Choice Support

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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

Summary of findings

Overall summary

Choice Support provides personal care to adults with learning disabilities. This care is provided in people's own homes, shared lives schemes or in supported living. From the location at Westminster Bridge Road they provide support to London and the boroughs of Sutton and Merton. At the time of our inspection Choice Support was providing personal care to 121 people.

This announced inspection of Choice Support took place on 23 October 2017. At the last Care Quality Commission (CQC) inspection in December 2014 the overall rating for this service was Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

The service was managed by two registered managers, each responsible for specific geographical areas as well as overall responsibility for the service. 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 2008 and associated Regulations about how the service is run.

People, their families and the health and social care professionals who knew them told us Choice Support delivered good support to people that enabled them to feel well, happy and safe. Choice Support continued to support people to communicate their preferences and needs and these were taken into account in the way their individual support was planned and delivered. For example, people were enabled to participate in a range of leisure, educational and work activities of their choice and some people had support to manage their behaviour in times of stress. People and their relatives were involved in reviewing their support and told us they were able to make changes when they wanted to.

People said staff were kind and caring and understood how to meet their needs. Staff told us they had received training and support from their managers which gave them the confidence to support people in ways that promoted their independence. The provider ensured there were sufficient numbers of competent staff across the service so people consistently received the support they required. This included support staff, behavioural support staff and health and well-being staff.

The provider had improved people's access to healthcare services by supporting people to take up healthcare screening. People received appropriate support to access specialist advice and treatment in relation to their health needs. The service met the requirements of the Mental Capacity Act 2005. People who may lack mental capacity were given appropriate support to understand and make decisions.

The provider had effective systems in place to carry out audits and reviews of the service provided. Action plans were implemented to address any shortfalls.

Staff were positive about working for Choice Support and understood and practised its values. They said

their managers listened to them and the views of people they supported. They told us they had participated in meetings and events which promoted good practice.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service was well-led. People and staff said their managers listened to them. Rigorous checks of the quality of the service were made. People with learning disabilities contributed to the development of the service and the monitoring of people's day to day experience of their support.

There were some areas for development with regard to understanding the shared regulatory responsibilities of the registered managers, which did not affect the day to day management of the service or the support provided to people.

Choice Support

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 checked whether the provider is 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 comprehensive inspection took place on 23 October 2017 and was announced. The location provides a domiciliary care service and the registered manager was sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection. The inspection was carried out by one 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. The expert-by-experience contacted 24 people and relatives of people who used the service and received feedback about their experience.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). Notifications are information about important events which the service is required to tell us about by law. The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

We spoke with the registered managers of the service and nine staff members. We reviewed the care records of three people and three staff records. We also looked at a sample of policies and procedures relating to the running of the service, quality audits and training records.

Good

Is the service safe?

Our findings

People told us they felt safe, with comments that included "Yes, it's nice, I like it here" and "Yes, I feel very safe."

Relatives told us they liked the staff and found the care good. They told us they were confident about the support their loved one received from the service and they could contact the staff at any time if they had any worries. A relative said, "They are very well treated and the staff are excellent."

Care workers were familiar with whistleblowing and safeguarding procedures and concern for safeguarding was embedded in policies and procedures of the service. Staff were able to describe the kinds of concerns they would classify as a safeguarding concern and were confident in their ability to report any concerns to managers.

Where there had been safeguarding concerns, the provider notified the appropriate agencies and acted in a way to protect people.

The service had recruitment procedures which kept people safe. These included reference checks and checks with the Disclosure Barring Service (DBS). The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions. The registered manager described how new staff completed mandatory training, induction, probation period and received competency checks before working alone. For staff there were risk assessments in place for lone working.

Staff had a good understanding of how to manage risks positively for each person they supported. They told us they followed risk management plans and had the opportunity to discuss risk management at shift handover and team meetings.

People had an up to date support plan with risk assessment and management plan which enabled staff to support people in a safe and consistent way. The service worked closely with external professional teams and families and their input was incorporated into care plans. One example provided to us was a person who received on-going support from the local Speech and Language Therapy (SALT) team who also supported staff to devise guidelines around eating & drinking to keep the person safe.

A relative told us, "[my relative] needs help from staff with food as they will eat without stopping. Staff know this and control it. If he needs to see the doctor they arrange it and go with him. They support him in everything and is safe."

Other checks to ensure people's safety included annual health checks, monthly checks on individual's medicines and finances. There was an on-call system for out-of-hours which included support from senior management. Services had an emergency disaster plan and health and safety audits with regular access to the landlords of the supported living services.

The provider monitored incidents to ensure lessons were learnt. The registered managers provided the CQC with notifications of any incidents together with the action they proposed to take. Since much of the support that people received was in their own homes or in community settings the service had events for people to help them understand how to keep safe whilst out in the town. One such event about "Safety In The City" was planned towards the end of 2017.

Good

Is the service effective?

