

HF Trust Limited

Choice South Coast (Supported Living)

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 South Coast (Supported Living) is a domiciliary care service registered to provide personal care. The service provides personal care and support to adults of all ages living in their own homes within the West Sussex area. It provides a service to people with a learning disability who may also have a physical disability and people living with sensory impairment.

Choice South Coast provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service supports some people on a 24 hour basis and others who may require support with personal care needs at specific times of the day and/or night. At the time of this inspection, three out of a total of 21 people received support with their personal care needs from the agency.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. 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. However the registered manager was not available during our visit.

At the last inspection, the service was rated Good. However, it was Requires Improvements in Effective. At this inspection we found the service remained Good, including Good in Effective.

Why the service is rated Good.

People now received effective care from staff who had the skills and knowledge to meet their needs. Staff meetings, one to one supervision of staff practice and appraisals of performance were now undertaken and meetings documented. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). Staff said the Care Certificate training looked at and discussed the Equality and Diversity policy of the company.

People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs.

The service remained safe. When asked, people who were able to, told us the service they received was safe. People felt safe with the staff who supported them. Family members gave positive feedback about the staff, the safety of people and how staff related to their loved ones. Comments from relatives included; "Amazing service" and "Wouldn't want my relative to use anyone else."

People's medicines were managed safely. People were protected from abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected. People had their needs met by suitable numbers of staff. Staff were recruited safely and checks carried out with the disclosure and barring service (DBS) ensured they were suitable to work with vulnerable adults.

People were enabled and supported to lead fulfilling, independent and active lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's equality and diversity was respected and people were supported in the way they wanted to be. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA).

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were in place to help support risk taking, and help reduce risks from occurring. Risks associated with people's care and living environment were effectively managed to ensure their freedom was promoted. People were supported by consistent staff to help meet their needs. People's independence was encouraged and staff helped people feel valued by supporting people to engage in everyday tasks, for example helping prepare meals.

People continued to receive a service that was caring. Staff demonstrated kindness and compassion for people through their conversations and interactions. If people found it difficult to communicate or express themselves, staff showed patience and understanding.

The service was responsive to people's needs and people were able to make choices about their day to day routines. People had access to a range of organised and informal activities which provided them with mental and social stimulation. People were supported to access the local community.

People could make a complaint and were confident action would be taken to address their concerns. The registered manager and provider treated complaints as an opportunity to learn and improve.

People's communication needs were known by staff. Staff adapted their communication methods dependent upon people's needs, for example using simple questions and easy to understand information for people with cognitive difficulties. Information about the service was available in larger print for those people with visual impairments. The service remained responsive to people's individual needs and provided personalised care and support. The provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. People received information in a format suitable for their individual needs. Throughout the inspection we saw evidence of how the provider and staff understood and promoted people's rights as equals regardless of their disabilities, backgrounds or beliefs.

The service was well led. The provider had systems in place to monitor, assess and improve the service. There was an open culture, and people, relatives and staff said they found access to the office and management team welcoming and easy. Staff were positive and happy in their jobs. There was a clear

organisational structure in place.

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 has improved from Requires Improvement to Good.

People were supported by staff that were trained to meet their needs.

Staff meetings, one to one supervision of staffs practice and appraisals of performance were now undertaken and meetings documented to ensure staff support and competency.

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 remains Good.

Choice South Coast (Supported Living)

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 was planned to check 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 was a comprehensive inspection completed on the 22 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in. The inspection was completed by one inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met with two people who received support with personal care and lived in their own home. We also spoke with three other people who received a service from Choice South Coast. We spoke with three relatives for their views on the service. We spoke with five staff members and the operations manager.

We looked at four records which related to people's individual care needs. We viewed three staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Is the service safe?

Our findings

People had sufficient numbers of staff employed to help keep people safe and make sure their needs were met. One relative said; "The staff are very good and keep her safe." Another said; "Absolutely safe! 100%." We observed staff meeting people's needs, supporting them and spending time socialising with them. People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe.

