

## Choice Support

# Choice Support - Crewe Road

### Inspection report

552 Crewe Road  
Wistaston  
Crewe  
CW2 6PP

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 Crewe Road is a care home which provides personal care and accommodation for up to four people with a range of needs including learning disabilities. There were three people living at the service at the time of the inspection.

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.

People's experience of using this service:

People living at the service received safe care from familiar staff who understood their needs. Staff treated people with dignity and respect and took account of their individual needs when providing care and support. Processes were in place to protect people from avoidable harm. Risks to people had been assessed and were safely managed.

People were supported by staff who had been recruited safely and were well trained. Staff felt supported and told us communication was good. They were kept updated through regular supervisions, team meetings and staff briefings.

The service was responsive to people's changing needs and staff promoted choices where possible. Where people were unable to express their needs and choices, staff understood their way of communicating. Support plans were in place and included details about people's likes and preferences. These had all recently been re-written and were now very detailed. Support plans had been developed in consultation with people and their relatives. The service worked well with other agencies to promote people's health and well-being

Staff were knowledgeable about The Mental Capacity Act 2005 (MCA) They took appropriate action to ensure any restrictions on people's liberty was correctly assessed and authorised. People were supported to make day to day decisions and where necessary these were made in people's best interests.

People were supported to take part in activities based on their interests and had developed links within the community. Staff supported people to achieve specific goals and these were kept under review.

The registered manager had worked hard to implement new systems and make improvements to support plans. The management team had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care. Feedback was gathered from people and staff and this information was used to make ongoing improvements to the service. The provider had effective systems in place to monitor the service and the quality of the care.

Rating at last inspection: The service had been re-registered under a new provider in January 2019. This was the first inspection under the new provider.

Why we inspected: This was a planned inspection based on our inspection programme.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 - Crewe Road

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

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:

The inspection was unannounced.

What we did:

Before the inspection we checked the information we held about the service and the service provider. We looked at any notifications received and reviewed any other information we held. We also spoke to the local authority about any relevant information they held and used this to help plan the inspection.

We spoke with the three people living in the home but due to their communication needs we were unable to judge what they thought of the care being provided to them. Therefore, we contacted two relatives to seek their feedback and viewed written feedback from another relative. We spoke with five staff including the regional manager, registered manager and care support staff. We observed the support provided to people in the communal areas. We looked at records in relation to the people supported including two support

plans and medication records. We also looked at records relating to recruitment, training and systems for monitoring quality and safety.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated an understanding of what abuse was, how they would identify signs of abuse and what action they would take if they had concerns about people's wellbeing.
- Safeguarding training was delivered to staff before they could lone work and was refreshed on a regular basis. Staff had access to a confidential whistle-blowing telephone line.
- Where necessary, safeguarding referrals had been made to the local authority. However, we noted in a couple of cases that whilst the provider had acted straight away, referrals had not been made as quickly as local procedures required. We raised this with the regional manager who told us they would discuss this further with staff. Safeguarding training with the local authority about the procedures had recently been carried out and the rest of the staff team were due to undertake this training in the next few days.
- The provider had undertaken a safeguarding audit of the whole organisation, in partnership with the local safeguarding board, this was to identify any areas for further improvement.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risks to people had been assessed and were safely managed.
- There was a risk screening tool in place to help staff identify risks. Detailed risk assessments were in place which linked to people's support plans. Appropriate actions had been taken to reduce risks. For example, where a person had experienced some falls, measures had been put in place to help reduce this risk.
- Staff were knowledgeable about identified risks and told us how they supported people safely.
- Emergency evacuation plans were in place which included guidance for staff to follow in the event of an emergency and were individual to each person's needs.
- There was business continuity plan in place for the service to ensure people's care would continue in the event of an emergency.
- Maintenance checks of the home were completed and equipment was maintained.

