Choices Housing Association Limited

Choices Housing Association Limited - 60 Holdcroft Road

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

Overall summary

We inspected this service on 26 October 2015. This was an unannounced inspection. Our last inspection took place in May 2014 and at that time we found the home was meeting the Regulations we looked at.

The service is registered to provide accommodation and personal care for up to six people with a learning disability and/or mental health needs. At the time of our inspection six people were using the service.

The provider had notified us of the absence of the registered manager, to manage another service owned by the provider. However, another registered manager from

Summary of findings

another service owned by the provider was redeployed to manage the service until a permanent registered manager was employed. They were present on the day of the inspection. 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 and associated Regulations about how the service is run.

People were cared for by staff who knew what safeguarding was, how to identify the different types of abuse and what actions to take if they suspected potential abuse. There was guidance on display for people who used the service and staff on how to raise safeguarding concerns. The provider took appropriate action when abuse was suspected. We observed that people were cared for safely and protected from harm.

People had risk assessments and management plans and these plans were reviewed regularly and updated when people's needs changed. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely.

People told us that staff knew them well and understood their needs. Staff demonstrated a good understanding of people's care needs and knew how to care for and support them. They had completed training to enable them to provide safe and effective care.

Legal requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were followed when people were unable to make certain decisions about their care. 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. 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.

People were supported to eat and drink suitable amounts of food and drink of their choice. Advice given by professionals was followed in respect of special diets. People were supported to attend health appointments as required.

People were cared for and supported by staff who were kind, friendly and compassionate. Their dignity was respected at all times. Staff ensured that people were comfortable at all times and took appropriate action when people expressed signs of distress.

Care was provided to meet people's individual needs and preferences. Care plans detailed how people wished to be cared for and supported. People were involved in assessments and planning of their care. The views of their families were obtained about their preferences and likes and dislikes.

Information was provided in easy- to-read formats to enable them raise concerns. Their relatives were given opportunities and supported if they wished to raise concerns or make complaints about the service. The provider had systems in place to deal with and monitor complaints made about the service.

There were systems in place to monitor and assess the quality of the service provided. The interim registered manager understood the requirements of their registration with us and they and the provider kept up to date with changes in health and social care regulation. There was a positive and open atmosphere within the service. Staff and relatives told us that the interim registered manager was approachable and supportive.

Summary of findings

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.

Staff understood what abuse was and knew what actions to take if people were at risk of harm or abuse was suspected. The provider took appropriate action when people were at risk of abuse. People's risk assessments and management plans were reviewed when their care needs changed. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were cared for by staff who were knowledgeable and who knew them well and knew how to provide them care and support. Legal requirements of the Mental Capacity Act (MCA) 2005 were followed when people were unable to make certain decisions about their care. People were supported to eat and drink sufficient amounts to remain healthy. People had access to other health care professionals.

Good

Is the service caring?
The service was caring.

People were cared for by staff who were kind and compassionate. We observed positive interactions between staff and people who used the service. People were treated dignity and respect. Their choices, preferences and wishes were respected.

Good

Is the service responsive?
The service was responsive.

People were supported to engage in activities they enjoyed. Staff knew people's likes and dislikes and delivered care in line with this. People were supported to engage in activities they enjoyed within the home. The provider had systems in place for dealing and responding to concerns about the service.

Good

Is the service well-led?
The service was well-led.

The provider had systems in place to monitor the quality of the service provided. The provider promoted an open culture within the service and supported staff to carry on their roles effectively.

Good

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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. This inspection was planned to check whether the provider was 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 26 October 2015 and was unannounced. Our inspection team consisted of one inspector.

We reviewed the information we held about the service. Providers are required to notify us about events and incidents that occur at the service including deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. The provider notified us of incidents which had occurred at the service. We reviewed additional information we had requested from the local authority safeguarding team and local commissioners of the service.

People who used the service could not communicate verbally, so we spent time observing how staff supported and interacted with them. We spoke with the relative of two people who used the services to obtain their views about care provision and services.

We spoke with three members of care staff and the interim manager to check that standards of care were being met.

