

Choice Support

Whitstable Road

Inspection report

94 Whitstable Road
Canterbury
Kent
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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:

Whitstable Road is a residential care home that accommodates up to six people with a learning disability. At the time of the inspection there were six people living at 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.

People's experience of using this service:

People's outcomes were consistently good and feedback about the service confirmed this.

People were supported by a core team of consistent staff, who knew people well and trusting relationships had been developed. Staff were available to support people when they needed it. Staff understood the importance of being on hand to assist people to promote people's independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people with dignity and kindness. They understood changes in people's body language and how to communicate with people who had limited verbal communication. Staff received effective support from the management team and were motivated to provide personalised care.

People could be assured that staff understood their health, social and personal care needs. People continued to receive their medicines when they were needed. Advice from health care professionals was sought when it was needed. Risks to people's well-being and in the environment continued to be effectively managed.

People were given informed choices about how to spend their time. They joined in local events and activities and kept in contact with family members and people who were important to them. People's relatives were kept up to date with their well-being.

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

Rating at last inspection: Good (last report published 27 October 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service had remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-led findings below.

Good ●

Whitstable 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Whitstable Road 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 inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also received feedback from a local authority commissioner. We used all this information to plan our inspection.

We introduced ourselves to five people and joined two people for lunch. We spoke with the registered manager and one support staff. We looked at a range of records including one person's care record; medicines records; two staff recruitment files; staff training records; fire reports; accidents and incidents;

audits; and quality assurance reports. After the inspection we telephoned two relatives.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At the last inspection on 25 August 2016, we recommended the provider seek advice about emergency escape procedures as an exit route in the garden was locked and the key was not easily accessible.
- At this inspection on 25 April 2019, the staff member on shift held the key and in addition a key was accessible in a break glass box at each rear exit to the property.
- An external contractor had carried out a fire risk assessment in April 2019 and identified several areas to improve fire safety at the service. The registered manager had developed was monitoring a plan of action, which set out each task and who was responsible for its completion.
- The environment was safe, and equipment was fit for purpose. Electrical and gas appliances were maintained, and fire equipment regularly serviced. Staff knew how to evacuate people safely in the event of an emergency as they received regular training and took part in a programme of fire drills.
- Potential risks to people's safety and well-being were identified such as going out, taking medicines and falling. Staff knew how to follow guidance and strategies to keep people safe. This included intervening to defuse situations between people so there was minimal negative impact on everyone living and working at the service.

Preventing and controlling infection

- At the last inspection on 25 August 2016, we recommended the provider consult national guidance on the prevention and control of infections in care homes. This was because some areas of the service were not clean, and hand washing facilities were not available in some toilets.
- At this inspection on 25 April 2019, the service was clean throughout and free from unpleasant odours. Deep cleans were carried out in addition to daily cleaning tasks.
- People could clean their hands, as hand gel was available near toilets that did not contain hand wash basins.
- Personal protective equipment was available to staff and staff followed laundry procedures to help prevent the spread of infection.

Systems and processes to safeguard people from the risk of abuse

- People's body language and facial expressions indicated they were at ease in staff's company. Staff understood that creating a relaxed atmosphere at the service helped people to feel safe.
- Relatives said their family members were safe as there was a core staff team who provided consistent support.
- People were protected from harm as staff's knowledge and skills in safeguarding people was refreshed at team meetings and training events.
- The registered manager understood their responsibility to seek advice and report potential abuse to the

local authority safeguarding team.

Staffing and recruitment

- Staffing levels were assessed according to people's individual needs and kept under review.
- No one was able to go out independently. There were enough staff available to support people at home and to go out regularly.
- There were arrangements with a staffing agency to deal with situations when care staff were not able to work.
- Recruitment practices made sure that the right staff were recruited to support people to stay safe.
- Checks included obtaining a person's work references, full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Using medicines safely

- People received their medicines at the right time. Medicines systems were organised, checked and audited. When it was identified that people may not receive their medicines, staff liaised with the pharmacist and people's doctors.
- The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff completed training in medicines administration and their competency was checked to make sure they continued to practice safe medicines administration and to be clear about their roles and responsibilities.
- Staff understood how to follow medicines guidance. People had a medicines profile which detailed why the person was taking each medicine and any side effects. Protocols directed staff when people should be given medicines prescribed as to be given 'only when needed' and for topical creams that needed to be applied to specific areas of the body.

