Choice Support

Choice Support - 181 Carlingford Road

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 Support - 181 Carlingford Road is a care home registered for four people. The home provides accommodation and care for people who have a learning disability and autistic spectrum condition. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The home had been completely refurbished in the last year so was homely and well decorated. Staff supported people with personal care and to follow their interests and preferred routines. Risks were assessed and managed to help people keep safe.

The two people living in the home enjoyed their day to day life supported by staff who knew their needs and wishes. One person told us, "I like it, good." The other person was not able to talk to us. We spent time with people in the home and saw they were relaxed and able to make choices for themselves, for example what time to eat their dinner and what to do with their time.

Staff had regular training relevant to their role and regular individual supervision sessions with the registered manager where they were able to discuss their work. Staff said they were supported well to do the job.

People received their prescribed medicines safely and their health needs were met. Staff supported them to attend medical appointments and undergo treatment. They had support to eat a healthy diet and follow a healthy lifestyle.

Staff supported people to maintain their relationships with their families. Families of people living in the home were satisfied with the care provided to their relative.

The registered manager led the home well and was supported by an experienced deputy manager. Choice Support checked on the quality of the service to ensure it remained good. They learned from incidents and took action to make improvements.

The service met all relevant fundamental standards. Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 checked 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 an unannounced comprehensive inspection. The inspection took place on 18 May 2017 and was carried out by one inspector.

Before the inspection we checked all the information we hold about this service including notifications the registered manager had sent us since the last inspection. We contacted a representative of each person living in the home to ask for their views on the quality of care provided. We received feedback from two relatives and one professional.

We met with two care assistants, the deputy manager and the registered manager during the inspection. We met the two people living in the home. We spent some time with them in the lounge and during a meal. We observed staff interacting with people.

We carried out pathway tracking where we looked at both people's assessments, care plans and records of care provided and checked to see if the care plan was being followed. We looked at staff recruitment records, staff training and supervision records, medicines records, quality assurance and audit reports, health, safety, fire and maintenance records and staff rotas.

Good

Is the service safe?

Our findings

Staff had been trained in safeguarding people and knew what to do if they suspected a person in the home had been abused. There had been no safeguarding alerts since the last inspection.

The provider was appointee for one person. We checked a sample of records of financial transactions for this person and found that there were receipts in place for each purchase and clear records kept of their expenditure which minimised the risk of financial abuse.

Staff supported people to keep safe. Each person had their own risk assessments in place which advised staff of the risks to their safety and how these risks should be managed. The risk assessments contained helpful detail. People also had a "missing person profile" in the event that they went missing. This included a photograph and a map of places they might go to help them get found quickly. The front door of the home was kept locked for people's safety and the door was linked to the fire alarm system so that it automatically opened if the fire alarm activated.

Medicines were managed safely in the home and there had been no medicines errors reported since the last inspection. Information about people's medicines was recorded so that staff knew what the medicine was for and what possible side effects to look out for. One medicine was not recorded clearly on the Medicines Administration Record with its full name. We pointed this out to the registered manager, who corrected it during the inspection.

Staffing levels varied depending on the plans for each day. At the time of this inspection with two people in the home one staff member worked overnight and in the mornings to support people with their personal care and getting ready for the day. Both people went out to a day service on weekdays. In the evenings and at weekends there were two staff on duty when people had plans to go out and one staff member if people were going to stay in for the evening. The registered manager told us that if there was going to be one staff member on duty for the evening then he would stay until that staff member had gone for a walk with one person and then settled in for the evening. We asked what would happen if somebody requested to go out when there was only one staff member on duty and staff told us that people had their weekly routines which they knew and liked and would not ask to go out at other times. There was a range of activities that people did outside the home every week and we saw there were two staff members rostered on duty to support people on these days. The registered manager said that staffing levels were kept under review and would increase when more people moved into the home. There was a lone working policy in place to support staff.

We checked the recruitment files of three staff who had been employed since the last inspection. They had been recruited safely with appropriate checks carried out to try to ensure they were suitable for the role. New staff members completed induction training and worked alongside an experienced member of staff for two weeks before working alone.

