

Choice Support

Choice Support - 181 Carlingford Road

Inspection report

Carlingford Road
London
N15 3ET

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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 - 181 Carlingford Road 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 two 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

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

People were supported by kind and caring staff who treated people as individuals and with dignity and respect. The provider had recruitment systems 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 were inducted, trained and supervised.

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 support required by people with health and nutritional needs was identified and provided. Infection control measures were in place to prevent cross infection.

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

People had person centred support plans in place. People were actively involved in their care and contributed to the development of care plans and reviews. People's communication needs were identified, and their end of life care wishes were explored and recorded. People were supported with activities.

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 20 June 2017). Since this rating was awarded the registered provider of the service has altered its legal entity. This service was registered with us on 28/01/2019 and this is the first 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 re-inspection 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 - 181 Carlingford Road

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 team consisted of one inspector.

Service and service type

Choice Support - 181 Carlingford Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was announced. We gave 48 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us. We also needed to be sure the registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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

People living at the service were unable to fully communicate their views, so we spent time observing interactions between people and staff. We spoke with one relative. We also spoke with the registered manager and a support worker.

We reviewed a range of records. This included two people's care records and two medicine records. We looked at three staff files in relation to recruitment, staff supervision and appraisal records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us various documents we requested during the inspection. We spoke with a relative and a support worker.

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 for this newly registered service. 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 were cared for safely. Relatives told us they felt the service was safe. One relative said, "Of course [person] is safe living there. He's lived there for a number of years and nothing [unsafe] has happened." Another relative told us, "Yes absolutely [safe]. [Person] is always happy. A lot of that has to do with the fact that the staff team understands his needs. They keep him well and safe."
- The registered manager was aware of their responsibilities to report safeguarding incidents to the local authority and the CQC.
- Staff we spoke with had a good understanding of their responsibilities. One member of staff said, "I would report it to my manager. If he did nothing I would speak to his manager. I would then speak to CQC and social services."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. These included areas such as personal care, nutrition, behaviours that challenge, and accessing the community.
- Staff demonstrated a good understanding of the risks people might face and how to prevent or manage them.
- Each person had a personal emergency evacuation plan which detailed the support they required to leave the premises in an emergency.
- Fire systems and equipment were monitored and checked to ensure they were in good working order.
- The environment was checked regularly to ensure that it was safe and appropriately maintained. However, we found water temperature checks for January 2020 showed the ground floor bath and first floor shower had higher than normal temperature readings. We spoke to the registered manager who advised us they would contact an engineer immediately. After the inspection the registered manager advised us this issue had been addressed.

Staffing and recruitment

- People were supported by staff who were appropriately recruited. Relatives told us there were enough staff available to support them and meet their care needs. One relative said, "I have visited the home on a few occasions. Certainly, enough staff."
- Staff told us there was sufficient staffing levels and their shifts were covered when they were off sick and on annual leave.
- Appropriate recruitment checks had been undertaken. Records showed checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with

vulnerable adults.

Using medicines safely

- There were safe arrangements for the storing, ordering and disposal of medicines. The staff responsible for the administration of medicines were up to date with their training.
- The service had a medicines policy in place which covered the recording and administration of medicines.
- Medicine Administration Records (MARs) were completed and checked weekly.

Preventing and controlling infection

- The home environment was clean, and the home was free of malodour.
- Staff completed training in infection prevention and control. Records confirmed this.
- Staff had access to and used disposable protective items, such as gloves and aprons. A staff member told us, "You make sure you have apron and gloves on for [personal care]."

Learning lessons when things go wrong

- The provider had a process in place to record accidents and incidents this included lessons learnt. However, the provider had no accidents and incidents since they were registered.

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 for this newly registered service. 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 physical, emotional and social needs, abilities and choices were assessed before they moved to the service. This enabled the service to decide the staffing levels and whether they were able to meet people's individual needs.
- Relatives told us people were given choices. One relative said, "I do think [person] gets choices." Another relative told us, "I think [staff] endeavour to support [person] to have choice."
- Staff knew people's preferences, likes and dislikes. One staff member told us, "[People] do get choices. If they are not happy you know about it." Another staff member said, "[Person] likes choosing his clothes. He likes to do himself. If he doesn't like something he puts it back."