Staffing and recruitment

- There were sufficient staff to meet the needs of the people living at the home. People received support in a timely way. Staffing was flexible and could be increased if people's needs changed.
- People were supported by a regular staff team, who knew people well.
- The provider was in the process of recruiting a new staff member. Where there were staff absences these were mostly covered by the staff team. Very occasionally agency staff had been used to ensure they were sufficient staff on duty.
- The provider followed appropriate procedures when recruiting staff to ensure they were suitable to work with vulnerable people.

#### Using medicines safely

- People were supported to take their medicines in a safe manner.
- Staff were trained to give medicines safely and their competency had been checked.
- Medicines were ordered and stored safely. This was monitored through a weekly audit.
- People had medication support plans which included details about their prescribed medicines, including when "as required" medicines should be given.
- Appropriate procedures had been followed where a person had their medicines given covertly in their best interests (Hidden in food or drinks).

#### Preventing and controlling infection

- Staff were trained in infection control and acted to prevent and control the spread of infections.
- Staff had access to and used equipment such as disposable gloves and aprons.
- The environment was clean and hygienic.

#### Learning lessons when things go wrong

- Accidents and incidents were reported by staff through a reporting form.
- The provider had regular oversight of any incidents to help identify any themes or trends and to learn lessons for future practice.
- The provider shared learning throughout the service to make continuous improvements. For example, safeguarding incidents were adapted and discussed within training sessions.

# 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

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

- Staff assessed and documented people's needs and preferences in relation to their care and planned care based on this.

Staff support: induction, training, skills and experience

- Staff had a clear understanding of their role and what was expected of them. Relatives were positive about staff within the service. They told us, "There are very good staff."
- All staff had completed a full induction at the start of their employment and had undertaken training to meet the requirements of their role and people's needs.
- Staff were supported by regular one to one supervision meetings with their manager, as well as direct observations, monthly briefings and discussions in team meetings.

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

- Staff were given information to support people with food and drink.
- Risks linked to people's eating and drinking needs were recorded and managed. For example, staff supported one person with a pureed diet and thickened fluids to reduce the risk of choking.
- People's preferences were considered and staff knew people's likes and dislikes around food.
- One person's goal was to take a more active role in food shopping and this was in progress.

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

- The home was an accessible bungalow, which was well furnished and homely.
- One person's chair had been adapted so they were able to sit at the dining table.
- People's bedrooms were personalised and comfortable. Their individual preferences had been considered regarding the decoration of the home.
- People could access a pleasant garden area.

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

- The provider worked well with other agencies to promote people's health and well-being.
- Each person had a health support plan and regular health checks. One person was attending an annual health check on the day of the inspection. We saw that people had regularly seen the dentist, dieticians and other health professionals.
- Detailed documentation was in place which could be shared with other agencies, such as if a person was admitted to hospital. This ensured hospital staff understood people's needs, including communication

needs.

- Staff worked closely with the local authority to ensure people's needs were kept under review and they received the correct level of support.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were very knowledgeable about the MCA and could explain how they used this legislation to protect people's rights within the home.
- Appropriate MCA assessments and best interests' decisions had taken place and were clearly recorded.
- Information was contained within people's support plans to guide staff about how to support them to make their own decision where possible or when a decision needed to be made in their best interests'.
- Any restrictions on people's liberty had been authorised and staff were taking action to meet one condition.

# 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

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

- People looked comfortable and at home in their surroundings. We saw staff were patient and able to sit with people, supporting them in an unrushed way.
- Relatives were positive about the care and support provided and believed their relatives were well cared for. They said, "(The staff) are very interested in (relative's) health and wellbeing" and "Staff are most definitely kind and caring."
- Several staff had worked at the home for a long time and had built effective relationships with people. This consistent staffing meant they knew people's preferences and used this knowledge to care for them in the way they liked. Staff told us, "We know people so well," and "The people here are like family."
- People's diverse needs including their cultural and spiritual needs were respected throughout the assessments and development of support plans.

