

Choice Support

Choice Support - Samuel Close 2

Inspection report

2 Samuel Close
London
SE18 5LR

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Date of inspection visit:
15 August 2022
18 August 2022

Date of publication:
12 September 2022

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 - Samuel Close 2 is a residential care home providing personal care to four people at the time of the inspection. The service can support up to five people.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right culture:

There was a management structure at the service and staff were aware of the roles of the management team. The registered manager and staff worked as a team and in partnership with a range of professionals and acted on their advice to ensure people were supported to meet their needs. Staff received support through training, supervision and staff meetings to ensure they could meet people's needs. Staff told us they felt supported and could approach the registered manager at any time for support. The provider had a system to manage accidents and incidents.

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 care plans reflected their current needs. People were protected from the risk of infection. People were treated with dignity; their privacy was respected, and they were supported to be as independent in their care as possible.

Right care:

People's care records were in line with the Accessible Information Standard. People and their relatives were encouraged to participate in making decisions about their care and support. An assessment of people's needs had been completed to ensure these could be met by staff. Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. The registered manager knew what to do if someone required end of life care.

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

Rating at last inspection

This service was registered with us on 24 May 2021 and this is their first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Choice Support - Samuel Close 2

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 Health and Social Care Act 2008.

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

A single inspector completed the inspection.

Service and service type

Choice Support - Samuel Close 2 is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Choice Support - Samuel Close 2 is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. We used the information the provider sent us in the Provider Information Return (PIR). 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. This information helps support our inspections. We sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff and the registered manager. We carried out observations of care provided in the communal areas. We reviewed a range of records. This included three people's care records, three staff files in relation to recruitment and a variety of records relating to medicines management and management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff recruitment records.

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.

Using medicines safely

- Medicines were managed safely. Staff completed medicine administration records (MAR) as required to ensure people received their medicines as prescribed.
- Staff had completed medicines training. Their competency to administer medicines had also been assessed.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.
- Monthly medicines audits were routinely carried out. However, upon the feedback from the inspection, control drug (CD) register was updated for a person, to reflect their medicines were recorded in the CD register. The registered manager told us, they would straight away update the medicines audit tool to include control drugs as well.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm. The registered manager completed risk assessments and risk management plans that included guidance for staff, where appropriate specialist input was sought. For example, how to manage epilepsy, manual handling people, and the risk of choking.
- Risk assessments were reviewed periodically or as and when people's needs changed. The registered manager monitored them to ensure they remained reflective of people's current needs.
- Staff knew how to respond to people's risks and needs.
- The provider had arrangements to deal with emergencies. Records confirmed that the service carried out regular fire drills. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.
- Staff and external agencies, where necessary, carried out safety checks on the environment and equipment such as hoists and the safety of appliances. However, after feedback to the registered manager about the seizure alarm that was not working, they sorted it for a person using the service. The registered manager told us, they would straight away update their audit tool to include a section for seizure alarm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect. There were regular staff who knew people well and understood how to protect them from abuse.
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager knew of their responsibility to respond to safeguarding concerns and report any allegations of abuse to the local safeguarding team and CQC.
- Staff completed safeguarding training. They knew the procedure for whistleblowing and said they would

use it if they needed to.

- The registered manager confirmed there had been no safeguarding incidents since the service's registration in May 2021. Records we checked further confirmed this.

Staffing and recruitment

- The provider carried out satisfactory background checks for all staff before they started working. This reduced the risk of unsuitable staff working with people who used the service.
- People were supported by effectively deployed staff. Staff told us they felt there were enough staff to meet people's needs safely and appropriately and there was on-call management support available for staff as and when required.
- We saw there were enough staff to support people at the service and to attend appointments when required.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) and disposing of waste appropriately. This protected people from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Visiting in care homes

The provider had visiting arrangements in place that was in line with the government guidance and the manager ensured all visitors followed it. The provider screened all visitors to the home for symptoms of acute respiratory infection before they could enter the home. Visitors were supported to follow the government's guidance on hand washing, sanitising, wearing PPE and temperature checks.

Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff completed accident and incidents records. These included details of the action staff took when responding and when minimising future risks, as well as details of who they notified, such as the registered manager.
- The registered manager monitored these events to identify possible learning and discussed this with staff.

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 as 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 assessed to ensure these could be met. The assessments looked at people's medical conditions, physical and mental health, allergies, communication, mobility, nutrition and choices.
- Where appropriate, people and relatives were involved in this assessment. This information was used as a basis for developing personalised care plans, to meet each person's needs.
- Care plans were person centred. They reflected people's needs and staff knew people about how to support them to make choices.
- People had hospital passports, to enable health and social care professionals to support them in the way they needed.

Staff support: induction, training, skills and experience

- The provider supported staff through supervision and training to ensure they had the appropriate knowledge and skills to meet people's needs.
- Training records confirmed that staff had completed training that was relevant to people's needs. Training included safeguarding adults, medicines administration, health and safety, epilepsy, learning disability, equality and diversity, and mental capacity.
- Staff told us, the training programmes helped them in understanding people's need and delivering care as appropriate.
- Staff told us they received regular supervision and said they could approach the registered manager at any time for support and they are helpful.