Staff support: induction, training, skills and experience

- Staff were provided with regular training, supervision and appraisal to enable them to provide effective care.
- Staff told us they received regular supervision and records confirmed this. One staff member said, "I get supervision. My manager does a lot of supervision. I think it is amazing." Another staff member told us, "We talk about everything with the service. [Registered manager] will ask about the people. Ask if I have seen any changes in them. He will ask if I am feeling stressed and how I am managing." Annual appraisals with staff were completed.
- Staff told us training was offered on a regular basis. Records confirmed this. A staff member said, "The training is good. We get classroom training which is very good, and we get it very often. Sometimes they do refresher training to make sure we are up to speed." Another staff member told us, "The training is great. Some of them we have to do yearly and [every six months]. We have classroom training often."

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

- People were supported with their nutritional needs. A relative told us, "[Person] needs to be careful with the types of food he eats. He did have a little health scare about a year ago and his diet had to be adapted so he was eating healthy. Staff absolutely helped him with that."
- People's dietary needs were recorded in their support plans along with any associated risks and instructions for staff to meet those needs safely.
- Staff recorded what people ate to enable them to monitor their food intake.
- Records confirmed staff had received training in food safety.
- The kitchen was clean. The Food Standards Agency had rated the home five stars at their last inspection which meant the hygiene standards were very good.

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

- People's health care needs were met. One relative said, "[Staff] do take on board feedback and advise from health professionals. [Person] will see the GP from time to time or if he has an ailment. He has annual check-ups with the dentist, optician and [podiatrist]."
- People's care records showed relevant health care professionals were involved with their care, when needed. One staff member said, "There is a GP they regularly visit. [Person] is having medical review tomorrow. [People] had an optician come in and test eyes. They have podiatry appointments."
- People's oral health care needs were met. Care records gave detailed guidance about oral care. Records showed people visited a dentist regularly. One relative said, "[Staff] inform me when [person] is going to the dentist. I am consulted first." A staff member told us, "People brush teeth twice a day. [Person] can't [brush teeth] but [the other person] can. I ask [person] to open his mouth and clean as much as possible. They do go to dentist every six months. Dentist is very pleased with their teeth."

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

- The home was accessible to meet people's needs. The service was over two floors, four bedrooms, a kitchen with dining area, and a communal lounge. Each floor had a bathroom.
- People had personalised their bedrooms to their own tastes. Throughout the home were photographs of the people enjoying holidays and doing activities in the community.

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.

- There were systems in place to assess people's mental capacity to consent to care. Relatives told us staff asked their permission and gave them choices. One relative said, "[Person] is non-verbal so [staff] have to do a lot of prompting. [Staff] ask if he wants to go the toilet."
- DoLS authorisations had been submitted for people who did not have the capacity to make a decision to live in the home. This ensured that their rights were protected.
- Mental capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision-making process involved those who were important in the person's life.
- During the inspection, we heard staff seeking consent from people before providing support with day to day tasks. For example, staff asked people's permission to go into their bedrooms and to look at their care records as part of our inspection.

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 for this newly registered service. 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

- People were supported by staff who had cared for them over a long period of time. One relative said, "I am thousand percent satisfied with the care and how [person] is treated." Another relative commented, "I really do believe [staff] do care. All of them do care about [person]. I go down and see [person] and staff team. It is like an extended family."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "For me it is a very good [relationship]. We get on very well. It is how you treat people. You show them respect. Everything is [running] very smooth, and they are happy. You can tell by their faces." Another staff member told us, "[People] trust me."
- People's cultural, spiritual and religious wishes and needs were identified, recorded and respected. People were supported to attend religious facilities. One relative said, "[Person] goes to [place of worship] on Sundays."
- Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager said, "We need to support [LGBT people]. They are just like regular people." One staff member told us, "I would have to respect [LGBT people]. It is their choice with their sexuality. We would support them."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Relatives confirmed they were involved in care planning and reviews. One relative said, "They ask me to meetings all the time." Another relative told us, "I have been involved in his review of the support plan."
- Relatives told us privacy and dignity were respected. One relative said, "[Person] likes his own space and clearly has a routine. If he comes in from day centre, he may go to his bedroom to relax and watch tv. I believe [staff] understand that and allow him to do that. I get the impression they understand when he needs his own space. It feels to me they give him space."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "Before you go in [person's bedroom] you knock. Make sure door locked when giving personal care."

- Staff promoted and encouraged people's independence. A staff member told us, "[People] make their bed and put their pillow cases on. If bedding needs changing, we do it together. When [person] sees me doing it he will help me. He will hold the other end of the sheet and put the pillow case on."

