

Choice Support

Choice Support (Cheshire)

Inspection report

196 Nantwich Road
Crewe
Cheshire
CW2 6BP

Tel: 02072614100

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17 January 2020

21 January 2020

03 February 2020

04 February 2020

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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 (Crewe) is a domiciliary care agency providing personal care and support to people living in their own homes including a number of supported living accommodations in the local area. At the time of the inspection of the 88 people who used the service, 48 were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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 told us they felt safe. Staff received training and were knowledgeable about the procedures to follow to protect people from abuse. Training was also provided to people using the service about how to keep themselves safe. Accidents and incidents were recorded with managerial oversight to identify any patterns so that measures could be implemented to prevent recurrence. Safe procedures were followed to ensure that only suitable staff were employed. People were supported to take their medicines by trained and competent staff.

People's needs were fully and holistically assessed before they received a service. Support was individualised and effective. People were happy with the care they received and felt well supported. Staff received a wide range of training relevant to their role. The service worked with other agencies to support people to maintain their health and wellbeing.

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. 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 them having as many opportunities as possible for them to gain new skills and become more independent.

Warm and friendly relationships had been developed between people using the service and staff and people were clearly comfortable in staff's company. People were treated without discrimination and with respect. People's privacy was respected.

Support planning was individualised, person-centred with a clear view of goals and outcomes. People led full and active lives, developed personal relationships, wider friendships and were supported to follow their interests. People's communication needs were assessed and incorporated into support plans. There was a policy and procedure to handle and respond to complaints which was available in easy read format.

The service was well-led. There was a warm and positive culture. People, relatives and staff told us that management were approachable. The registered manager and staff spoke positively about the provider. People's views were sought in a variety of ways including informally, during regular meetings and in quality surveys.

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

Rating at last inspection and update: This service was registered with us on 28 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 section 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 (Cheshire)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service also provides care and support to people living in a number of 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.

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

We gave the service a short period of notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and wanted to be sure there would be people at home to speak with us.

Inspection activity started on 17 January 2020 and ended on 4 February 2020. We visited the office location on 21 January 2020 and 4 February 2020.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service, a friend and seven relatives about their experience of the care provided. We spoke with twelve members of staff, including the registered manager, service managers, homes managers and support staff.

We reviewed a range of records. This included four people's care records, multiple medication records and three staff files. 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.

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 protected from abuse by staff who had received training and had access to appropriate policies and guidance. Staff were aware of what abuse was and how to report it should the need arise and felt able to do so.
- People and relatives we spoke with told us they felt safe. All of the people we spoke with told us they felt safe. One person told us; "Yes I do feel safe, I like the way I am treated" and relatives commented, "When I visit, the interactions [relative] has with the staff make me feel [relative] is safe there" and "Yes, [relative] is safe and happy, I have no concerns."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were recorded with regular managerial and provider oversight. This ensured patterns were identified, learning was captured, and measures implemented to prevent recurrence.
- Risks to the people supported were assessed by staff with strategies implemented to mitigate.

Staffing and recruitment

- Recruitment procedures were safe. Appropriate pre-employment checks were carried out to ensure that only suitable people were employed.
- There were sufficient staff to meet people's needs. Some staff commented that there had been occasion for them to undertake additional hours due to staff shortages although the majority felt this had now improved. A system had been implemented to monitor hours worked more closely.

Using medicines safely

- People were supported to take their medicines as prescribed by trained and competent staff in line with their assessed needs.
- Support plans provided staff with clear guidance of the support required, including what the person could manage independently and where help was required.
- Appropriate protocols were in place for administration of non-prescription medicines.

Preventing and controlling infection

- Staff were aware of the steps to take to prevent and control the spread of infection and were supplied with personal protective equipment [gloves and aprons].
- Where required, people were supported by staff to maintain a clean home environment.

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 needs were fully and holistically assessed before they received a service.
- Detailed individualised support plans were in place to ensure that care and support achieved effective outcomes. A family member told us "The quality of the care is good; they are super with [relative]."
- All of the people we met told us they were happy with the care they received and that they felt well supported.

Staff support: induction, training, skills and experience

- New staff underwent an induction programme to prepare them for their role including specifically for the people they would support. A member of staff told us; "I had several inductions. I felt like I already knew the person I was going to support."
- Staff had access to training in a wide range of relevant topics, including around specific health needs. Relatives told us; "Staff are well trained, they understand [relative]" and "Staff are undoubtedly well trained."
- Staff had opportunities to discuss their learning, development and views during regular supervision sessions. Staff commented; "I feel perfectly supported" and "They support you. It's really a fantastic company to work for. They have helped me grow and grow."

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

- People were supported to maintain a balanced diet in line with their choices, likes and dislikes.
- People had choice and control over their diet. People we met were involved in meal planning, shopping, preparation and decisions about their meals. One person told us "Food is good, I love it."

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

- People were well supported by staff to maintain their health and wellbeing, accessing a wide range of health and social care services.
- A member of staff was particularly proud of support given to people in relation to sensitive health screening. Effective preparation had taken place over an extended period, including practical demonstrations using a life size anatomically correct manikin. This enabled people to make an informed decision to attend important health screening for the first time, with confidence and knowledge of what to expect.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care was delivered in the least restrictive way. Policies and procedures supported this practice.
- Staff sought people's consent and people's wishes were respected. A relative told us; "He can do what he wants."
- People's mental capacity was assessed and, where appropriate, decisions were made in their best interests with involvement of the relevant people.

