

Choice Support

Choice Support Havant

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Choice Support Havant is a domiciliary care agency providing personal care to four people at the time of the inspection. 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

The provider did not have effective systems to monitor the service and drive the necessary improvement. At times, there was a lack of detailed records regarding support plans and risk assessments.

Medicines were not always managed safely. Where people had 'as required' medicines these were not always managed safely, and medicines competency checks were not completed on a regular basis.

Consent had not been sought in relation to certain aspects of care. We have made a recommendation about this.

Staff had not always had formal supervision although told us they felt well supported. We made a recommendation about this.

People were positive about the support they received with food and fluid. However, where they needed speech and language therapy guidance, this was not always evidenced. People were cared for by staff who received appropriate training.

Despite this, people were happy being supported by Choice Support Havant and told us they felt safe. Staff understood their responsibilities to protect people from abuse. The recruitment process was robust and there were enough staff to meet people's needs. People told us they received consistent support from staff.

People were supported by staff who were kind, caring and who understood their likes, dislikes and preferences. People had access to information in formats that were appropriate for them.

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

The registered manager demonstrated a willingness to make improvements. During the inspection they began reviewing some of their systems and processes, to ensure the service consistently provided good, safe, quality care and support.

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 24 October 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Choice Support Havant

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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and the team leaders.

We reviewed a range of records. This included all four people's care records and medication records. We looked at five 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always managed safely and improvements were needed to ensure people remained safe. For example, one person had restricted fluid intake however, the risk assessment stated, 'restrict fluids to one litre a day.' The care plan contradicted this information and stated, 'It is very important for my [health condition] that I have enough to drink... prompt me to drink.' We discussed this with the deputy manager who told us they would update the care plan to add more clarity.
- Another person had a care plan for managing behaviours that could be a risk to themselves or others. The care plan guided staff to look for signs of these behaviours and to diffuse where possible. However, there were no details to guide staff what this behaviour might be or how to diffuse it.
- One person had a medical condition, there was no care plan or risk assessment to guide staff how to support this person safely and to ensure they received the right medical attention when required. Another person was on a modified diet however, there was no speech and language therapy (SaLT) guidelines in place. A team leader told us that they thought this person's relative would have had SaLT input in the past however, was unable to provide any evidence. This meant that staff were not always given the information they required to ensure people remained safe.

The failure to ensure risks relating to the safety and welfare of people using the service were assessed and managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008.

- We raised our concerns with a team leader and registered manager, who told us they would review all care plans and risk assessments to add more detail and put risk assessments in place where they were missing.

Using medicines safely

- People received their medicines as prescribed, although improvements were needed with medicines that were prescribed 'as required' (PRN).
- There were no PRN protocols in place to guide staff when people may need PRN medicine. People were not always able to say if they were in pain however, there was no evidence to suggest people had not received medicine when required. We spoke to a team leader about this, they told us they had a template for PRN protocols, and they would complete them for each person.
- The team leaders told us the staff carried out a weekly audit of people's medicines. One team leader said, "I go out monthly to check, we sporadically audit."
- Medicines competencies were carried out with staff yearly by the team leaders. However, one of the team leaders with responsibility for this, had not had their own medicines competency checked since November

2017. This meant people could not be confident that the person carrying out staff competencies was competent to do this.

The failure to ensure the safe and proper management of medicines is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were not always recruited safely. Most of the required checks were carried out to protect people from the employment of unsuitable staff. For example, disclosure and barring service (DBS) checks and obtaining up to date references, were completed prior to staff starting work in the service. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- However, we did find gaps in one person's employment history and another staff member had recorded the year of their previous employment rather than the month. This meant gaps in employment history had not been fully explored, which could mean a risk of unsuitable staff employed to work with vulnerable people.

We recommend that the provider seeks reputable guidance on the safe recruitment of staff.

- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs.
- People and their relatives told us there were enough staff, one relative told us, "Yes, there are enough staff," another relative told us staffing used to be an issue however this had improved in the last few months. We reviewed the rota, there were enough care staff to support people safely and to ensure people's needs could be met.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- Carers were provided with personal protective equipment (PPE) such as gloves and aprons as well as hand sanitisers. A team leader told us, "The staff come to the office to collect PPE." We observed staff collecting PPE from the office. The registered manager told us they had just introduced a PPE checklist to ensure they always had the right stock.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity. They told us, "We ensure shared learning through our steering group, lessons learned come through on a briefing. We share good practice and areas of concern with the team. We celebrate success and talk on webinar, we add it to newsletters. I put action plans in place." A webinar is an online seminar or workshop delivered over the internet.
- Incidents, accidents and near misses were recorded, acted upon and analysed. The provider and registered manager shared any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. The provider had a robust safeguarding policy and procedure in place, and these had been followed.
- People and their relatives said they felt safe using the service. A relative commented, "He always feels safe" when asked if they felt their relative was safe. A person responded, "I do yes, because carers are here."