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 for this newly registered service. 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 and those who were important to them were involved in planning their care. Records and relatives confirmed this.
- The support plans reflected people's care needs and were reviewed regularly.
- People's support plans contained information about their life history, hobbies and interests, likes and dislikes and wishes. Staff also had guidance on how each person liked to be cared for, to ensure personalised care. For example, one support plan stated, "Gently wake me up from bed and get all my toiletries ready. Apply toothpaste onto the brush and hand it to me."

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 on how to communicate effectively. For example, one support plan stated, "I like my decisions in a pictorial form object of reference. Show me several pictures of information and allow me to choose." Another support plan stated, "When I slap myself [this] means I am not happy. Need my space. Give me space. Prompt me to write down what I need which will help and calm me and divert the situation."
- Staff were seen communicating with people with patience and as per their preferred methods. Throughout the home pictorial cards were available to people showing different activities and food options.

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 encouraged and supported to develop and maintain relationships with people that were important to them, build social networks and links with the local community.
- One relative told us, "[Person] does go to day centre and activities in the community as well. He does seem to have a packed program in the week. [Person] likes to go away on holidays. Once a year I make sure [person] has a holiday and he is supported by the keyworker. [Person] really enjoys and has a fantastic time." A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life.
- People's organised activities were based on their preferences. Records showed people attended the day centre, lunches out in the community, cinema, travelling on buses and voluntary organisations for dances.

Improving care quality in response to complaints or concerns

- The home had a complaints process to ensure people's complaints and concerns were addressed appropriately and responded to promptly. The provider's complaints policy was available in an easy read format and available to people.
- Relatives knew how to make a complaint or raise a concern. One relative said, "If I can't resolve the problem with [registered manager] I would go to his manager."
- The registered manager told us they had not received any complaints since they registered the service.

End of life care and support

- The provider had a policy in place to support people with their end of life care needs.
- At the time of our inspection, the service was not supporting anyone with end of life care needs.
- The service explored people's choices in relation to end of life care including cultural and spiritual needs. Where people had disclosed their wishes, these were recorded in their support records including funeral wishes. This enabled staff to meet people's end life care needs.

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 for this newly registered service. 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; 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 registered manager promoted a positive culture which encouraged openness and enabled staff to provide care that achieved positive outcomes for people.
- Our observations showed people had a positive relationship with the registered manager. Relatives told us they got on well with the registered manager and were happy with the service provided. One relative said, "I think [registered manager] is very conscientious. Very experienced in it was he does. I get the impression he knows what needs to be done. He always keeps me informed especially when it impacts on [person]." Another relative told us, "[Registered manager] is a diamond. He is a wonderful human being."
- The staff had worked for the home for a long period of time. This enabled positive relationships to develop with people who used the service. One staff member said, "We have a good manager. That is all we can ask for. [Registered manager] is there to support us. It is good to work here." Another staff member told us, "It is a nice environment. We work as a team."
- Duty of candour requirements were met. The registered manager had a good understanding of duty of candour.
- Staff told us they felt supported by the registered manager. One staff member told us, "He is a fantastic manager. He is highly professional. He treats everyone the same including staff and [people who used the service]." Another staff member said, "[Registered manager] is very understanding and caring. He is very good to work with. I have got no problems with him. He takes his job seriously. He likes a certain standard."

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

- The provider had effective systems and processes in place to enable the registered manager to have an oversight of the management of the regulated activity.
- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. For example, the provider conducted an annual audit of the service which looked at feedback from relatives, observations, records, staff interviews, activities, training, health records,

complaints, accidents and incidents, medicines, finances, health and safety, and supervisions. Records showed these audits identified issues with the key worker monthly review form and increasing the frequency of staff meetings. Records showed the service implemented plans to address these issues.

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

- Systems were in place to enable people and staff to give feedback. The provider carried out annual surveys with people who used the service and their relatives. One relative told us, "Occasionally they do [send surveys]."
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems to staff. For example, staff meetings were held on regular basis. One staff member said, "We do have staff meetings. We talk about everything and how we can improve. Anything we are not happy with we can discuss it and make an agreement to make the service run smoothly."

Working in partnership with others

- The registered manager worked in partnership with others including local authorities, learning disabilities community team, healthcare professionals and other care homes in the local area to improve the service and people's experiences.