The home was clean throughout with new carpets and décor and there were risk assessments in place for infection control. We found good food hygiene practices.

There were first aid kits in place which were suitably stocked to deal with minor first aid emergencies. The manager ensured regular safety checks were carried out in the home. Emergency lighting was tested monthly and staff carried out weekly safety checks and fire alarm checks. Water temperature records showed that the hot water was above safe recommended temperatures. The registered manager showed evidence that he had requested that thermostatic mixing valves be fitted to ensure safe temperatures after new baths were installed when the home was refurbished. These were fitted a few days after this inspection and confirmation provided to us that this had taken place.

At the time of this inspection there was no hot water in the home as there was a temporary problem with the boiler. This did not have a negative impact as people were still able to use the unaffected shower. We received confirmation that the boiler was repaired and hot water restored the day after the inspection.

A fire safety consultant was booked to visit the home on 9 June 2017 to check fire risk assessments and give staff advice on fire safety measures. There were new fire extinguishers and heat and smoke detectors in place. The fire procedure was displayed and staff knew what to do in the event of a fire or other emergency.

There were suitable window restrictors in place to ensure people could not fall from windows. We found one minor safety issue in a person's bedroom and the registered manager agreed to resolve this immediately.

Good

Is the service effective?

Our findings

People received effective care from staff who had received training and support to meet their needs.

Staff attended regular training to ensure they had the knowledge necessary for their role. One staff member told us they had attended training in dignity, safeguarding, risk assessment, first aid, health and safety, medicines, care planning and person centred care. We saw that other staff had completed the same training.

The registered manager provided monthly individual supervision for staff and also carried out observational supervision, where he observed staff working with people and then discussed their practice with them to see if they could continuously improve the quality of their care. This was good practice and records showed staff were able to suggest what they could do differently and learn from this method of supervision. New staff had a review of their progress with the manager after three months and had to pass a probationary period after six months to ensure they were suitable for the role.

There were some restrictive practices in place as people were not allowed to go out alone and also had certain snack foods kept in a locked cupboard. Best interest decisions had been made to ensure these restrictions were in the person's best interest. Staff had completed training in the Mental Capacity Act (MCA). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were no DoLS in people's files but the manager sent one person's DoLS to us after the inspection and the other person had been assessed and was in the process of having a DoLS authorised. The provider had produced an easy read guide to the process for people to help them understand it.

Staff supported people to live a healthy lifestyle. They had regular exercise such as walking and trampolining and ate healthy meals. Staff cooked the meals but said people could assist in food preparation when they were willing. There was a photographic menu and today's dinner was displayed on the wall in the kitchen so that people could see what they would be having when they got home. Staff told people when the meal was ready and they came to eat it when they chose to. Each person had a detailed guidance in their support plan about their eating and drinking preferences and support needs. Staff weighed people weekly to help monitor their weight.

People received good support with their health. They had a health action plan and a folder containing important information about their health to help any health professionals understand their needs. They saw their GP, dentist and chiropodists when required. One person had a recent operation and staff worked with them and their family to prepare them and to support them through the process.

There were no adaptations to the building for people with a physical disability but the people living in the

home did not require any adaptations.

Good

Is the service caring?

Our findings

A relative told us that the staff "take very good care" of their relative living in the home. Although people living in the home had difficulties with communication, staff knew their needs well and followed the guidance on people's support plans to ensure their wishes and needs were met. People had their daily routines and rituals which staff knew and respected. Examples of this were making sure the staff rota was available for one person to check every day as he liked to know who was going to be on duty and ensuring one person's favourite chair was always available to them. There were clear written guidelines for staff on how to interpret people's behaviour to understand what the behaviour was trying to communicate.

Staff encouraged people to take part in preparing food and washing their clothes when they were willing to. There were written guidelines available for staff to teach people domestic skills using a consistent approach, for example how to wash up crockery.