Our findings

People were cared for by staff who continued to receive appropriate training and support. Staff continued to have the skills, experience and a good understanding of how to meet people's needs.

A person said, ""I'm very happy, they do what I like. They look after me and make sure I am ok." A relative told us, "They are wonderful, I can't praise them enough. My relative needs lots of support with washing, dressing, feeding and they do everything for them."

A family member said, "I think the staff are very well trained and good with people. My relative goes out with support workers and is well looked after, always clean and well turned out. The staff seem to be on the ball with things like getting the doctor too and they'll ring me and let me know if there's any problems." Another relative commented, "The staff are well trained and they do manage to communicate with [my relative]. They're teaching [my relative] a bit of sign language now."

Staff were supported through basic and further training. In addition to basic training such as medicines management and moving and handling, staff were also provided with training specific to the people they supported. Examples included the Mental Capacity Act 2005 (MCA), techniques for managing behaviours that challenge, awareness of specific conditions such as Downs Syndrome and Cerebral Palsy and understanding the various welfare benefits that people received. Staff were also offered opportunities to gain diploma qualifications.

The registered manager told us that in addition to basic and further training for staff they also had the opportunity to further develop their understanding what an ordinary life meant for people they support through programmes such as their Culture for Care group and Dignity group. 15 care staff had received specialist training and support as Dignity Champions.

Care staff were supported by colleagues in specialist roles, such as the Health and Well-Being lead and the Positive Behaviour Support Team lead within the organisation.

Staff told us they were happy with the support they received in the form of supervision, appraisals and team meetings. Staff records included copies of recent one to one supervision meetings between staff and their line manager.

People were involved in decisions and asked for their input and consent with regard to their care and support. This was reflected in people's support plans which clearly acknowledged their likes, dislikes, wishes, choices and preference in relation to the support, care and treatment they received.

Records showed that staff had received training in understanding their responsibilities under the Mental Capacity Act (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards (DoLS). In other settings, such as supported living or in people's own homes this was managed through the Court Of Protection.

Ten people had a deputy appointed by the Court of Protection with powers to take decisions about the service that was provided, although no one was the subject of an order made by the Court of Protection that resulted in their liberty, rights and choices being restricted.

Staff told us they encouraged people to be as independent as possible by letting people do things for themselves as much as they were able to. Staff gave examples of encouraging people to undertake their own personal care, choosing what they would like to eat and if they were able, helping to prepare it. Some people also managed their own medicines and finances.

Other people who were very independent were supported through decisions that involved more risk-taking and staff understood how Best Interest decisions should be made where people lacked capacity to consent or make their own informed decision.

Relatives told us they were happy with the way staff looked after people's nutritional needs, with positive comments expressed about the choice and freshness of the food, as well as the involvement of people in choosing, shopping for and, where appropriate, assisting with cooking. People's cultural and religious needs were catered for. One relative told us, "Before meals [my relative] always says Grace - I taught him that when he was little and he remembers it. The staff respect that and allow him to do it."

Staff continued to support people to meet their health needs. Each person had a current health action plan which included regular health checks. There were good relationships with health professionals such as GPs and chemists. Staff would assist a person to contact their GP or other healthcare professionals as necessary. In addition, support from external professionals such as speech and language therapists, occupational and physical therapists, chiropodists, psychologists and social workers was available.

Good

Is the service caring?

Our findings

People received support in a way that was caring and which respected their individuality. Relatives said they felt people were treated well and with affection. Whilst some people we spoke with were not able to comment directly on their experience due to their disability, some comments we received included that they were happy and the staff were "lovely", "my friends" and "nice". One person said, "They ask me what I like and I can have it that way."

A relative told us, "One day [my relative] had a boil on their arm and was taken to the hospital straightaway and the manager stayed while they sorted it out." A family member said "Whenever I see my relative they are clean and well turned out. They cut my relative's nails and take them to get their hair done. They are really on the ball. I think they are treated as an individual and the staff are very friendly."

Staff we spoke with understood how to treat people with dignity and respect. One staff member told us, "We support people in their own home, whether that's supported living or with parents or whatever. The point is, it's their home and we have to give them the respect of asking them what they would like us to do."

People's diverse needs were addressed, for example in the mix of activities, food and religious services that were supported by the service. People's care records also described the choices and preferences of individuals and how staff could support people in making their choices and wishes clear.

One relative told us, "Yes, they are great. They take [my relative] out to bowling and on train rides. They are excellent and everything is kept clean and spotless." Another relative said "It's a great thing the staff do. They take [my relative] out to do the things they want. My relative comes to visit me alternate weekends but is always happy to go back again. My relative doesn't speak but you can tell they are happy there."

