

Choices Housing Association Limited

# Choices Housing Association Limited - 2 Cowley way

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



## Overall summary

This inspection took place on the 7 October 2015 and was unannounced.

2 Cowley Way provides accommodation and personal care for up to eight people with a learning disability. There were eight people using the service at the time of the inspection.

The registered manager was absent from the service. The deputy manager had been appointed as the acting manager and was in the process of taking over as the manager of the service on a full time basis. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

There were insufficient suitably trained staff to keep people safe. Staffing levels had not been assessed based on the needs of people who used the service.

People were protected from abuse as the provider and staff followed the correct procedures when they suspected abuse had taken place. Staff had received training in safeguarding and knew what constituted abuse.

Medicines were managed safely. All staff had received training in the safe management of medicines. The provider had systems in place to safely store medicines.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards (DoLS) is part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider followed the guidelines of the MCA to ensure that people were not being unlawfully restricted of their liberty and decisions were made in people's best interests.

People and their representatives were involved in decisions relating to their care, treatment and support.

People were supported to have a healthy diet dependent on their assessed individual needs.

People had access to a range of health professionals and staff supported people to attend health appointments when necessary.

People were treated with kindness and compassion and their privacy was respected.

People had opportunities to be involved in the community and to participate in hobbies and interests of their choice; however these were limited to weekdays as there were insufficient staff to support people at the weekends.

Staff felt supported to fulfil their role effectively through regular support and supervision and training applicable to their role.

The provider had systems in place to monitor the quality of the service and an on-going improvement plan was in place. However the provider had not identified through their monitoring systems that there were insufficient staff to safely meet the needs of people who used the service.

We found one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of the report.

# Summary of findings

## 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 not consistently safe. There were insufficient suitably trained staff available to meet people's needs.

Risk assessments were in place to minimise the risk of harm. People were protected from the risk of abuse. People's medicines were stored and administered safely.

**Requires Improvement**



### Is the service effective?

The service was effective. Staff received regular support and training. The provider worked within the guidelines of the MCA to ensure that people were involved and consented to their care, treatment and support. People were supported to have a healthy diet dependent on their assessed individual needs and when necessary had access to a range of health professionals.

**Good**



### Is the service caring?

The service was caring. People were treated with kindness and compassion. People's dignity and privacy was respected.

**Good**



### Is the service responsive?

The service was responsive. People were given choices and these were respected. People had the opportunity to be involved in hobbies and interests of their choice. There was a complaints procedure and people's representatives knew how to use it.

**Good**



### Is the service well-led?

The service was not consistently well led. Systems were in place to monitor the quality of the service; however safe staffing levels had not been assessed and maintained dependent on people's needs.

Staff told us they felt supported to fulfil their role and the manager was approachable.

**Requires Improvement**



# Choices Housing Association Limited - 2 Cowley way

## 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 was 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 inspection took place on 7 October 2015 and was unannounced.

The inspection was undertaken by one inspector.

We reviewed information we held on the service. This included notifications of significant events that the manager had sent us, safeguarding concerns and previous inspection reports.

We spoke with three people who used the service and observed people's care. We also spoke with two relatives, five members of staff, the manager and a social care professional.

We looked at two people's care records, medication records, staff recruitment files, quality monitoring records and staff rosters. We did this to ensure that care was being monitored and improved when necessary.

# Is the service safe?

## Our findings

Several people who used the service at times required support to manage their anxieties through the use of physical intervention (restraint). One person's assessment of need stated that they may require two or three trained members of staff to support them when they became a risk to themselves or others. We saw records and the manager confirmed that this person had been restrained regularly recently due to heightened anxieties. We saw that most evenings and weekends there were only two members of staff on duty and frequently there was only one restraint trained member of staff on duty as the second member of staff was an agency staff member who was not trained in restraint. This was the case on the day of the inspection. We asked the manager and staff how they would be able to safely support this person and others if they became anxious to the point that they required physical intervention and they told us that in case of an emergency there was an on call manager or the police would be called. This meant that there were insufficient staff to meet this person's assessed needs.

We also saw that there was only one member of staff who slept in the building overnight. The provider had a fire risk assessment which stated that there was a medium risk of certain people becoming anxious and possibly aggressive in the event of the fire alarm sounding. Staff we spoke with told us that one person often became unsettled when the fire alarm went off even if it was planned and they had been prepared. The risk assessment did not state how one member of staff would be able to manage this if an incident occurred during the night.

There were only two members of staff available at the weekends. Although staff were made available to take people to visit their relatives if requested, other people were not able to access the community during the weekend due to the lack of staff. This meant that people were restricted of the opportunities to engage in community activities during the weekends.

