audits.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Staffing was provided to meet people's assessed needs.

People received their medicines safely.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff supervision and appraisal was inconsistent and staff confirmed they did not always have one to one supervision or appraisals of their work.

Staff were trained in a number of relevant areas and had access to nationally recognised qualifications in care.

Staff were aware of the principles and procedures as set out in the Mental Capacity Act 2005 Code of Practice and worked collaboratively with local authority social workers if there was an issue about people's capacity to consent to their care and treatment.

People were supported with eating and drinking where this was needed.

Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Is the service caring?

Good 

The service was caring.

Staff had good working relationships with people and demonstrated they treated people with dignity.

People were supported to develop independent living skills.

Care was provided which took account of each person's preferences.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and reviewed. Care plans were individualised and reflected people's preferences, although we noted some of the care plans referred to day care.

People were supported to attend a range of activities including the use of community facilities.

The service had a complaints procedure and complaints were dealt with to people and their relative's satisfaction.

Is the service well-led?

Good ●

The service was well-led.

The service sought the views of people as part of its quality assurance process. There were arrangements which empowered people to make decisions about how the service ran.

There were a number of systems for checking and auditing the safety and quality of the service.

There were effective links with other agencies so people received a coordinated approach to their care.

Choice South Coast (Supported Living)

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. The inspection checked 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 12 July 2016 and was announced. We gave the provider 48 hours notice of the inspection because it provided personal care to people in their own homes so we needed to be sure the registered manager or staff were in the office.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

The inspection was carried out by one inspector.

During our inspection we looked at care plans, risk assessments, incident records and medicines records for four people. We looked at supervision, training and recruitment records for three staff and spoke to three staff as well as the registered manager. We also looked at a range of records relating to the management of the service such as staff rotas, complaints, quality audits and policies and procedures.

We spoke with two people who received a service from Choice South Coast (Supported Living) to ask them their views of the service they received. We also spoke to a relative of one person who received personal care from the service. We observed staff interacting with one person in their own home. We sent surveys to ask 15 people what they thought of the service and four were completed and returned. Fifteen surveys were also

sent to health and social professionals and to 15 relatives, but none were returned to us.

We spoke to two social workers involved with the service. These professionals agreed their views on the service could be included in this report.

This was the first inspection of the service since it was registered with the Commission on 15 August 2013. The service was inspected on 25 July 2013 when it was operated by a different provider. No concerns were identified at that inspection.

Is the service safe?

Our findings

People and their relatives told us safe care was provided by the service. For example, when we asked a relative if they thought people were safe the reply was, "Yes, I have no worries about that and I'm confident when staff take (name of person) out and about." People said they felt safe and that they were supported to safely access community facilities. All four people who completed a survey said they felt safe from abuse and harm by care workers. People also said they knew what to do if they had any concerns. People, relatives and social professionals reported staff attended to people at the agreed times.

The service had policies and procedures regarding the safeguarding of people, which included details the local authority procedures. Staff were trained in safeguarding procedures and understood their responsibilities to report any concerns of this nature. Training provided by the local authority was also attended by the registered manager regarding the safeguarding of people.

People's care records included assessments of those aspects of people's daily life where a risk was identified. These included fire safety and what to do in the event of a fire, how to support people safely with personal care, risks of falls and risks related to medical conditions as well as risks regarding swallowing food. Records also included details about the signs and symptoms when someone may be unwell and what staff should do. Specialist equipment was provided where needed such as for safely moving and transferring people and arrangements whereby people could request immediate help using a call point system. There were risk assessments so staff could safely support people in the community. Social care professionals told us the staff provided safe care to people.

Care plans included details that staff must not handle people's money, but staff supported people to access their bank accounts which was recorded in the care plans. Where people had needs regarding the safe management of their finances there was a record to show how this was being dealt with by the local authority.

Each person was allocated staff care hours by contractual agreement with the local authority who commissioned the care packages. These hours were recorded in people's care plans along with the times staff provided support to people. Social care professionals and people said care was provided by a consistent staff team and contractual care hours were fulfilled. People and their relatives said staff arrived on time and stayed for the agreed time and that staffing was flexible to fit in with people's changing needs and choices. One person said staff did not arrive on time and were often 30 minutes late. This was discussed with the registered manager who said there were occasions when staff were late due to unforeseen circumstances but that the arrangement with this person was for some flexibility in the times for care staff to arrive. The registered manager said this would be reviewed in view of the person's dissatisfaction with the times care staff arrived. All of the people we spoke with or who returned a survey said staff completed the tasks they should at each visit.

Staffing was organised on a staff duty roster which reflected the hours in people's care plans. Staff recorded the times they provided care and support which also reflected the care plans. The registered manager stated

the service had access to a pool of 'bank' staff to cover for any absences due to staff leave. The service did not use agency staff. Staff said care was provided by staff as set out in people's care plans. One staff member said recent vacancies meant some of the care tasks had to be completed by the management team and said new staff were being recruited. One staff member said there was enough time to provide care to people but felt people would benefit if staff had more time to socialise with people.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There was a record of newly appointed staff being interviewed to check their suitability. Staff told us they had an opportunity to meet people and the registered manager said people were involved in the staff selection process, such as meeting and interviewing candidates. This ensured the provider only employed staff who were suitable to work in a care setting.