The Provider Information Record (PIR) records; "A 'Voices to be Heard' group meets regularly offering individuals opportunity to raise and explore ideas and concerns that effect their service and lives."

Staff were protected whilst lone working and a whistle blowing policy was available to all staff. An out of hours on call service was available to support staff safety and ensure people receiving visits received them. Staff vehicles, MOTs and car insurance were checked to ensure people were safe if they were travelling with staff.

People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place located at the office which staff were aware of. These policies and regular feedback from people using the service, helped protect people from discrimination. Staff had completed safeguarding training.

People were supported and encouraged to take an active role in keeping their service and personal space clean where they were able. Staff completed infection control training and how to protect people from associated risks.

People had documentation in place relating to the management of risks associated with their care. Risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's own home, as well as risks in relation to their care and support needs and any behavioural needs to help keep people safe. Incidents and accidents were monitored and actions taken to prevent the problems occurring again. Updated risk assessments were read and followed by staff. Regular service reviews and quality monitoring checks ensured procedures were followed. Staff had received fire training and were aware of the emergency procedures to follow in the event of a fire.

People's medicines were managed safely. People's medicines were administered as prescribed. Medicines were stored in people's own home in locked cabinets. Staff were keeping accurate records of when people's medicines had been given.

Is the service effective?

Our findings

The service was now good. At our last inspection on 20 October 2016 we rated this key question as requires improvement, because arrangements for the supervision and appraisal of staff were not well organised and showed inconsistent support to staff. For example, no supervisions records had been recorded, some staff had not received an appraisal of their work and observations of staff competency of new staff had not been completed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we looked to see if improvements had been made, and found action had been taken. The service now provided people with effective care and support. Staff had good knowledge of people they supported and were competent in their roles which meant they could effectively meet people's needs.

People were supported by staff who were well trained and received regular support. Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff received monitoring of their practice, and team meetings were held. Staff confirmed the management had an open door policy.

Staff confirmed regular training was provided in subjects which were relevant to the people they supported. The registered manager had ensured staff undertook training the provider had deemed as 'mandatory'. Staff completing the Care Certificate (a nationally recognised qualification for staff new to care) covered equality and diversity and human rights training as part of this ongoing training. Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. One staff said; "Plenty of training offered."

The registered manager and staff understood their responsibilities in relation to the legislative framework of the Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available.

People's right to make decisions about their lives was respected and supported by the staff. Staff used appropriate communication methods for people to help ensure people had their right to have control over their care and treatment respected. The person's chosen communication method and their physical response was written in their care records. Where people lacked the capacity to understand the implication of decisions about their care, best interests decisions were taken with appropriate health professionals, their advocate and care staff who knew them well.

People's care file held communication guidelines. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. Pictorial images were displayed on the activities board to help ensure it was in a suitable format for everyone. This demonstrated

the provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

The service had policies and systems to support people in developing their relationships with each other and those outside the service. This included identifying the right training for staff. The registered manager was aware of how to support people to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

Is the service caring?

Our findings

People continued to receive a service that was caring. Relatives commented; "The staff who work with [person's name] are great, very caring and I can't fault them." Another said; "The staff are a tremendous help to [person's name]. Through them they have made him very independent. I can't speak highly enough of them."

People who received a service had done so for a number of years and had built strong relationships with the staff who worked with them. People we met all appeared happy and comfortable with the staff working with them. Staff were cheerful, friendly and positive. Staff knew each person well. Staff understood the importance of treating each person equally, and as an adult and a valued individual.

People were supported by staff who were both kind and caring, and we observed staff treated people with patience and kindness. People were chatting with staff about plans for the evening and following day and the conversations were positive. People with specific communication needs were given time to make choices about what they wanted to do to. Staff, were attentive to people's needs and understood when people needed reassurance, praise or guidance. Staff were attentive and provided reassurance to people we visited in their own homes.

People had their own home or lived with family. The staff were observed respecting when people wanted time alone. Staff struck a balance of people having privacy and being checked to make sure they were safe. Staff were observed checking people at regular intervals to see if they were fine.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family and enabled them to be involved as they wished. People and their relatives were encouraged to be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place.