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

- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, facial expressions and eye contact. One relative told us staff communicated well with their relative and could understand their needs.
- Staff involved relatives where possible when making decisions if people did not have the capacity to do so themselves. Staff also sought external professional help to support decision making for people. Each person living at the home had an advocate.
- Cares and relatives' views about the service had been sought through a recent survey. We saw that these contained some positive feedback.

Respecting and promoting people's privacy, dignity and independence

- Where possible people's independence was promoted. For example, one person was supported to have finger type foods which enabled them to eat independently.
- People were supported to maintain and develop relationships with those close to them and build social relationships in the community.
- Staff understood the need to treat people with dignity and respect their privacy. One staff member told us and "Dignity is vital. I always ring the doorbell out of respect, even when I've just emptied the bin outside." We saw staff ask permission to go into people's bedrooms.
- People received personal care in the privacy of their bedroom or bathroom with doors closed.
- People's information was stored securely and staff had completed confidentiality training.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- Staff promoted people's choices in making day to day decisions. For example, people's choices around meals were considered and people were asked what they would like to wear and where they would like to go.
- Staff had worked hard to improve the support plans. These were personalised and detailed daily routines specific to each person. People and their relatives had been involved with the development of their support plans. A relative told us, "I am involved in discussions and recently went for a meeting about (Name's) care plan."
- Staff supported people to identify goals. We saw some of these goals had been achieved, others were ongoing and kept under review.
- Staff had developed memory books with each person and used these as communication tools. For example, these included photographs of activities they had enjoyed and people who were important to them.
- The provider was aware of the accessible communication standard and told us of ways in which the service was meeting the standards. They provided large print information and pictorial information for people. For example, we saw information about changes to the service had been made available in an easy read format.
- People were supported to undertake activities based on their interests. Some people attended a day centre during the week. People were also supported to go out into the community.
- Staff worked with relatives to ensure they understood people's interests and preferences. For example, one person had started to go swimming following feedback from their relatives. Another relative commented, "I feel they support (Name) well. They get (Name) out and about."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. This was available to people as an easy to read booklet.
- There had not been any recent complaints about the service.
- There was effective communication with people's relatives who were able to raise any queries or concerns directly with the staff team.

End of life care and support

- The service was not currently supporting anyone with end of life care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.
- The registered manager told us they worked in an open and proactive way and encouraged staff to raise any concerns or issues.
- Staff meetings were held regularly and provided an opportunity for staff to share any concerns, discuss any changes to people's support needs or within the organisation.
- Key workers were allocated for each person to provide specific support.

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

- The service was well led by a registered manager and a supporting management team.
- Staff were clear about their responsibilities and expectations of their role.
- The registered manager had worked hard to implement new systems and make improvements to support plans. The management team had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- Staff were very positive about the leadership and approach of the registered manager. They told us, "(Manager) has pulled everything together. I can't praise her enough" and "We work as a team, communication is good, everyone is told."
- The management team completed a full range of quality audits and we saw that actions were identified and addressed to make improvements. There was a quality assurance team who also monitored the service.
- Whilst CQC had been notified about most incidents as legally required, there were a couple incidents where we had not been notified. The management team agreed this had been an oversight due to some changes in management at the time. The registered manager was clear about her responsibilities for reporting to the CQC and the regulatory requirements moving forward.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Questionnaires were given to people and their relatives on a regular basis to seek feedback. Action plans had been developed in response to these.
- Staff meetings and staff surveys were used to engage with staff and seek their feedback about the service.
- The provider issued a monthly newsletter to people and staff to keep people updated with any changes to

the service and provide other information.

#### Continuous learning and improving care

- The regional and registered manager took part in local manager meetings and training provided by the local authority to promote ongoing learning.
- The provider offered a programme for managers to develop their leadership skills.
- Staff were encouraged to read CQC reports from other locations within the organisations to learn from successes but also learn where things could be improved.
- The provider acted to promote continuous improvement. For example, they had arranged an independent review of their safeguarding procedures to ensure the organisation was doing all it could to protect people from abuse.

#### Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.