The service had policies and procedures regarding the ordering, storage and handling of medicines. People said they were supported to take their medicines when they needed them. Staff were trained in the safe handling of medicines, which involved observation of staff competency to do this. The staff told us they prompted people to take their medicines without handling it and then made a record to say this had taken place. We saw records made by staff of when they supported people with their medicines. People and social care professionals said people were safely supported with their medicines.

Is the service effective?

Our findings

Arrangements for the supervision and appraisal of staff were not well organised and showed inconsistent support to staff. For example, one staff member had a record of just one supervision in 2015 and one in 2016. Another staff member had a record of just one supervision in 2015. One staff member who had worked at the service for several years said they had not yet had a supervision session but said they had daily contact with the management team where they discussed their work. Another staff member said they received supervision but not an appraisal of their work. Staff who had started work in the preceding six months did not have a record of supervision and a system used to record observations of the competency of new staff had not been completed. There were forms to appraise staff of their work and to plan any future objectives but these had not been completed for any of the staff. The registered manager acknowledged the supervision and appraisal of staff needed to improve and had set dates for supervision sessions to take place. An audit of the service by the local authority commissioner's in December 2015 highlighted staff supervision needed to improve. The provider's own policy on staff supervision stated full time staff should receive six supervision sessions per year, but this was not being completed at the intended frequency. The provider had not ensured staff received adequate supervision and appraisal of their work to enable them to carry out their duties. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said they considered the staff to be knowledgeable and had the right skills to support people. For example, a relative said staff were skilled in providing care and helping people to be independent. People also said staff knew their needs well and were aware of how they wished to be supported. Social care professionals said staff were skilled, committed and knew people's needs well. Staff demonstrated they had a good understanding of people's care needs and showed a commitment to their work. The provider said staff would often work additional unpaid hours in their own time to ensure their work was completed.

Newly appointed staff had an induction to prepare them for their role, which was recorded. A staff member who recently started work at the service said they received an induction which involved enrolment and completion of the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. The induction also involved newly appointed staff working with experienced staff in a 'shadowing' role. Records of the induction of newly appointed staff were maintained and showed how staff performance and progress was monitored during the induction.

The provider confirmed that staff are required to complete a number of training courses considered mandatory to their role. Training records showed staff completed courses in a variety of relevant subjects such as fire safety, equality and inclusion, mental health and dementia, lone working, health and safety, moving and handling, medicines and first aid. Staff also had access to nationally recognised training qualifications such as the National Vocational Qualification (NVQ) in care and the Diploma in Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required

standard. The registered manager confirmed eight staff were trained to NVQ level 2 or above.

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.

The service had policies and procedures regarding the Mental Capacity Act 2005 and tools for assessing the capacity of people who were unable to consent to their care and treatment. Staff were trained in the MCA and were aware of the principles of the legislation and the need to gain the consent of people before providing care. A social care professional said the registered manager had a good awareness of the MCA, worked with the local authority when consent was an issue and that staff helped people to make decisions about their daily life. People said they were consulted about their care and that staff asked them how they wished to be helped. Care plans showed people's views were sought in how they wished to be supported and gave staff guidance on how to communicate with people to find out what they wanted and the support people needed to make a decision. People had also signed their care plans to acknowledge their agreement to the contents.

Care plans included details about any support people needed with food such as in preparing meals and of any specific support such as support to ensure people ate safely. Social care professionals said people were supported well with any food preparation and this was also the view of a relative of someone who received a service from Choice South Coast (Supported Living).

People's health care needs were assessed and showed arrangements were made to support people with dental care, annual health checks and more specialist medical appointments. There was a document which could be used to accompany people to hospital so important information about the person was passed on. Care records had a section called a 'Health Action Plan', which included details about health care needs; we noted these were not always completed, which meant may not always have the right information about health care needs.

Is the service caring?

Our findings

People said staff treated them with kindness and were friendly. A relative of someone who received care said the staff team was consistent. This meant care was provided by one or two staff which allowed staff and the person to get to know each other well, which was beneficial to the person. This relative said staff were "very caring" and were very much interested in promoting the welfare and well-being of people. Social care professionals said care staff had a "good rapport" with people, were skilled in communicating with people and listened to what people said. The social care professional added that people felt valued by staff and that people trusted and liked the staff. All of the people who returned a survey to us said care staff treated them with respect and dignity.

The service's policies and procedures included a commitment to working in a caring way with people and their families. Staff were trained in person centred support and people's care plans were individualised to acknowledge each person's preferences, wishes and goals. Care plans included details about people's communication needs so staff could find out how people wished to be supported or if they had any concerns. The provider told us external advocacy services were used if people needed help with their views being represented.