We looked at three people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included audits, health and safety checks, staff training records, staff rotas, incident, accident and complaints records, minutes of meetings, quality checks, and satisfaction questionnaires. We looked at these to check that the service was managed safely and effectively.

Good

Is the service safe?

Our findings

Relatives of people told us that people who used the service were safe and protected from harm. They did not have any reason to think their relatives were at risk of abuse and were confident that staff would take appropriate action if people were at risk of abuse. People were cared for by staff who had an understanding of safeguarding, knew the different types of abuse and what actions to take if they suspected abuse. A staff member said, "I would report it straight away". There were notices in the staff office displaying telephone numbers which staff could use to report safeguarding concerns. Staff we spoke with knew where to locate the number and told us they would not hesitate to use it if they had any concerns. Staff were confident that the manager would deal with safeguarding concerns appropriately. We saw records which indicated that safeguarding concerns were investigated internally and actions put in place to prevent a reoccurrence of the incident.

Most of the people who used the service suffered with epilepsy and other complex needs. We saw that people had risk assessments and management plans in place to ensure that they remained safe. There were systems in place for monitoring people who were prone to seizures and other physical illnesses in order to prevent them from coming to harm. One person who was at risk of developing pressure sores had risk assessments and plans in place to minimise the risk of their skin integrity deteriorating. The person used pressure relieving aids such as pressure cushions and pressure boots to minimise their risk of developing pressure sores.

Most of the people who used the service had mobility problems but liked to explore the environment independently. The provider ensured that the environment within the home was safe and free of obstructions to minimise the risk of accidents. People who had mobility problems but wished to explore the environment had risk assessments and plans in place to keep them safe without limiting their freedom. This showed that the provider had a positive attitude towards ensuring that people's risks were managed in a way that did not limit their freedom.

We saw that risk assessments were reviewed regularly and updated when people's needs changed. For example, the interim manager told us that one person had slipped out of their wheelchair whilst being assisted into a taxi. The manager said, "We put action in place straight away to prevent it from happening again. Falls risk assessments and safe handling and mobility risk assessments and plans were reviewed. We discontinued them going into a normal taxi and we now order wheelchair assisted taxis for them to prevent it from happening again". We saw records which confirmed what the interim manager had told us. This showed that the provider took appropriate actions after incidents to prevent them from reoccurring.

The provider had systems and protocols in place for dealing with accidents and incidents which occurred at the service. A visual flow chart was on display to guide staff on what actions to take when an accident such as a trip, slip or fall occurred or if it was suspected. Emergency telephone numbers were also provided for staff to contact the manager on call.

Relatives told us that there were sufficient numbers of staff to provide care. One relative said, "We've always been satisfied with the number of staff on duty. There is always enough staff about". All the staff we spoke with told us that they were happy with the numbers of staff they had on duty on most days and when there were shortfalls, the same temporary staff were used. We spoke with a temporary staff member who was on duty on the day. They confirmed to us that they had worked at the service for several years on a temporary basis and knew the people who used the service well. They told us they had now been offered employment at the service and would be starting soon on a permanent basis.

We checked staff rotas and noted that there were adequate numbers of staff on duty to meet the needs of people who used the service and the same temporary staff had been used to cover shortfalls. We observed that people did not have to wait to receive support when they needed it and staff were always available to support the people who used the service. We observed that care was not rushed and staff took their time and gave full attention to people when they provided them with care.

The interim manager told us that a new manager had been employed who would be applying to be the registered manager of the service. Records showed that recruitment checks were in place to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks were carried out for all the staff. The DBS is a national

Good

Is the service safe?

agency that keeps records of criminal convictions. The provider also requested and checked references of the staffs' characters and their suitability to work with the people who used the service.

People's medicines were managed safely. We observed and medicine records showed that people received their medicines as prescribed. The registered manager showed us the systems they had in place to minimise the risk of medicine errors. People had their pictures on their Medicine Administration Records (MAR) and people's blister packs were colour coded to ensure that staff gave the right medicines the right person at the right time. We carried out a medicine audit and found no concerns. The registered manager said, "All staff must receive medicines administration training before they are able to administer medication". We saw that medicines are ordered, stored and disposed of safely and securely.