Learning lessons when things go wrong

- Staff knew how to report and respond to incidents and accidents.
- The registered manager monitored and analysed all events so that action could be taken to reduce the chance of the same things from happening again. For example, the provider's positive behaviour support team was contacted after an incident. They gave guidance to the staff team about how to assist a person in a consistent and positive way, to reduce negative outcomes for the person and others.
- Discussions about how to support improvement were communicated at staff team meetings and supervisions.

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

Good: 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 were assessed in line with best practice and guidance so the provider could be confident they could be met by the staff team.
- The registered manager visited prospective people to assess their physical, social and emotional needs as well as any cultural or religious needs so these could be considered when planning for their support.

Staff support: induction, training, skills and experience

- Staff induction procedures ensured staff were trained in the areas the provider identified as relevant to their roles. During the inspection, an agency staff member who was new to the service, completed an induction so they knew the most important things they needed to know about how the service was run.
- Staff received ongoing training which was relevant to their roles which included supporting people in a positive way with behaviours that may challenge themselves or other, people with autism and mental health awareness.
- Relatives told us staff had the knowledge and skills to support people. One relative said, "He can be challenging. He has mood swings and can throw things about. He will try it on with new staff, but once they get to know him, they can deal with him".
- Staff were given opportunities to review their individual work and development needs through individual supervision sessions, team meetings and staff appraisals. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development.

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

- People planned the menu with staff and had food choices at each meal.
- People were independent and accessed snacks and drinks throughout the day.
- The lunchtime meal was relaxed. Some people ate out and other people chose when and what to eat and where to sit.
- People were protected from the risk of poor nutrition as staff knew which people they needed to encourage to eat. People's weights were monitored, so health professional's advice could be sought if there was a significant loss or weight gain. A relative said, "He tucks into his food as before he would leave it. He looks a lot better for it".

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People's health needs were identified and monitored by staff through observation and discussion. A record was made of all medical appointments and outcomes, so their needs could be met.

- There were clear systems for referring people to external services. People continued to be supported to access health care services when they were needed. Advice from health professionals had been sought and followed appropriately. For example, a speech and language therapist had been contacted as one person was experiencing difficulties when eating.
- Each person had a hospital passport which set out the most important things medical staff needed to know, should they be admitted to hospital.
- Relatives were kept informed of any changes in their family member's health. A relative told us, "Staff phoned me about a problem with his health and he saw a specialist. It was alright, but he takes a medicine now".
- Staff communicated effectively with each other verbally and through written communication. Staff knew what was happening in people's lives and knew when changes had occurred that might affect how their needs are met.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff continued to understand the requirements of the MCA. People's consent was sought before providing any care.
- When people did not have the capacity to make a specific decision, decisions were made in their best interest with support from family or an Independent Mental Capacity Assessor (IMCA). An IMCA is an advocate appointed to act on a person's behalf to make important decisions.
- DoLS applications had been submitted in line with requirements.

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

- Everyone had their own bedroom. People who had shared a bedroom before they moved to the service, benefited from having their own privacy and space.
- Signage helped people find their way around their home.
- People had access to two communal areas and a kitchen where they could make hot drinks and snacks.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People continued to be treated with kindness. A relative said, "It has always been a very caring home".
- People's well-being was enhanced through the development of trusting relationships with staff. A relative told us, "He is more a man's man. He has built a good relationship with two male staff".
- Staff had created a relaxed and friendly home. People's body language indicated they were at ease. When people became anxious, staff offered reassurances.