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

- Warm and friendly relationships had been developed between people using the service and staff. People were comfortable in staff's company. People told us; "It's good here, it's quiet, staff are nice" and "They are nice, they are good with me, they helped me when I was upset".
- Relatives told us they were happy with the care and support their family member received. We were told; "They [staff] seem to care about what people want to do, they ask [relative], they seem to care"; "They [staff] are fantastic, very, very good, very caring, a good team, nice people" and "Staff are on time, they are polite and respectful to us as parents, they are very conscientious."
- People were treated without discrimination and with respect. Policies provided guidance to ensure that characteristics protected by law were respected.

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

- People using the service were involved in interviewing prospective staff to make decisions about whether they would support them. A relative told us "[Relative] picked their own team of staff."
- Regular 'house meetings' took place and quality surveys were distributed, including easy read format to seek people's views.
- Family members were mostly happy with communication and told us they were kept informed and felt listened to. We were told; "I receive telephone updates." However, one relative felt this had not always been the case although added "It has improved 100%, much better now."

Respecting and promoting people's privacy, dignity and independence

- There was a keen focus to promote and maintain people's independence in all aspects of their daily lives and the support they received. One person told us; "I like the way I am treated, they don't stop me from doing anything."
- People were supported, in line with their individual needs, to access the community independently in a safe way and to participate in voluntary work which had sometimes led to paid employment.
- People's privacy was respected. Relatives told us; "His privacy is respected, he has his own room with his own T.V., he does what he wants" and "They are caring, staff have a good approach, they are respectful, they provide supervision and assist him, but give him his privacy."

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

- Support planning was individualised, person-centred with a clear view of goals and outcomes.
- Staff knew the people they supported well and were responsive to changes in their needs. A relative told us; "They [staff] understand him well, give him freedom and emotional support" and another commented "They [staff] support [relative] with mental health and depression, he was upset over Christmas, he was well supported."

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 well supported to lead full and active lives, develop personal relationships, wider friendships and follow their interests. A staff member told us the provider offered a lot of training to staff and people using the service. They added "Recently there was a course about dating, I thought that was lovely as a lot of people that we support struggle with that."
- People were supported by the service to take holidays, visit family, trips and outings in addition to their day to day activities. A relative told us their family member had been supported to travel by themselves, "They [staff] helped him to plan the trip and went over it with [relative]."
- One person told us how staff helped them to get out and about in their car which was clearly important to them.

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 communication needs were assessed and incorporated into support plans.
- Documentation was available in accessible formats such as an easy read complaints procedure, understanding safeguarding and who to talk to and 'About your support' leaflet.
- Staff received guidance about easy ways to say things, writing in easy read format and specific communication methods such as Makaton, which meant that conversations and records were more accessible.

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to handle and respond to complaints. Complaints received had been recorded and responded to appropriately.

- People using the service had access to a clear, easy read complaint leaflet.
- Most of the relatives we spoke with had received a copy of the complaints procedure and were aware of how to make a complaint.

End of life care and support

- Staff had access to training about end of life care and support. The district nursing team also supported the service with the delivery of this level of support.
- Support files reviewed did not sufficiently reflect people's future wishes. We discussed this with the registered manager who was aware of the need for improvement and this formed part of plans for continuous improvement. The manager told us they would research ways of promoting conversations in line with people's communication needs to avoid unnecessary distress, with input from relevant people.
- People received effective and caring bereavement support from staff when the need arose. A service user explained they had suffered a recent bereavement and had been well supported by staff when they had been upset.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had a clear management structure in place. Managers and staff were clear about their roles. The registered manager stated the changes to Choice Support had been positive, and they had access to excellent support.
- Systems were in place to assess and monitor the quality and safety of the service and regular audits were carried out. There was a comprehensive suite of policies and procedures providing information and guidance to staff.
- The registered manager was aware of regulatory requirements. We had been informed about important events which occurred within the service including one which was notified retrospectively due to an oversight.

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

- There was a warm and positive culture. People, relatives and staff told us that management were approachable. A person said, "Her name is [name], I talk to her a lot" and a relative commented "I have contact with the manager, she is very approachable, we get on very well."
- Outcomes for people were good with clear focus on maintaining health, independence and active lives. Staff supported people to learn new skills to promote independence. A relative said, "I like the attitude of the staff, they listen, and they are caring, they work with you, have a positive approach, they are wonderful."
- Staff told us there was a good team spirit and they felt well supported. Comments included; "Since I have been working here the support is great. I think I am very lucky with the manager I have" and "I also feel supported by the organisation. I feel valued by the company, I feel it is a really good company to work for."

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

- Feedback was sought from people using the service, relatives and staff on a regular basis, informally, through meetings and surveys. A relative told us; "I meet with the area manager every three months to discuss [name], We discuss the house, the care package, we give our views on what they could be doing with [name]."
- Staff told us they were able to give their views and were listened to. Staff briefings were issued by the provider to share information with staff.

- The provider published a magazine that people and staff could add articles to. The initiative about supporting people with health screening checks appeared in one edition.

Continuous learning and improving care

- The provider had introduced new systems and there was ongoing review to identify any further areas for improvement.

Working in partnership with others

- The service worked in partnership with a wide range of external agencies to support and promote people's health, wellbeing and quality of life.