Good

Is the service effective?

Our findings

The relatives of people who used the service told us staff knew the people they cared for and understood their needs. They told us that their relatives had key workers who worked closely with their relatives and understood their needs. One relative said, "They are settled, the staff know [person's name] and they [staff] are used to [person's name] routine". Another relative said, "Staff know [person's name] well. They pick up other clues to tell when they're not feeling well".

A staff member said, "You get to know them well, their facial expression and body language. You get to know when they don't like something. It's constant learning". We observed that staff knew people well, understood their care need and knew how to deliver the care the people required. When one person who used the service appeared to be restless, the staff who were present knew that these were signs to indicated they wanted to go to bed, and immediately too action to meet this need.

Staff supported people to make choices about the care they required. A staff member said, "We show them things and help them choose. We do that with every one of them regardless of whether they can communicate or not. We give them choices by showing them things".

People's needs were assessed and planned to ensure that they received appropriate care and support from staff. A relative told us, "[Person's name] has got a key worker who knows them well and has got loads of brilliant ideas for [Person's name]". Staff told us they had received relevant training to support them in providing care and support to people who used the service. We saw staff training records which confirmed this. Staff we spoke with told us they had regular supervision and annual appraisals and records we looked at confirmed this. The manager told us that the provider supported staff to have additional training other than the provider's mandatory training, to support staff in their roles. The manager said, "Everyone is up to date with training. We've [registered managers for the provider] just been on a training course for tissue viability, so we've thinking of doing it in-house".

Staff training records showed that newly recruited staff members had received an induction which entailed face-to-face learning and observations. They also completed Care Certificate qualifications. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

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. The application procedures for this in care homes and hospitals are 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 were being met. We saw that the provider followed legal requirements to deprive some people of their liberty. This was because these people were unable to make certain decisions for themselves and it was necessary for their liberty to be deprived to maintain their safety. Staff we spoke with knew why these people's liberties had been deprived. A staff member commented, "[Person's name] is quite independent in many ways. They can dress themselves up but they do not have capacity to be crossing roads and dealing with other things".

Some people who used the service presented with behaviours that challenged and sometimes upset other people who used the service. We observed that staff used appropriate redirection skills to redirect one person to another section of the home when the person presented with a behaviour that challenged and which other people who used the service found distressing. We observed the staff using appropriate communication skills when managing the person's behaviour.

Relatives told us that people were supported to eat and drink sufficient amounts and they had no concerns relating to the food and drink intake of their relatives. We saw that staff supported people to eat and drinking sufficient

Good

Is the service effective?

amounts. Staff presented a variety of food to people to enable them to choose what they wished to eat or drink. We saw that food, drinks and snacks were available and people were supported to have these.

Some people were on special diets because they were at risk of choking. We saw that they had been assessed by Speech and Language Therapist (SALT) and recommendations were made on the type of food they should eat and drink. We observed staff supported people to have their food and drinks as recommended. We saw that people's food and drink intake was being monitored to ensure that they had adequate amounts to keep them healthy.

Good

Is the service caring?

Our findings

The relatives we spoke with told us that staff were kind, caring, pleasant and approachable. One relative commented, “They’re always at the end of the phone when we ring”. One relative commented, “They [staff] always seem happy because if they appear to be sad, they would not be able to provide a safe and caring service; so that’s positive”. Another relative said, “The staff are good. [Person’s name] has got two key workers who interact very well with them [person]. They [Person who used the service] are dressed well and always clean and tidy”. The relative told us they were happy with the care their relative received because they looked well and happy.

We saw that staff were not rushed when they supported people with their personal hygiene. We observed kind and caring interactions between the staff and people who used the service. For example, when staff noticed that one person wanted to go out into the garden, they were immediately supported by two staff members to get out in the garden. Both staff members stayed with the person while they were outside and we saw them chatting with each other. The person returned into the home smiling and looking more relaxed. We observed that people who used the service felt comfortable giving staff hugs, and the staff members returned these hugs appropriately.