- Staff had completed training in safeguarding adults and were aware of the action they should take should they identify a safeguarding concern. This included keeping people safe and reporting concerns appropriately. One team leader told us, "Staff receive mandatory safeguarding training every two years as well as eLearning. If there was a safeguarding concern, we would contact adult services safeguarding and let person know we are raising it. We may also contact the police, next of kin and inform CQC."
- The registered manager was aware of their responsibility to report all safeguarding incidents to the local authority and CQC.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 and their relatives told us staff sought their consent before supporting them. Comments included, "Yes, always" "They always do" and, "Yes, they do ask first." However, when people give their consent for care and support, records should be kept. Although staff verbally sought consent from people, this had not always been documented in people's care records.
- One person's relative had signed a consent form for them. A team leader told us the relative of this person had LPA for health and welfare however, there was no documentation available to evidence this. If you are unable to manage your own affairs, an LPA (Lasting Power of Attorney) appoints someone of your choice to do it for you. The team leader told us they would contact this person's relative to access a copy of the LPA documentation.

We recommend the registered persons seek guidance from a reputable source to ensure the MCA is adhered to and appropriate records are maintained.

- ● Staff had received training in the MCA and were able to talk to us about how they applied this to their day to day practices.
- Staff were able to talk confidently about the principles of the MCA.

Staff support: induction, training, skills and experience

- Staff were not always supported effectively in their roles. Staff had not been receiving regular documented supervisions, in line with the providers supervision policy. This stated, 'you can expect to receive a minimum

of four formal one to one supervision sessions and two observational supervisions sessions a year.' This meant there was a risk staff did not always receive ongoing support and development in their role and had limited opportunity to review their past and current performance.

- One of the team leaders last had a documented supervision in December 2018. Appraisals did take place yearly for all staff.
- We spoke to the registered manager about this, they told us, "Staff are supposed to have four supervisions, two observations and one appraisal a year. Staff do receive daily support, but they are not always formally recorded. I have asked the team leaders to start recording supervisory conversations with staff."

We recommend that the provider seeks current best practice guidance to ensure staff receive the necessary support and supervision in line with their policy.

- Staff had completed a comprehensive induction. The registered manager told us, "Work books need to be completed and observations signed off, it can take three to four months. Staff will do shadow shifts, we will shadow them until they are confident to work on their own."
- People and relatives when asked if staff were well trained, told us, "Definitely, yes." A relative told us, "They have never ever let him down."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to being supported by Choice Support Havant, the registered manager undertook an initial assessment involving the person and any other relevant people. This ensured they could meet the person's needs.
- Once this information was gathered, it was used to develop people's support plans and risk assessments with the involvement of people and their relatives.
- Staff made appropriate use of technology to support people. One person told us they had a call alert system in place in case they fell, this enabled them to call for assistance when needed.

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

- Where people needed support with their nutrition and hydration needs, this was provided. Staff supported people with cooking and checked people were having enough nutrition and fluids. SaLT guidelines were not in place for one person who required them. We spoke to the team leader about this. They told us they would ask the family member for a copy of the SaLT guidelines.
- One relative told us, "They support him with food and drink and keep his diet up together to keep healthy."
- Documents demonstrated that fluid intake was monitored. This recording chart was updated on the day of inspection to include fluid totals, which meant they could be easily monitored to ensure people had enough fluids.

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

- Staff worked well with medical professionals to ensure people had access to health services and had their health needs met. Where healthcare professionals provided guidance to staff, documents demonstrated this had been followed.
- Records confirmed that people had regular access to GP's, district nurses and other professionals. One person told us, "Every day they [staff] support me with the right things." A relative told us, staff supported their relative, "in most cases" to attend regular appointments. Another relative told us, "Yes, they take [person] to their appointments."
- Information was shared between staff on an electronic hand-held device, which immediately updated.

This ensured they were kept up to date about everyone's needs.

- The registered manager told us they were taking part in the 'Josephine and Jack 'project which uses life size anatomically correct dolls to show people how checks on their health can be made. They told us, "They use dolls to demonstrate breast checking, smear checking, they are also used for testicle checking, and sexual relationships. We take people to appointments." This demonstrated that the provider was ensuring people had as much information as possible in a way they would understand prior to attending appointments.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. Documents showed people's preferences and choices regarding these characteristics had been explored with people during their initial assessment.
- Staff promoted inclusion, equality and diversity for people. They actively promoted people's rights and made sure support was provided in a person-centred way.
- A relative told us staff were kind and caring. They said, "They [staff] are always there with [person]." Another relative said, "I would say they [staff] are excellent, they do include him in decision making."
- Staff knew people well, including their personal history and preferences. One of the team leaders told us, "We complete an initial assessment and we ask if people prefer male or female workers." The registered manager told us they complete an equal opportunity's form with people during their initial assessment and documents confirmed this.

