

Choice Support

Choice Support - Wellswood Drive

Inspection report

1 Wellswood Drive
Wistaston
Crewe
Cheshire
CW2 6RE

Tel: 02072614100

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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 - Wellswood Drive is a residential care home providing personal and nursing care to three people with learning disabilities or autism at the time of the inspection. The service can support up to three people.

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.

The service was a large detached house. It was registered for the support of up to three people and three people were living in the service. The building design fitted into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

We observed support being provided in the home and saw that this was done in a caring, responsive and patient manner. We saw that people were comfortable in the presence of staff and positive relationships had developed between people receiving support and support staff. Relatives told us staff were kind and treated people with dignity and respect.

People had detailed support plans and risk assessments in place that gave guidance on how people were to be supported according to their wishes and needs. These were regularly reviewed. People were effectively supported to remain as independent as possible and were an active part of identifying their own support needs, for example accessing voluntary roles in the community.

Medicines were managed safely and there were processes in place to make sure the environment and equipment were of an appropriate standard.

Staff were recruited safely and received regular training, received supervisions, attended staff meetings and had regular practice checks. The provider and management team had a range of audits in place that helped drive improvement and ensure quality service for people living in the home.

Complaints, accidents and incidents were managed appropriately and referrals were made to other professionals in a timely when people living in the home were in need.

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.

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 November 2017). 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 continue to monitor information we receive about the service until we 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 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 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 well-led.

Details are in our well-led findings below.

Good ●

Choice Support - Wellswood Drive

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

Choice Support - Wellswood Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. 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 one person who used the service and three relatives about their experience of the care provided. We spoke with two members of staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and medication records. We looked at two 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 and quality assurance records. We spoke with two professionals who regularly visit the service.

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 since the change of registered provider. 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

- We observed that the people living in the home were comfortable in the presence of staff. Each family member we spoke to said that they believed people were very safe and well supported.
- Staff we spoke with had no concerns about the service, were aware of safeguarding responsibilities and had confidence in the registered manager and provider to address concerns.
- The registered manager was aware of their responsibilities to protect people from the risk of abuse and had processes in place to share any concerns with local safeguarding teams for further investigation.

Assessing risk, safety monitoring and management.

- Regular health and safety checks of the environment were completed. Service agreements and certificates were all in date.
- People were supported to live full and active lives, risks associated with people's chosen lifestyles and activities were assessed and monitored. Risks assessments were evident in care files relating to individual choices and activities.
- Relatives we spoke with all said that they believed the people living in the home were safe. One relative told us "I was worried with a new company taking over at first but not now."

Staffing and recruitment

- Three people lived in the home and five staff were employed. The provider had an ongoing recruitment process in place and we observed that there was sufficient staff to effectively support people living in the home.
- Nobody had been recruited to work in the home since the last inspection. We checked two staff recruitment files to satisfy ourselves that the information was being stored and updated in accordance with the company policy.
- There was effective monitoring of Disclosure and Barring Scheme (DBS) clearance. These are checks to ensure people are suitable to work in the caring sector. These were updated every three years. This was seen as good practice.

Using medicines safely

- Medicines were managed safely by appropriately trained staff and were stored securely.
- Regular medication audits were completed.
- A review of stock management procedures had taken place to ensure stock levels were not excessive.

Preventing and controlling infection

- Staff were aware of the measures to take to prevent and control the spread of infection.
- Adequate supplies of personal protective equipment were available and we saw that staff used them appropriately.
- Choice Support - Wellwood Drive was visibly clean, tidy and free from malodour.

Learning lessons when things go wrong

- We saw that the management team regularly reviewed information when things did not work well or there were shortfalls in the service. There were systems in place to monitor and review accidents and incidents, medicines and other processes in the home.

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 since the change of registered provider. 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 assessed and initial planning was completed before people moved to Choice Support - Wellswood Drive, this meant that staff could be assured they could support people to achieve their full potential.
- People's needs and choices about their care were clearly reflected in their care plans.
- Policies promoted equality and diversity. People were treated fairly, and characteristics protected by law, such as sexuality and religion were considered.

Staff support: induction, training, skills and experience

- Staff were given an induction in accordance with recognised standards for care staff and staff were seen to be competent, knowledgeable and skilled in their role and supported people effectively.
- Training was provided for staff throughout their employment to maintain skills and knowledge. Staff received specific training to be able to support a person, for example supporting people with reduced mobility, dementia, epilepsy, diabetes and working positively with people who challenge.
- Staff received regular supervision and appraisal. Relatives we spoke with said they felt staff were well trained and knowledgeable.

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

- We saw that people were supported to maintain a balanced diet in line with their dietary needs. The staff worked with people and was knowledgeable about their individual needs, likes and preferences.
- People had choice about the food they ate. People were involved fully in decisions about what meals were preferred on a daily basis.
- We saw that people had free access to the kitchen area and was able to independently make their own drinks and snacks if they wanted to.