These issues constitute a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us: "I am safe here, the staff look after me". We looked at the systems the provider had in place to keep people safe from harm. At a recent meeting for people who

used the service, safeguarding was discussed and people talked about abuse and what might be considered as abuse. Staff we spoke with knew what constituted abuse and what to do if they suspected a person had been abused. The local authority safeguarding contact numbers were clearly visible in the office. The manager showed us a recent referral they had made when they had suspected someone had been abused. This meant that the provider was following the correct procedures to keep people safe from the risk of abuse.

One person had begun to experience falls. We saw the person's risk assessment had been reviewed and control measures put in place to minimise the risk of further falls. The person had been referred for physiotherapy and we saw that the recommendations they had been made had been followed. The person was now using a walking stick, wheelchair for the community and was having a bath rather than a shower to prevent them from falling. The person was also being supported to a gentle exercise session in the community. They told us that they had enjoyed this and was hoping it would make them more mobile. This meant that the provider had recognised and responded to a change in this person's need to minimise the risk of further falls.

We spoke with staff and looked at the way in which they had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. Staff confirmed that checks had taken place and they had received a meaningful induction prior to starting work at the service. The files provided evidence that pre-employment checks had been made. These checks included application forms detailing previous employment, identification and health declarations, references and satisfactory disclosure and barring checks (DBS). This meant that an effective recruitment process was in place to help keep people safe.

People's medicines were stored and administered safely. Medicines were kept in a locked cabinet within a locked room. Staff we spoke with confirmed they had received comprehensive training in the administration of medicines. We observed a member of staff administer a person their medicine, this was completed safely and in a way that met the person's individual needs. The manager told us that staff's competence in medication administration was ongoing and was assessed formally on an annual basis.

## Is the service safe?

When people required 'as and when' (PRN ) medication there were clear protocols in place informing staff of the signs and symptoms the person may exhibit when they required their medication.

# Is the service effective?

## Our findings

Two people told us they liked the staff. Staff we spoke with told us they felt well supported and had received training to be able to fulfil their role effectively. New staff had a period of induction prior to working at the service with people and the manager showed us that support, staff observations and appraisal of staff performance was on going.

Most people who used the service required some support due to their mental capacity to make informed decisions. One person had an Independent Mental Capacity Advocate (IMCA). IMCA's represent people who have no one else independent from the service such as a family member or friend who can support them with decision making processes. Two people had authorisations to restrict their freedom (DoLS) in place, restricting them from certain items or situations. Staff knew what restrictions were in place for people and understood the need for them. The DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. This meant that the provider was following the principles of the MCA to ensure people were not being unlawfully restricted.

We saw that staff knew people well and knew what support they required. Staff gained consent from people prior to an

activity taking place, such as support with personal care or choices around what people would like to eat, drink and what people would like to do. When a person refused an activity or chose something else than that, that was on offer, this was respected.

People had their nutritional needs met. Staff knew people well and knew their likes and dislikes. We saw that people were involved in the planning of the menus for the week. One person had food allergies and we saw a list of their allergies clearly visible in their kitchen area. Staff knew what the foods were that the person was allergic to. People were offered a choice of food and drink, staff told us that they tried to offer healthy options; however people were still able to have an unhealthy option on occasions, such as fish and chips. People were weighed regularly, to ensure a healthy weight was maintained.

People were supported to have their health needs met. . A relative told us: "My relative has had several operations and has come through them with the support of the staff". People attended their GP, opticians, dentist and had regular well man checks. When people became unwell they were referred for the appropriate health care support. People had a health action plan which was for staff to take with them if they had to support a person to hospital. The information within them would support hospital staff to know people's health and social care needs quickly, so they could respond accordingly.

# Is the service caring?

## Our findings

Two people told us the staff were kind to them. One person told us: "I am very happy here". We observed that staff spoke with people in a kind and caring manner. A relative told us: "The care is excellent". People were happy and relaxed in their home environment. Staff laughed and chatted with people in a respectful manner.

Regular meetings took place for people who used the service. One person told us that they had attended a meeting at the service and what had been discussed. We saw minutes of the meeting were available to people on a notice board. These included discussing the menus, feeling safe and planned activities for the following week. People were involved as they were able to be in the running of their home.

People were encouraged to be as independent as they were able to be by being involved in simple household tasks, such as bringing their laundry to the laundry room or doing the hoovering. Realistic goals were set for people and these were regularly reviewed to ensure the person was happy and the goal was still of benefit to the person.