The registered manager told us how, in the past year, the service had begun a Dignity Champions Support group made up of 20 support workers. This followed guidelines from the Skills for Care Dignity Pack and each champion worked locally with their teams to carry out exercises and discussions. Examples were provided of how this was put into practice. One example was how someone's 70th birthday was celebrated, which was arranged in line with the person's individual interests and choices, including the local football team colours. This involved good teamwork by staff and the registered manager described how staff went "above the call of duty to facilitate this event using their own time."

Other examples of caring included trying to help the people the service supported engage in wider citizenship. A Macmillan Coffee Morning raised a substantial sum and the registered manager was pleased at the example of caring together with the wider community.

The service continued their work through their "Culture for Care" workshops, designed to help staff think about their roles based on the CQC standards. Staff training modules focussed on asking whether the support they provided was good, did not discriminate and respected individuals. One of the questions asked was "would you be happy for one of your family to get this support?."

The registered manager described how they had received thank you letters from professionals and families for the care and kindness staff had shown during people's illness or when they required end-of-life care. The service had also expanded its counselling service to staff and support was available for all aspects of an individual's life.

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. Staff assessed people's support needs and this information was used to plan the care and support they received. Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing support to them in an individual way. People were involved in the development and review of their care plan.

One relative told us, "The staff get in touch and notify me when there is a review coming up. I trust them and I know [my relative] is well looked after. I have no complaints, it's good, the staff are doing a good job."

Another relative said, "When [my relative] was in hospital the NHS were failing her but a member of the Choice staff stayed with her and made certain that she got her meals and medicines. I don't think she would have survived without them. We haven't had any problems and are very happy with the way they look after her."

Care records were up to date and demonstrated people were involved in regular reviews of their support. People were encouraged to learn new skills, follow their interests and use their talents. For example, these would include information on how individuals preferred to be supported in activities such as attending places of worship, art and drama groups.

The service was responsive to people's needs with regard to enabling them to be as confident in the community as possible. One initiative due to be implemented was a project to help people understand their finances better and develop money management skills. Supported by the service's Inclusion and Involvement Team a series of workshops was planned, using the Money Advice Service resource pack for people with learning disabilities.

The service had a complaints procedure and this was also available in an easy read format. The service had received no formal complaints in the previous 12 months. Any issue which people raised had been resolved in an informal manner and within the 28 day target deadline. Relatives said they were happy with the service and that they would raise a complaint if they needed to.

One relative said, "I think they do listen and try and sort things out. I think the home does a superb job."

The registered manager described how the service had a robust complaints procedure with strict timeframes to respond to issues. Copies of the complaints policy were sent to next of kin and family members.

The registered manager told us how the service strived to have positive relationships with families and how they welcomed feedback of a positive or constructive nature. There was a Families Group and an Our Rights group, both of which were for people and their families to share their views and raise any issues.

The service had also received ten written compliments in the past year. These included compliments from

professionals and families. They included examples such as an improved service when someone had changed from a previous provider to Choice, thank-you letters when the service had responded to crises or breakdowns in care, and improvements with regard to speech and language with one person.

Good

Is the service well-led?

Our findings

People, their relatives and staff told us the service was well-led. People knew the registered manager, support staff and admin staff by name and were able to communicate with them at any time. The registered manager said they and the other senior managers made themselves available to both the people they supported and the staff team.

Relatives told us that if there were issues they felt able to approach the staff and were confident that they would do their best to sort it out. They told us that they would speak first to the front line staff who cared for their relative. No one had had a problem that they felt they had to escalate to senior management of the service.

The service had managers who were competent and who were respected by their teams. The registered managers were aware of their regulatory responsibilities under the Health and Social Care Act. However, we recommended that the registered managers consider and reflect that they were both responsible for the entirety of the service provided out of the location at Westminster Bridge Road, even if internally they organised themselves to be responsible for specific geographical areas.

The service had recently introduced team leaders and senior support workers to help provide greater on-shift support and direction. Staff were encouraged to be involved at all levels of the organisation, for example, being involved in the induction of new staff members, volunteers and student nurses.

Managers facilitated team meetings and attended meetings with other service / deputy service managers. The service demonstrated an open and transparent style of management which empowered and enabled staff to take responsibility for their roles. For example, support staff would call the GP for any medical assistance and dealing with emergency repairs.

Area managers met regularly for supervision with service managers and deputies and operational meetings examined and discussed the quality of care provided by the service. The area manager held monthly quality assurance meetings. There were also monthly team meetings and monthly audits of finance, health and safety and medicines. Action plans were developed from those meetings to be reviewed at the subsequent meetings.

Other departments for monitoring quality included the Quality Team, Involvement Team, Auditors and volunteer coordinators who also fed back their observations of the quality of care after they had meetings and/ visits to people. The registered manager expressed confidence that the introduction of observational supervision and practise feedback would make supervision less task focused and more focussed on encouraging staff and managers to think more about the satisfaction and outcomes for the people who used the service.

The registered provider and registered managers had complied with their regulatory responsibilities and had notified the care Quality Commission (CQC) appropriately of any incidents. Records were held securely

and confidentially.