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

- Records relating to people's health and well-being were comprehensive and looked at holistically at individuals' needs. A variety of health care professionals were involved in supporting people and monitoring their health. One healthcare professional we consulted told us how one aspect of a person's health had improved significantly when they had moved into the house.

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

- The home had been extensively adapted to ensure people with physical disabilities and mobility support

needs were not restricted and could easily access areas within the home.

- Specialist aids and equipment were in place as required to provide essential care and support needed when bathing.
- The home had recently been refurbished throughout. The décor was calming subtle and age appropriate. People had chosen all their colours and soft furnishings in their bedrooms and décor of communal spaces. Which demonstrated the registered manager consulted and involved people in the decision making in the home.

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.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- We observed that staff obtained consent for people's care and support.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

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 since the change of registered provider. 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

- On the day of the inspection we observed that people living in the home looked comfortable with the staff. Each relative we spoke with held the staff in high regard. We were told "They are so very caring." Another relative told us "They've built up a rapport with [person]."
- During the inspection we observed warm and caring interactions between staff and people using the service. The staff we spoke to were able to discuss in detail the needs and preferences of the people living in the home.
- One professional told us "The carers knew their clients well, knew the clients likes, behaviours and dislikes. They always appeared to be genuinely caring and would refer to senior staff if necessary to confirm arrangements."
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

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

- We observed how staff would ask people their wishes during the day and respect their choices. One relative told us "Yes they understand [person], [person] does things her own way."
- The person we spoke with and relatives told how people were able to make choices about their care and support
- We saw evidence in people's support plans how people were treated as partners in their care. Staff listened to people's opinions, views and wishes. This showed that people were valued and supported how they wanted. Relatives were invited to contribute to review meetings to ensure that people's needs were met and relatives told us how information was shared.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respect each person's privacy and dignity throughout the inspection.
- The registered manager and staff were effective at promoting people's independence. This included personal care and daily activities shopping, preparing snacks and drinks.
- Relatives we spoke with told how people were supported to be as independent as possible. One relative told us "They encourage [person] to do things [themselves]."

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 since the change of registered provider. 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

- People's individual needs had been assessed and support plans developed to meet those needs. The care people received was person centred and based on their individual needs.
- People's preferences in relation to their care and treatment, daily routines and how they liked to spend their time was clearly documented. Examples of this included how to support the person with their clothes, support plans documented preferred shops, items and sizes.
- The registered manager and staff knew the people they supported well, including their dietary needs and preferences and activities they preferred. We were able to discuss people's needs in depth with staff.

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 was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. Examples included methods of communication and how to present choice to a person.
- Documents were available in different formats for people. We saw that the provider had easy read documents on their website about the service that was available for people, this gave information about the service.

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 actively supported to maintain relationships with family and friends. One relative told us "They always ring me about appointments and give me the option to go." Another relative said "There's a good relationship with them [staff]."
- People were supported to access a range of activities in the community on a regular basis for example volunteer work. This included their particular interests and hobbies that were identified in their support plans.
- People attended day services. Additional activities were planned around people's needs and preferences. These included, meals out, shopping, discos and regular visits to family members.
- People living in the home also had opportunities to access training such as safeguarding and first aid.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people. However, no complaints had been made since the change in registered provider.
- The registered manager and staff kept in regular contact with relatives. People we spoke with confirmed this. One relative told us "I am very happy with the way things are handled." Another told us "I've got no worries in regards to [person]."

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care.
- The registered manager told us how they would support people wishes and we were provided with the providers end of life policy.

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 since the change of registered provider. 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

- The home worked collaboratively with all stakeholders to achieve the best outcome for people. People living at Choice Support - Wellwood Drive, family members and staff told us that there was an open positive supportive culture in the home. One staff member told us, "I love it, I don't feel like its coming to work".
- The majority of the staff were experienced and had worked at the service for some time. They understood their role and what was required to ensure people received person centred and high-quality support.
- The registered manager told us "I believe that we are really focused on the people, ensuring support is person centred and very individual. Acknowledging and acting on their choices and preferences. We also ensure empowerment and inclusion, this is particularly evident in having input to their support plans, training opportunities for people [who use 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff received supervision and support from the registered manager and senior support workers to develop their practice.
- Ratings from our last inspection were displayed in the service, in line with legal obligations.
- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.

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

- Professionals we spoke with all told us that the communication with staff and management was good and that there were no issues.
- Staff were supported to express their views and contribute to the development of the service at team meetings
- Relatives we spoke with told us how the communication was very good with the management and the staff. One relative said "I'm always kept informed."
- The provider had a newsletter the distributed that ensured people had up to date information in regards

to the service.