People’s relatives we spoke with told us they were always involved in planning the care of their relatives who used the service. They told us that the provider involved them in all decisions relating to their relatives. Relatives told us that the provider kept them informed and provided them with information relating to the care of their relatives Records which we saw showed that people and their relatives were involved in planning their care and we saw that the views of the relatives were respected.

We saw that people who used the service were treated with dignity. We saw that staff knocked on bedroom doors and called out to people before they went into their bedroom. We observed that staff respected people and spoke with them in a manner that reflected their age. A staff member said, “I treat them how I would like to be treated. I make sure the doors are closed when I take them to the toilet”. Although all of the people who used the service had disabilities which meant that they could not always communicate verbally, staff took time to communicate with them verbally and used signs and gestures to help them understand what was being communicated to them.

We saw that people’s wishes about how they wished to be cared for were respected. One person preferred to spend their time in their bedroom. We saw that staff supported and encouraged the person to sometimes spend time in communal areas; however, we noted that when the person started expressing signs of unhappiness and unease, staff took the person back to their room. Staff we spoke with told us that they did this because they tried to ensure that the person did not become isolated, whilst respecting the person’s wishes to spend time by themselves in their bedroom.

Good

Is the service responsive?

Our findings

People were supported to engage in activities they enjoyed. Some people enjoyed swimming, other enjoyed football and some enjoyed going out for walks in the community. We saw that staff supported them to do these. We saw that the provider had a system in place to ensure that there were sufficient numbers of staff on duty to take people out on planned activities in the community.

The interim manager told us that a taxi service was available for people who used the service. However, arrangements for its use by people who used the service depended on the service agreement between the provider and the responsible person/people for decisions relating to the care of the person who used the service. The interim manager told us that in situations where a family member was unable to take someone out on a planned activity other arrangements were made for staff to accompany the person to another activity they enjoyed.

The relatives we spoke with told us their views were always obtained in how care should be provided to their relatives who used the service. They told us they were involved in planning the care of their relatives. Staff knew the likes and dislikes of the people who used the service. Staff knew people's likes, dislikes and care preferences. Information about peoples like dislikes and preferences were contained in their care files. Care records contained pictorial prompts to help people understand their care.

We observed that staff kept people occupied by engaging them in activities in the home. There were magazines which staff read with people and people were supported to enjoy a variety of sensory stimulating activities in the home. The home had a sensory room which we saw staff support people to use.

Relatives told us that they would not hesitate to raise concerns with the provider. One relative said, "I challenged the food and nutrition a while ago because it was not adequate but we addressed those issues". They told us that they had discussions with the provider about their concerns and improvements were made. Staff told us how they would respond to a complaint and this was in accordance with the provider's complaints policy. The provider had a system in place for monitoring complaints or concerns raised to ensure that they were dealt were appropriately.

Good

Is the service well-led?

Our findings

Staff told us the interim manager was approachable, they were supported to raise concerns and they always felt listened to. They told us and records showed that they had regular team meetings, supervision and appraisals to support them in their roles. A staff member said they attended meetings at the head office in order minimise any disruption that could take place if the meetings were held at the service.

The interim manager notified us of significant events such as safeguarding incidents and maintained records of these for monitoring purposes. They maintained a record of incidents which had occurred in the service and ensured that actions were put in place to prevent reoccurrence. They showed us examples of action and measures that had been put in place to ensure that consistent action was taken when an incident or accident occurred at the service.

The interim manager carried our regular audits and evaluations of the service. Some of these included, care documentation audits, nutrition, safeguarding, falls and mobility, infection control, skin integrity and maintenance audits. Service user, relative and staff meetings and feedback surveys were carried out to obtain the views of people who used the service.

The provider had systems in place for monitoring the overall quality of services provided. A designated person responsible for carrying out quality audits and checks visited the service regularly to assess the quality of the service. We saw that outcomes of the audits were analysed and actions plans put in place where improvements needed to be made. This showed that the quality of the services provided was regularly assessed and monitored.