

Choice Support

Choice Support - Claremont

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

About the service

Choice Support - is a residential care home providing personal care and support for people living with learning disabilities, autistic spectrum disorder, younger adults, and physical disabilities.

The care home is registered for four people. At the time of the inspection they were providing personal care and support to four people with learning disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was originally two large bungalows that had been knocked into one building. The building design fitted into the residential area and the other large domestic homes of a similar size. There were no identifying features from the outside to indicate to the passing public that it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when supporting people in public places.

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

People were supported by staff who treated them as individuals and afforded them dignity and respect. People's privacy and independence were promoted by the staff and they were supported with meaningful activities. People had person centred support plans in place and which they and their relatives, were actively involved in developing.

Relatives told us they felt the service was safe. Risks to people were identified and managed. Where required people were safely supported with their medicines. The provider had systems in place to ensure staff were safely recruited. Staff spoke knowledgeably about the systems in place to safeguard people from abuse.

People were supported by staff who had a thorough induction and training appropriate to their roles and responsibility. Staff told us they were well supported and had opportunity to discuss their own development and that of the service with the registered manager.

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. Staff supported people to access the right support to stay well including providing adequate food and fluids

Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

Staff told us they felt supported by the registered manager. The provider had effective quality assurance systems to monitor the quality and safety of the care provided.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 24 November 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well led.

Details are in our Well-led findings below.

Good ●

Choice Support - Claremont

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Choice Support - Claremont is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. We made specific arrangements for the second day so we could spend more time with people who lived at the home.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We observed people who lived at the service in the presence of staff. We accompanied two people and the

staff on a morning's activity out into the community.

We reviewed a range of records. This included four people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed including those relevant to health and safety, audits, quality assurance and training.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection since the change of registered provider. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People living in the home were at ease with staff. Relatives confirmed people were kept safe and were well supported. One commented "I am so relieved that they are safe and well cared for, my mind is always at rest."
- Staff raised no concerns about the service. They were aware of the principles of safeguarding and had confidence in the management team to address any concerns.
- The registered manager was aware of their responsibilities to report safeguarding incidents to the local authority and the CQC.
- Robust systems were in place to ensure that the risks of financial abuse or exploitation were minimised.

Assessing risk, safety monitoring and management.

- Regular safety audits of the environment and equipment were completed by the registered manager and the premises landlord. Service agreements and certificates were all in date and all required checks had taken place.
- The registered provider was making changes to improve fire safety and to keep people safe in the event of evacuation being required.
- Risks to people's health and wellbeing were assessed, managed and reviewed. These included areas such as personal care, behaviours that challenged, and accessing the community.

Staffing and recruitment

- Staffing levels were flexible to meet the needs of the people who lived in the home and varied according to what activities were taking place on any given day of the week.
- Recruitment of staff was safe and so we were assured that people were suitable to work in the caring sector.

Using medicines safely

- Medicines were stored and managed safely by appropriately trained staff.
- Regular medication audits were completed.
- Records relating to the management of medicines indicated that these were given in a person's best interest and in a way that met their individual needs.

Preventing and controlling infection

- Staff were aware of the measures to take to prevent and control the spread of infection.
- Adequate supplies of personal protective equipment were available, and we saw that staff used them

appropriately.

- The registered manager was working with staff to improve and maintain standards of cleanliness in the premises.

Learning lessons when things go wrong

- The management team regularly reviewed information when things had gone wrong or there were shortfalls in the service.
- Accidents and incidents were recorded and reviewed. There was managerial and provider oversight of this to ensure that any themes or trends were identified, learning was captured, and actions taken to minimise recurrence.

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.

This is the first inspection since the change of registered provider. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed and initial planning completed before they moved into the service. This was to ensure that care needs could be met and people were compatible to live with each other.
- People's needs and choices about their care were reflected in documentation relating to their support.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction and completed the care certificate in accordance with recognised standards for care staff.
- Training was provided for staff throughout their employment to maintain skills and knowledge. Staff received specific training to be able to support a person safely and effectively. A relative told us " I have every confidence in the staff as they are very skilled and capable."
- Staff received regular supervision and appraisal.

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

- The staff worked with people and was knowledgeable about their individual needs, likes and preferences. Advice on specialised diets were taken into account.
- People had choice about the food they ate. A relative told us " We always had a roast dinner on a Sunday, it was tradition. Staff have made sure that [relative] still has it, they love it."
- Where safe to do so, people had access to the kitchen area and were assisted to make their own drinks and snacks if they wanted to.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records relating to people's health and well-being were comprehensive and included information and assessment from other involved professionals.
- People were supported to access health care screening relevant to their gender and age.
- People's oral health care needs were met. Care records gave detailed guidance about oral care. Records showed people visited a dentist regularly.
- The service ensured that appropriate information was shared when people accessed other health and social care services to ensure a consistent and effective approach.

