

Choices Housing Association Limited

Choices Housing Association

Inspection report

1a King Street
Newcastle Under Lyme
Staffordshire
ST5 1EN

Tel: 01782254000
Website: www.choiceshousing.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Choices Housing Association is a care at home service providing personal care to 154 people at the time of the inspection. The service supported people across 13 extra care and supported living settings across Staffordshire, Shropshire and Stoke some of whom were living with dementia, mental and physical health needs, and learning disabilities.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: 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 medicines were managed safely. However, we did identify the need for some improvements in the management of time-specific medicines, rotation of pain patches and medicines care plans, to ensure these reflected best practice. People were protected from the risk of abuse. The provider took a proactive approach to assessing and mitigating risks to people's safety. The provider was meeting the requirements of the Mental Capacity Act 2005. There were systems in place to identify when things went wrong.

Right Care: Care was person-centred and promoted people's dignity, privacy and human rights. There were enough staff on duty to meet people's needs. There was a system to monitor and assess the care provided. People achieved good outcomes from their care. The service worked collaboratively with other agencies to ensure people received the care they needed.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Management used questionnaires and meetings to take suggestions from people and acted on feedback. There was a culture of continuous learning. The management team understood their responsibilities under the duty of candour and was meeting these.

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 12 July 2019).

Why we inspected

The inspection was prompted in part due to concerns received about management of medicines. A decision

was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service is Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Choices Housing Association on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Choices Housing Association

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 3 inspectors including a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 13 'extra care' and 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

A new manager had been in post for 4 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had about the service. 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and 5 relatives about their experience of the care provided. We spoke with 13 members of staff including the head of care operations, the quality manager, service managers, senior care workers and care workers. We reviewed a range of records. This included 16 people's care records and multiple medication records. We looked at 9 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were managed safely. However, we did identify the need for some improvements in the management of time-specific medicines, rotation of pain patches and medicines care plans, to ensure these reflected best practice. When we discussed this with the management team, they put a plan in place to make improvements. The provider continued to work with external professionals to embed those changes.
- When medicines audits identified mistakes, investigations took place, staff competencies were reviewed, and lessons were shared through one-to-one meetings and staff meetings. One staff member told us, "When I made a medication error, it was investigated, and management increased the number of staff trained to give medication for all shifts."
- Medicines were received, stored, and disposed of safely.
- Medicine Administration Records [MAR] were completed to ensure people received their medications as prescribed.
- Staff received training around medicines.
- People told us staff gave them the support they needed to take their medicines. One person said, "Only staff who are trained give me my medication. They forgot my night medication once and although it didn't cause me any harm, the manager came up a couple of nights after and sorted it all out. They haven't forgotten since." Another person said, "Staff are caring, and I feel confident in them because they know what they are doing. I have a pain patch and they change where it is stuck on my back. They do this every time and have never forgotten."
- Staff told us they had the training and support needed to safely administer people's medicines. One staff member said, "In the last couple of years, medication training has improved a lot and there is a new protocol where we do reflective practice and supervision."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider had a safeguarding policy in place which staff understood and followed. Accidents and incidents were recorded, reviewed and measures were put in place, where required, to reduce or remove any risk.
- Staff completed training in safeguarding.
- Staff told us they understood potential signs of abuse and would feel confident to report these to the registered manager. One staff member said, "My safeguarding training covered everything about raising concerns and I know to report concerns to the manager and then the Local Authority and CQC if I need to."

Assessing risk, safety monitoring and management

- The provider took a proactive approach to assessing and mitigating risks to people's safety. Risk assessments in place identified potential risks to people's safety and guided staff how to keep people safe from harm.
- People were safe. One person told us, "I look forward to the carers coming. When I press the button, they come to me, especially when I fell. I know I'm safe and my [relative] doesn't worry about me anymore as they know I'm safe."
- One member of agency staff said, "I would never put people at risk, staff are very caring, and we go above and beyond to support people. We never refuse to help when we are asked to do something by residents out of their allocated hours."
- When people's needs changed, care plans were updated to reflect this. For example, when a person had had a fall, their care plan was changed to reflect their increased mobility needs and what mobility aids they used.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. One staff member said, "Staffing levels are good. We are never under pressure to finish calls early and if I feel I need to stay longer with someone then I can call the office and they will organise for someone to start my next call or take over from me."
- Staff told us they were a good team and worked together well. One staff member said, "This is the best organisation I have worked for, and all staff work for each other. We are very supportive towards each other, and we do our very best for the people we support."
- Staff were safely recruited. New staff were subject to pre-employment checks such as reviewing their education and employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Staff told us they receive all their required training before starting their roles.

Preventing and controlling infection

- Risks of infection were minimised. There was an up-to-date Infection Prevention and Control (IPC) policy in place.
- Staff received Infection Prevention and Control training as part of their induction which was refreshed annually.
- Suitable personal protective equipment (PPE) was provided to staff including aprons, gloves and hand gel as required.

Learning lessons when things go wrong

- There were systems in place to identify when things went wrong.

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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a system to monitor and assess the care provided. Where audits identified errors or gaps, these were followed up and the lessons learned were cascaded through one-to-one staff supervisions and team meetings.
- The management team understood when things went wrong it was their legal responsibility to be open and honest. We saw examples of the provider making referrals to external agencies and sending statutory notifications to the Care Quality Commission.
- The management team regularly checked the quality of care being delivered, asked people for feedback, and followed up any issues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People achieved good outcomes from their care. One relative told us, "I think the care is brilliant. It's better than the last place and we thought that was great. My [relative] has settled in well and the care they get is brilliant. They look after my [relative] like I would look after them and I don't worry about them at all. They do offer to shower my [relative] but they are managing independently now. They go above and beyond and let me know if there are any changes."
- Another relative said, "I think it's a really good service. My [relative] is still on par with 2-3 years ago which is good considering they have [medical condition]. The staff chat with them and laugh with them. The staff are very caring and try to include them in everything."
- Staff felt well-supported by management and told us they were kept up to date with any change in people's needs. One staff member said, "When we see that people's needs might have changed, we are able to discuss it with the managers and they will make sure there are changes to the person's care." Another staff member said, "Managers are very supportive and if I don't know something, I ask management and they give me very good support. I feel safe with this management."
- There was a system in place to identify when care plans were due for review. We saw evidence of a person's care visit times being changed following a discussion with them to ensure medication was received at the correct times.

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

- Management used questionnaires and meetings to take suggestions from people and acted on feedback.

One person told us, "I have had a questionnaire. The staff include me and are intuitive." Another person said, "It's very well run as the carers are always caring. I've never had to make a complaint, but I would if I had to. I would tell managers as they are in charge. I have a review with staff every few weeks, but I'm happy with everything."

- Staff told us they value people's feedback on the care they deliver. One staff member said, "Residents are able to give feedback on our performance. We also have a suggestion box which people use. Staff are asked what we think should change about the service and the managers listen and act." Another staff member said, "We are a stable team striving for consistency. If a person has an issue with anything, they know they can raise this with us, and we will be responsive."

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 management team understood their responsibilities under the duty of candour and was meeting these.

Continuous learning and improving care

- The management team ensured there was a culture of learning within the service and identified the need to strengthen systems for learning from all incidents.
- The provider engaged in an external medicines audit and put a plan in place to improve medicines management.
- The provider had invested in information technology to identify themes and trends from incidents across all their services.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.
- One professional working in partnership with the provider told us, "As a practitioner, I have built up good working relationships with the management and carers."
- The extra care schemes had central hubs from where external agencies work. We saw community activities taking place which people enjoyed.