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

- The registered manager told us, and records confirmed that people were involved in the creation of their care plans. People and their relatives told us they were involved in decisions about their care. One person told us, "Staff listen to my choices." People's relatives told us they were always involved with their relative in decision making.
- People told us they had choice and control over their care and daily lives. One person said, "Staff listen to my choices." A relative told us, "They include him and me in decision making." Another relative said, "They usually tell us what they want to do."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they promoted people's independence. For example, one person was supported to be independent walking to day services. They are now working on supporting the same person to be confident to let themselves back into their house on return from day service.
- People and their relatives told us people were treated with dignity and respect. For example, they told us they ensured people were covered with towels while supporting them with personal care and they knocked on people's doors. One relative told us, "They always put a towel over [person] and knock on doors, 100 percent treated with dignity and respect."
- Staff had a good understanding and talked confidently about promoting people to maintain their dignity and independence. One team leader told us, "We encourage people to do what they can for themselves."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- The provider had a policy, based on national guidance, in place to provide support to staff about the actions to be considered when a person was approaching the end of their life. However, no consideration had been given to people's preferences and wishes for their end of life care which is important to consider while people are able to input their choices.
- We spoke to the registered manager about this, they told us they would support people at the end of their life and would look at advance care plans for people and put them in place.
- Despite this, staff demonstrated they had good relationships with people and their relatives. We were assured, although records were not in place that if the situation occurred the team would act promptly to ensure people's wishes and choices were captured.

We recommend the provider seeks current best practice guidance to ensure people's future planning preferences and wishes are documented to enable them to provide support in line with people's choice.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's likes, dislikes and preferences were documented in their care plans.
- There was information about people's backgrounds and what was important to them. This helped staff engage meaningfully with people and build an understanding of their needs. A team leader told us, "They [people] are involved in their care plans, we work through them with people in their own home."
- Relatives feedback was mixed, one relative told us they were kept fully informed of people's care and support and were happy with the support people were receiving. However, another relative told us they were not always kept informed about appointments but, they had not raised this with the provider.

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.

- Information was available for people in accessible format. For example, easy read documents could be produced for people who were unable to read written words.
- The registered manager told us, "We can provide easy read documents, we use picture cards, we can use Makaton, at the moment everyone can verbally communicate except for one [person]."
- Documents demonstrated easy read documents were available, for example we saw an easy read

complaints handout which had been given to people.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and they were confident their complaints would be listened to and acted upon.
- Although there were no complaints received in the last year, the team leaders were able to describe how they would respond to complaints.
- There was a complaints folder which contained the complaints policy and space for manager to record any complaints received, the date it was responded to and the outcome of the complaint.
- One of the team leaders told us, "We respond to complaints in 21 days and tell them [the complainant] the outcome."

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were not effective in identifying the failings we found at this inspection. Six monthly audits were completed in relation to support planning, risk assessments, staff, MCA decision making, engagement and medication. However, there was a lack of guidance available to staff to assist them to safely meet people's needs and risk assessments were not in place in relation to some people's health conditions. This meant we could not be assured there were effective systems to assess, monitor and improve the quality and safety of services provided.
- The registered manager told us, and documents confirmed staff complete a weekly health and safety checklist. The registered manager said, "Now I also go and check that once a month. This has literally just gone in place."
- The registered manager was clear about their responsibilities and the regulatory requirements of their role. They had notified the CQC when required of events and incidents that had occurred at the service.
- There was a clear management structure, consisting of the provider, the registered manager and two team leaders.
- The provider had policies and procedures in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.

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

- People and their relatives told us they received personalised care and were happy with the service. One person told us staff understood their needs and requirements. A relative told us, "There is nothing I could fault them [staff] with, they are absolutely brilliant."
- The registered manager told us, "Each person also has core hours. If they don't have enough hours, we speak to the care management team to review."
- The team leaders told us they could speak to the registered manager whenever they needed to and that they felt supported.

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 duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure if people came to harm relevant people

would be informed in line with the duty of candour requirements.

- The registered manager and team leaders had a good understanding of duty of candour and were able to describe the process. CQC were notified of all significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought the views of people and their relatives. The registered manager told us they completed a yearly questionnaire with people. They told us, "I go out and do questionnaires with people, I try to do them annually. I always ask how things are. Every person has my number and know to ring me if they have any concerns."
- The registered manager also completed yearly staff surveys. They told us, "One of the things with my newsletter, and staff survey was that staff weren't thanked enough, I go out of my way to thank staff and appreciate the things they do now. It goes a long way. Being respectful to staff, listening to staff and sharing good practice and stories." However, one person's family members were not aware that there had been a survey. For example, one relative, when we asked if they had been involved in a feedback survey or had had a questionnaire to complete about the service, told us "No."
- People's relatives told us they were involved in decisions. One relative told us, "It is easy to talk to the registered manager... They had phoned several times and always tried their best." Another relative told us, "It's easy to talk to the registered manager most of the time, not always."
- The service worked in partnership with other organisations to support care provision and service development.
- Staff were encouraged to contribute to the development of the service through meetings and surveys. Team meetings were held, and the minutes demonstrated meetings were used in part to share ideas and suggestions on how the service could be improved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The failure to ensure risks relating to the safety and welfare of people using the service were assessed and managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008.</p> <p>The failure to ensure the safe and proper management of medicines is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>