One person had been shopping for clothes the day prior to our inspection. They proudly showed us the clothes they had purchased. The staff member had gone back to the shop to change the size for the person as although they had enjoyed the initial shopping trip, the manager told us that they would have found it stressful to have to return.

People's relatives were free to visit and staff supported people to visit their relatives in their homes on a regular basis. A relative told us: "[Person's name] likes to come and visit me but they are always happy to go back to Cowley Way".

People all had their own bedroom which they were able to lock with a key if they wanted to. Bedrooms had been personalised to each person's individual taste. Each bedroom also had a door bell so staff and visitors could ring before entering people's room. People were free to come and go as they pleased around their home.

Everyone had a plan of care which was kept securely in the office. People's confidential information was respected and only available to people who were required to see it. Where able to people had signed their own care plans as they had been involved in their own planning meetings



# Is the service responsive?

## Our findings

People were supported by staff to engage in hobbies and interests of their choice. One person had a job two days a week and they happily told us how they were getting paid that day. Another person went to the barbers unsupervised and they proudly came back and showed us their hair cut. People went shopping, out for meals, a social club, the gym and a wide range of other activities that met their individual preferences. However, these opportunities were only available in the week as there were insufficient numbers of staff at the weekends for people to be able to go out. The manager told us that they were going to look at increasing the hours at the weekends so people could access the community if they wished to.

Prior to admission into the service the manager completed a pre-assessment with people and their representatives, to ensure that the service could meet their needs. People's health and social history was gained so care could be tailored around people's specific needs. Staff knew people well as they had worked at the service for several years, so they knew people's likes, dislikes and preferences. A staff member told us: "[Name of person] is happy, I can tell by their facial expression".

An on-going regular review of people's care was evident through meetings and care plan reviews. People were supported to communicate and give their views in a way which met their individual needs. Some people required the support of relatives, representatives, such as IMCA's and staff who knew people well. People's care plans were written in such a way that the person was at the centre of the plan. People's likes, dislikes, family, interests and other personal information was available to ensure that staff knew how to meet their health and social care needs.

Handovers were conducted at every change of staff, to ensure the staff coming on duty were fully aware of the current care needs of each person. Staff told us they knew people well and were kept up to date with any changes.

The provider had a complaints procedure which was visible in the reception area and also a complaints and compliments book. One person who used the service told us: "If I have any problems I see the boss". A relative told us: "I have a copy of the complaints procedure somewhere, but if I had any problems I would tell the staff". The manager told us there had been no recent complaints.

# Is the service well-led?

## Our findings

The registered manager was absent from the service. The provider had notified us of their absence as they are required to do. The deputy manager had been appointed as the acting manager and was in the process of taking over as the manager of the service on a full time basis. They had begun the registration process with us (CQC).

We saw that all incidents of restraint were recorded and analysed. If a person had required physical intervention or medication to support them with their anxieties, we saw that this was recorded and discussed at a focus group which was held by the provider. The group looked for patterns to behaviours and ways in which the incident could have been avoided or the risk of further incidents minimised. However the provider had not recognised the risk to people who required physical intervention and did not ensure that it was safely managed with adequate numbers of trained staff.

Risks associated with fire had been assessed but consideration to staffing levels at night had not been considered. People were not always receiving care that was personalised and met their individual needs and preferences due to the lack of staff during the evenings and weekends.

People's health care needs were monitored such as 'epilepsy and falls' and when action was required it was taken. Staff training was kept up to date and there was an

effective system in place to ensure that DoLS authorisations were in date and regularly reviewed. The manager analysed accidents and incidents and reported them to the provider. Incidents and accidents were inputted onto a software system and the information gained from these was analysed at senior management level. The manager told us that they looked for trends and planned to learn from all incidents. A quality and compliance manager conducted a visit and check of the service every month. We saw that if there was any action to be taken that this was followed on and completed.

Staff felt supported by the manager and there was an open and honest culture within the service. An agency member of staff told us: "I like working here; the staff are lovely and so supportive". There were regular staff meetings to discuss people's needs and how they could be best met. Staff told us that they worked well as team and that they supported each other.

Staff we spoke with told us they knew about the whistle blowing procedure and they would report their concerns to the manager who they thought would act upon them. Staff told us that they knew who to contact in the event of an emergency or for advice and support when the manager was not available.

Regular surveys were sent to family and representatives of the service to gain their views. We saw that the responses were mainly positive and any other information was used as a tool for improvement.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>There were insufficient numbers of suitably qualified, competent, skilled and experienced person deployed to safely meet the assessed needs of people who used the service.</p>