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

- Staff continued to support people to be involved in tasks and activities that they liked and had chosen.
- People were formally asked for their views about their care and support at meetings with their keyworker where activities and goals were discussed. If people chose not to attend these meetings, their decision was recorded.
- People met and greeted new staff when they were interviewed. The way staff interacted with people was used to assess if staff were kind and caring.

Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with dignity and have their privacy respected.
- People's independence was promoted. People shared household tasks and staff understood the importance to enabling people to do as much as they could for themselves. One relative said, "Staff encourage him to do things for himself. He puts the kettle on". Another relative told us, "The staff really involve him, and he is happier for it. He is on the rota for doing some dusting".
- Relationships with family members and those who were important to people were developed and maintained. Relatives said staff accompanied their family member when they visited them, so they received the right support.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained detailed information about people's likes, dislikes, routines, personal history, cultural and religious needs. A one-page profile gave staff a clear summary of the most important things they needed to know about each person. Staff knew about people's interests and preferences which helped them to provide care in a personalised way.
- People were supported to follow their interests and be involved in local events. This included attending sensory sessions, going out for lunch, to buy a newspaper, and to a night club. A relative told us, "People go out quite a bit. My family member recently went to the theatre and we talked about that".
- Relatives said staff were responsive to their loved one's needs. One relative said, "My family member has improved over the last six months an awful lot. I was amazed. He responds more to what I say and asked when he can see me again. I think it is a very good home or he would not respond to me".
- People's communication needs had been identified, recorded and highlighted in care plans in accordance with the Accessible Information Standard. This meant that people received information in a way they could understand. For example, when the existing company which provided the service merged with another company, people received a letter in an easy read format which explained what this meant to people. Staff read these letters with each person, to help them understand the content.

Improving care quality in response to complaints or concerns

- The complaints procedure was available at the service and in a pictorial format to help people understand its content.
- People were encouraged to communicate any concerns or complaints at keyworker meetings. The provider understood that people may not always be able to make a complaint verbally. Staff compensated for this by being aware of any changes in people's moods, routines, behaviour or health.
- Relatives said they were in regular communication with staff and therefore felt confident to raise any concerns or complaints. One relative told us, "I don't have any concerns as staff always keep me informed with what is going on". Another relative said when they had discussed an issue that they were not completely happy with, staff had addressed it immediately. This relative told us, "It was sorted. That is a good outcome".

End of life care and support

- People, with the support of their family members, had provided some basic details about their wishes at the end of their lives. The provider had identified this as an area requiring more careful consideration, to make sure people had all the important things and people around them at this time.
- The provider understood the importance of working closely with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service continued to be well led. The registered manager had returned to manage the service after a planned period of leave. During the registered manager's absence, the provider had appointed another person from the company to manage the service.
- The registered manager managed this and another of the provider's services. They were supported in their role by an assistant team leader, with whom they had regular communication, to make sure the service continued to provide consistent and personalised care.
- The registered manager led by example, treated people with care and dignity and ensured staff understood and implemented the same aims and values.

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

- People benefitted from being supported by a staff team who were motivated and understood their roles and responsibilities.
- There was a structured programme of checks and audits which continued to be effective in highlighting areas for improvement.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.

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

- Relatives were positive about the management of the service and said they would recommend it to others. One relative said, "It is well-managed. Yes, I would recommend it as I feel they are caring, and I can speak with staff about anything".
- Feedback from reviews of people's care was that their well-being had been improved through being consulted and involved in their care.
- Staff engagement included staff meetings, supervisions and daily communication. A team away day was planned to promote staff cohesion and development.

Continuous learning and improving care

- Information gathered from audits and reviews of incidents and accidents was used to develop the service and make improvements.

- The registered manager was undertaking a management qualification. They kept up to date with guidance and advice through accessing the providers policies and attending registered managers forums. They shared best practice and disseminated information to the staff team.
- Staff were actively encouraged and supported to undertake continuous learning to pursue a fulfilling career.

Working in partnership with others

- The provider continued to work in partnership with other social and health care professionals such as GP's and community nurses and act on their advice.
- Liaison took place with the landlord to promote a joined-up approach to the maintenance and safety of the property.