People's independence was respected. For example, staff encouraged people to participate in household tasks including preparing meals. Staff were observed supporting people with their independence. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff. People received care from a regular staff team. One relative said of the staff member supporting their relative; "They have been working with him for years." This consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Is the service responsive?

Our findings

The service continued to be responsive. A relative said; "His health has changed over the years and they have responded by arranging blood tests and monitoring his health."

People received personalised care that was responsive to their needs. People's care plans were person-centred, and detailed how they wanted their needs to be met in line with their wishes and preferences. People's care plans also detailed their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's health or behavioural needs. All the care plans included detailed 'hospital passports' and 'health action plans'. These documents helped inform hospital staff about people's preferences and how they communicated if they needed to go into hospital.

People's likes, dislikes and their aspirations had been identified. For people with limited verbal communication skills care plans identified ways of facilitating communication with the use of pictures, photos and symbols. Care plans held information on personal choice and the importance of supporting maximum independence. For example, people were given as much choice as possible about how they liked to spend their day and where they wanted to go and do. If people had protected characteristics under the Equality Act these were respected and documented. The provider's policies and procedures reflected that people would be treated equally and fairly.

People had a timetable plan and noticeboard of daily activities if they wished to attend. People told us they enjoyed the activities they attended, which included the 'Apple Press'. The Apple Press provided day care services where people undertook activities including woodwork and participating in the pressing, bottling and selling of their own apple juice. The apples were harvested on site in the company's own orchard. People were also supported to have holidays accompanied by staff. Social clubs were attended by people so they could meet friends.

The company had a complaints procedure displayed in the service for people and visitors to access. One person, when asked, said they talked to the staff if they were not happy with things. The operations manager understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Staff told us that due to some people's nonverbal communication, they knew people well and worked closely with them and would monitor any changes in behaviour. The operations manager told us, they would take action to review the policy to ensure it was in line with the Accessible Information Standard (AIS). The AIS is a requirement to help make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People had either family member or advocates appointed to ensure people who were unable to effectively communicate, had their voices heard.

At the time of this inspection there were no people close to the end of their lives. However, the staff spoken with understood ways of ensuring people would receive appropriate care at the end of their lives, with dignity and as much independence as possible. This meant that any people who needed end of life care in the future could be confident their needs would be met.

The PIR records; "Where parents of people are ageing, support is given to plan ahead in readiness for the bereavement process."

Is the service well-led?

Our findings

The service remains well-led. People, relatives and staff all spoke very highly of the registered manager of the service. Comments included; "Extremely approachable." And "Very supportive. The best management here." Relatives said; "I am always kept informed" and "[The registered manager] always contacts me to let me know what is going on or any changes."

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. We were assisted during our inspection by the operations manager and senior staff due to the registered manager not being available on the day of our visit.

People received a service where the provider's caring values were embedded into the leadership, culture and staff practice. Staff had confidence in the management of the service. Staff told us the registered manager and provider were approachable and made themselves available for support and guidance. The provider and registered manager were open, transparent and person-centred. We were told that the focus of the registered manager was to ensure people came first and received good outcomes.

Staff, were hardworking and very motivated. They shared the philosophy of the management team. Staff meetings, appraisals and supervisions were seen as an opportunity to look at current practice. Staff spoke positively about the management of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company, but mostly with the people they supported. Senior management visited regularly and monitored the culture, quality and safety of the service by meeting with the people and staff, to ensure they were happy with the service.

The provider had systems in place to monitor, assess and improve the service. Checks were carried out regularly on all areas of the service, including visits to people's homes where they completed detailed checks on all aspects of the service people received. The provider had worked with the local authority commissioning team to ensure they met the local authority's required standards. They also had a range of checks and audits in place to ensure they met all relevant legal requirements and good practice guidelines.

People had a service which was continuously and positively adapting to changes in practice and legislation. For example, the company were aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people received. For example, there were processes and

systems in place to check accidents and incidents, environmental, care planning and other safety audits. These helped to promptly highlight when improvements were required.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.