Staff called people by their preferred names and ensured that visitors knew what to call people as one person did not like to be called by their name. One person had an advocate and both people had regular contact with their families. Staff supported one person to visit their family including helping them to buy small gifts to give them. This family said they appreciated their relative living nearby and being supported to visit them regularly.

Each person had a photographic timetable so they knew what would be happening that day. Staff involved them in day to day choices and decisions. The manager told us that staff used social stories to help people understand specific issues. He said that they had given one person information to read and talked to them to help them decide whether to have a medical procedure.

Staff respected people's right to privacy and they were able to spend time in their rooms without being disturbed whenever they wished to. The evening meal was prepared for a certain time but people could choose when they wanted to come and eat and were not expected to eat together, unless they chose to.

People's cultural backgrounds were respected and included in their support plans. Staff supported both people to attend church which they said they enjoyed.

The new curtains in the lounge were too short for the window and so did not look homely. The manager said that these would be replaced with the appropriate size after the inspection.

One staff member was appointed as dignity champion for the home. He told us about the seven principles of dignity which were discussed in staff meetings. One principle was displayed in the home each week as a reminder to staff to ensure they respected people's dignity.

People appeared calm and comfortable with staff and, after being at a day service all day, were relaxing reading newspapers and watching TV.

Good

Is the service responsive?

Our findings

People had a support plan detailing all their support needs, abilities and preferences. There was detailed information for each person on how they communicated and the decisions they could make and how they made them. The guidance for staff on how to communicate with the person and how to interpret their behaviour was positive and clear. One relative told us that their relative living in the home was "looked after properly."

The manager said that staff knew people's needs well and were able to respond to their requests and preferences in day to day life. There was one staff member on duty at night sleeping in the home and staff said people did not have any support needs during the night but they knew how to find staff in the night if they needed help.

Both people in the home went to a day service five days a week. They attended different services in order that their individual interests could be met. We saw that their representatives (family and professional) had been involved in choosing the right service for them.

Support plans were comprehensive and there was a record of any changes made to the support plan. Staff supported people to be involved in activities outside the home. Each person attended a weekly social club and went to the cinema and church together. They also went trampolining, supported cycling, for walks in the park and shopping. In the home people had their own hobbies such as reading newspapers, art, sensory toys, music and television. Each person had one staff with them to support them whenever they went out.

People had the opportunity to go on holiday with staff support and this year they had been on holiday while the home was refurbished. The refurbishment had not been completed during that time and people had to return and stay in temporary accommodation for a few weeks until the work was finished. This was not ideal for people with an autistic spectrum condition who had not been consulted about this beforehand. The provider acknowledged that this situation should not have happened. The manager tried to make the situation easier for people by bringing them to the house to show them that it wasn't possible to live there during the refurbishment work. Both people had settled back home without any lasting issues after this disruption.

The provider had a person centred complaints procedure to help people understand how to make complaints. We looked at a complaint that had been made in the last year. The provider had investigated the complaint and given an appropriate response and apology.

Good

Is the service well-led?

Our findings

The home had a registered manager. 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.

The registered manager had worked in the home many years and knew people's needs well. He was working part time in the home as they were managing two other services. The deputy worked part time in the home too. They said that this did not cause any difficulties as they were always available to support staff. They said that during office hours staff could phone them at any time and one of them would come to the home if needed. Outside of the office hours there was a rota of local managers who were on call and available to provide management advice and support. Staff said this worked well.

The two people living in the home had lived together for a number of years and got on well. The registered manager said that the provider had a commitment to making sure when a new person moved in that they would be compatible with the needs of these people.

There was a new area manager who visited the home regularly, supervised the registered manager and had met with families which one family said they had appreciated. The relative said the management and staff team had been supportive to them.

The provider had a team of people called "Quality checkers" who were people who had a learning disability who visitrd the home to check on the quality of the service provided to people.

We saw that the provider produced a report on the performance and quality of their local services. The registered manager said that local Choice Support managers met together regularly to share information.

The registered manager sent notifications to us of important events which is a legal requirement.