The staff induction procedures included guidance for staff on promoting people's dignity and respect, maintaining privacy and involving people in decisions about their care. Staff told us how they aimed to support people in a holistic way meaning they were concerned not to deal with just care tasks but to ensure people had a fulfilled life, were happy, healthy and treated with respect and dignity.

Staff were observed to have a friendly rapport with people and in turn people were comfortable to laugh and joke with staff. A relative commented how people responded well to the staff who were, "chatty, bubbly and tuned in" to what people needed.

People were able to exercise choice in how they spent their time and in their daily routines. This included choices of food and meals as well as how they spent their day. People said staff supported them to be independent which was also confirmed by social care professionals. This included help with activities such as shopping, accessing community facilities, preparing meals and enabling people to do as much of their personal care as possible but providing assistance when needed. Staff demonstrated they were committed to promoting independence when they supported people and understood the benefits of this to people. For example, one staff member said they aimed to "support people to do as much as they can on their own and not take over."

Is the service responsive?

Our findings

All but one person we received feedback from said they were involved and consulted in the assessment of their needs and in the plans for their care. One person who returned a survey to us said they weren't involved and consulted about their care but everyone else we spoke with or who returned a survey said they were. For example, one person said they were asked how they wanted to be supported and could suggest any changes which staff responded to. Also, a relative told us how care staff were both reliable and flexible and provided care as agreed with people.

People explained how they were supported to attend activities such as day care, social outings, holidays and employment.

People said they knew what to do if they had any concerns and a relative said they had used the complaints procedure, which the provider responded to and said the concerns raised were dealt with to their satisfaction.

People's needs were assessed and recorded ranging from personal care, health care, social and recreational needs. The provision of care was person centred and care plans demonstrated how care reflected each person's wishes and aspirations. For example, care plans were structured under headings such as, 'What I Would Like Help With' and 'What Is Important To Me.' The care plans included details about people's care needs, how people liked to be supported as well as spiritual, educational, employment and daily activities. People had signed their care plans to acknowledge their agreement to them. We noted that some of the care plans used by the staff had a heading to say they were care plans for day care at a nearby service and the registered manager agreed this needed to be amended.

Care plans included details of activities and social needs people were involved in. These showed people were supported to lead a fulfilling lifestyle. The service had its own transport for taking people out to events. People attended educational and occupational activities such as college courses, arts, crafts and employment. A relative said how staff supported people to attend a day centre, the cinema and bowling as well as shopping trips. Social care professionals said people benefitted from support such as preparing meals and other leisure activities.

The service had a complaints procedure which was also in an easy read format so people could understand it; the registered manager said each person was given a copy of this when they first used the service. People said they felt able to raise any concerns they had. The service maintained a record of any complaints which showed complaints were investigated and a response made to the complainant of the outcome of this. The service also maintained a record of any compliments and there were reviews so people could comment on their care.

Is the service well-led?

Our findings

People said they knew who to contact at the service if they had a query or concern. People and relatives said they were asked to give their views about the service by completing a survey questionnaire. Copies of the surveys were held with people's care records so the registered manager could review them to see if any improvements needed to be made. People also had opportunities to discuss the service they received at 'house' meetings with other people and staff. Records were made of these meetings and showed decisions were made about any issues people raised. People were also encouraged to take part in the running of the service such as the recruitment of new staff. There was also a forum called 'Voices to Be Heard' where people could attend meetings about the service's policies and procedures and could contribute to the development of the service. Communication with people's relatives was promoted by a 'family forum' meeting every three months.

The service's management also asked health and social care professionals for their views, which included comments that the service was 'managed well' and 'acted to prevent any harm' to people. The service was audited by the local authority commissioners who were positive about the quality of the service but advised staff supervision needed to improve.

The service had a registered manager who was aware of their responsibilities. The registered manager oversaw the operation of the service and said there were plans to recruit a deputy manager who would be able to take on some of the management functions carried out by the registered manager. There was a system of oversight and governance by the provider, which included regular contact with an Operations Manager, supervision of the registered manager and regular audits of the service. The registered manager carried out a monthly audit which was submitted to the provider. There were action plans for any improvements which were identified as being needed.

Staff told us they were able to raise any concerns they had with the registered manager. The provider stated staff were encouraged to raise any issues of poor practice and that staff performance was monitored. Staff also said regular staff meetings enabled them to discuss the care of people and the operation of the service. Staff said the service was well managed and the management team were "hard working" and always stepped in to help in providing care to people such as when there were staff vacancies.

The provider said the service worked collaboratively with other service providers such as local authority safeguarding teams. A social care professional described how the service liaised with them regarding the MCA and the consent of people. This professional said the care and management staff at the service contributed to the review of people's care needs.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff received appropriate support in the form of supervision and appraisal of their work to enable them to carry out their duties. Regulation 18 (2) (a)