Supporting people to eat and drink enough to maintain a balanced diet. Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to eat and drink enough to meet their needs. People could exercise choice and could access sufficient food and drink.
- People's dietary needs were met in accordance with their individual needs.
- We saw how staff supported people with making food choices. For example, by showing them a variety of foods and people's choices was respected.
- Staff supported people to access healthcare appointments if needed. People's care records included evidence of regular contact with healthcare professionals for example, occupational therapist, speech and language therapist, the GP, dentist and nurse.
- People's health needs were recorded in their care plans along with any support required from staff in relation to these needs.

- Staff told us they would notify the registered manager if people's needs changed and if they required the input of a healthcare professional.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's needs.

- People could access a variety of shared living spaces which included a lounge, sensory room, and a gazebo with sitting furniture.

- People personalised their rooms with appropriate decoration and furniture they needed, including the communal areas.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive a person of their liberty.

- Staff training records showed they had received MCA training.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or nonverbal means and this was well documented.

- Records confirmed capacity assessments had been completed and people and those important to them were involved in best interest meetings.

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. Respecting and promoting people's privacy, dignity and independence

- The service promoted non-discriminatory practice and staff told us they would always support people with any needs they had with regards to their disability, race, religion or preferred gender.
- Training records confirmed staff had received training on equality and diversity.
- We saw staff engaged in conversations with people in a relaxed and natural manner.
- People were supported to maintain their independence. Staff told us, they encouraged people to complete tasks for themselves, as much as they were able to. We saw how staff promoted people's independence during activity sessions, in the kitchen and at mealtime to enable them to make choices.
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.
- Staff confirmed that people were supported with their spiritual needs where requested. For example, the registered manager told us they arranged external people to give a spiritual service at the home.
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms.

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

- People and their relatives had been consulted about the care and support they received.
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences, and what activity they wanted to do during the day.

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

- Care plans were person centred and contained information about people's personal life, social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.
- The registered manager explained how they focused on people's quality of life outcomes. We saw people's outcomes were regularly monitored and adapted as a person went through their life.
- Care plans were kept under regular review to ensure people's changing needs were met.
- Staff knew people well and told us of the support they provided, to ensure individual needs were met.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.

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.

- The service identified people's information and communication needs by assessing them. People's care records were made available in formats that met people's needs. For example, there were pictorial formats, objects, photographs and use of gestures.
- Staff offered choices tailored to individual people using a communication method appropriate to that person. We observed staff using different approaches with different people, all were relevant and reflected in care plans.

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 supported to maintain and develop relationships with those close to them.
- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. These included a range of activities both indoor and outdoor from a small sensory room, colouring, listening to music, shopping and accessing community services. However, after feedback to the registered manager during the inspection, they made improvements to the sensory room to suit the prevailing weather conditions.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives.
- The registered manager told us, there had not been any complaints since the registration of the service in May 2021. Records we saw further confirmed this.

End of life care and support

- The provider had an end of life care policy in place. The registered manager told us that none of the people currently using the service required support with end of life care. They said they would liaise with the appropriate health care professionals to provide people with end of life care and support, when it was required.
- People had their choice of funeral plan with inputs from their family members.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were positive about how the service was run and the support they received from the registered manager and staff. When asked people conveyed with a facial expression that they were happy at home and appeared cheerful.
- Throughout our inspection we observed positive caring and supportive interactions between people and staff. People received personalised care from staff experience to carry out their roles and responsibilities.
- Staff encouraged people to give their views about the support they received.
- Records showed staff encouraged relatives to get involved in care reviews and best interests decision making process, as appropriate.
- The registered manager had encouraged and empowered staff to be involved in service improvements through staff supervision and staff meetings.
- Staff were positive about how the service was run and the support they received from the registered manager.
- The service had a registered manager in post. They demonstrated knowledge of people's needs.
- The registered manager held staff meetings to discuss areas such as any changes in people's needs, guidance for staff about the day to day management of the service, coordination with health care professionals and any changes or developments within the service.

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 registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.
- Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.
- Staff told us they had access to support and advice from the registered manager when needed and at staff meetings. A member of staff said, "The manager is good, she is listening to us about people we support. We have changed from giving tin foods to people to fresh foods cooked in here."
- There were systems in place to ensure the service sought the views of people using the service through regular reviews of their care and surveys that were conducted. Relatives feedback has been positive. For

example, one relative said, "The staff are amazing and provide an excellent service of care."

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

- The provider had an effective oversight of the service. The quality assurance system and processes covered aspects such as care plans and care records, medicines management, incident and accidents, health and safety, and the premises. However, in response to the inspection feedback, the registered manager told us how they would improve the medication and carrying out regular checks about the working of the seizure alarm for people. .
- There was a clear management structure at the service. Staff were aware of the roles of the management team. Staff understood their roles and responsibilities.
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- The service had a registered manager in post. They were aware of their registration requirements with CQC and understood the importance of quality monitoring and continuous learning and improvement within the service.

Continuous learning and improving care. Working in partnership with others

- The registered manager demonstrated a willingness to provide good quality care to people. They made improvements following our inspection feedback. For example, about updating medication records, repair of seizure alarm, and the environment of sensory room.
- The registered manager was committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.