Adapting service, design, decoration to meet people's needs

- The home had been adapted to ensure people with physical disabilities and mobility support needs were

not restricted and could easily access areas within the home.

- Specialist aids and equipment were in place as required to provide safe care.
- The home was undergoing refurbishment and people and family to be involved in the picking of colours and soft furnishings in their bedrooms and décor of communal spaces.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- We observed that staff obtained consent for people's care and support.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.
- We spoke with a DoLS representative (RPR). The role of the RPR is to maintain contact with the person, and to represent and support them in all matters relating to the deprivation of liberty safeguards. They confirmed that all deprivations and restrictions were fair and proportionate and the home met the persons needs well.

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.

This is the first inspection since the change of registered provider. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- On the days of the inspection we observed that people living in the home looked comfortable and at ease with the staff.
- There was lots of chat and good-natured banter observed. The staff were able to talk to us about the background, needs and preferences of the people living in the home.
- Some relatives described to us difficult experiences their loved ones had gone through in other care settings and stressed how Claremont staff had made a difference. Comments included "[Relative] has been a changed person since they came here. I cannot believe how they settled so well, I was amazed" and "I had lost faith in the care sector until [relative] came here. The staff are amazing, and I cannot tell you how relieved we are as a family."

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

- Staff communicated in a variety of ways to ascertain people's wishes during the day and respected their choices.
- Relatives were invited to contribute to review meetings to ensure that people's needs were met and that they had an up to date knowledge of care and support needs.
- A relative told us " [Relative] is a person who knows what they want and the staff are so good at working with them to make things happen."

Respecting and promoting people's privacy, dignity and independence

- We observed staff respect each person's privacy and dignity throughout the inspection.
- The registered manager and staff were effective at promoting people's independence. One person was supported only with specific aspects of their mobility to ensure as staff had explored ways of involving them in doing as much as possible for themselves at each stage.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

This is the first inspection since the change of registered provider. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's individual needs had been assessed and support plans developed to meet those needs.
- Whilst out with the staff team we observed that they responded well and appropriately to people's different needs and preferences. For example, staff were aware of the signs people displayed when they were becoming anxious or distressed and took action to calm them down and to reassure the person.
- People's preferences in relation to their care and treatment, daily routines and how they liked to spend their time was documented. This, in conjunction with information from partner agencies, ensured that the care people received was person centred and based on their individual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's support plans contained their communication needs, preferred communication methods, and instructions for staff. We observed that this enabled staff to communicate effectively.
- Documents were available in different formats for people. Easy read documents were available at the service as well as on the provider website which gave information about the service.

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 actively supported to maintain relationships with family and friends. One person was being supported to regain contact with a friend they had not seen for a long time. A relative told us "I am not able to go visit anymore. So last year staff took me and my [relative] out to the garden centre together and it was lovely to do something together. We are going to do it again soon."
- People were supported to access a range of activities in the community on a regular basis. Staff took a person to Church each week as they loved to hear the singing and music. Their relative told us "We are not at all religious in the family but [relative] just seems to like the songs and the people there so its great they get to go."
- On most days of the week, people attended day services. The registered manager had identified that improvement was needed in provision of additional activities outside of these times. Staff had struggled, at first, to think of things for people to do, but this was improving. Activity charts highlighted what was planned to take place. One relative commented " Over the last few months, staff are making more of an effort to do other things with people: my [relative] has a great social life !"

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people and relatives. However, no complaints had been made since the change in registered provider.
- The registered manager and staff kept in regular contact with relatives and those we spoke with said they had no hesitation in raising any issues or concerns: but they had none.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care.
- Improvements were needed to ensure that appropriate conversations had taken place with relative and professionals in order to reflect people's future wishes. The registered manager acknowledged the need for improvement and told us this was one of the service priorities for 2020.

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.

This is the first inspection since the change of registered provider. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The home worked collaboratively with family, professionals and other agencies.
- Outcomes for people were good with a focus on maintaining health, independence and leading fulfilling lives. The staff were committed to achieving good outcomes for people.
- A relative told us that staff encouraged their family member to do more for themselves and stated " It would be so much quicker and easier for staff to do things for them (and they would happily let them). But staff understand that they need to be encouraged to be as independent as possible".

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

Continuous learning and improving care

- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- There was a comprehensive selection of policies and procedures providing information and guidance to staff.

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

- Team meetings were happening regularly and focused on the support that was given and how things could be improve. Staff were able to share their views and felt these were respected and taken into consideration.
- Staff received 'formal' supervision and support but told us that they could go to the registered manager with concerns at any time.
- Relatives said that the service kept them updated and they felt "Included" in their family life.
- Feedback was sought from people using the service, relatives and staff on a regular basis both informally and through meetings or surveys.
- The registered manager, staff and relatives stated the changes of provider to Choice Support had been positive and well communicated.

