

## Choice Support

# Choice Support Wakefield (DCA)

## 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?

Outstanding 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 02 March and 05 March 2015 and was announced. We previously inspected the service on 07 August 2014. At that time we found the provider was not meeting the regulations relating to consent to care and treatment, care and welfare of people who use services, safeguarding people who use services from abuse, cleanliness and infection control, staffing, assessing and monitoring the quality of service provision and records. We asked the provider to make

improvements. The provider sent us an action plan and regular updates telling us what they were doing to make sure they were meeting the regulations. On this visit we found improvements had been made and sustained in these areas.

At the time of our inspection Choice Support provided supported living to 109 people living with a learning disability, autism and physical disability in the Wakefield

# Summary of findings

area. 99 people received care from Choice Support in 30 homes owned and maintained by three housing associations. 10 people received outreach services from Choice Support in their own homes.

The service had a registered manager in post since 2005. 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.

On the day of our inspection we found the service to be safe as it had systems in place to safeguard people from harm. We spoke with knowledgeable staff who could tell us the signs of abuse and what they would do if they suspected any form of abuse occurring. Risks to people were managed well to give people freedom, whilst keeping them safe.

The service had robust recruitment processes in place and involved people who used the service in both compiling the job description and taking part in the interview process to ensure the service recruited staff the people who used the service wanted to support them. We found there had been a high use of agency staff and bank staff in some of the homes we inspected but we saw evidence that this was being addressed with a rolling

recruitment programme. We found staff to have received an appropriate induction, supervision, appraisal and training which allowed them to fulfil their roles to their maximum potential.

Staff had a good understanding about the Mental Capacity Act and the deprivation of liberty. The management team had applied the appropriate test and advised the local authority of the number of people who received support from Choice Support whose liberty could be considered to be deprived and who might need an authorisation by the Court of Protection.

People who used the service and their relatives spoke highly of the staff who supported them and they told us how much they enjoyed living in their home. We spoke with caring staff who involved and supported people who used the service to make decisions and choice in their lives to maximise their independence and potential.

People who used the service were encouraged to be as independent as possible and supported to be involved with the local community and support networks.

There was a strong emphasis on promoting and sustaining improvements and this was evidenced by the changes that had been implemented since our last inspection with a restructure in process with strengthened management and leadership.

# 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 safe

Systems were in place for recording and managing risk, safeguarding concerns, whistleblowing and incidents and accidents.

Records showed recruitment checks were carried out to ensure suitable staff were recruited to work with the differing needs of the people who lived in each of the homes.

People were supported to manage their medicines safely.

Good



### Is the service effective?

The service was effective

Staff had been trained and had a good understanding of the Mental Capacity Act 2005 and the registered manager and area manager understood the process to authorise the Deprivation of Liberty in a supported living environment.

People who used the service and their relatives told us staff were kind and caring.

Records showed that staff received a thorough induction, regular supervision, performance appraisal and training.

Good



### Is the service caring?

The service was caring.

People spoke positively about the staff who supported them and told us they were kind and caring.

We saw evidence that people were involved in the support they were receiving and staff encouraged and maximised their independence.

Staff acted in a way that maintained people's privacy and dignity.

Outstanding



### Is the service responsive?

The service was not always responsive.

People received individualised and person centred care which had been discussed and planned with them.

Whilst we saw some excellent support plans in all the homes we inspected, we saw inconsistency in how peoples daily living activities were recorded on a daily basis.

Requires Improvement



# Summary of findings

There was inconsistency between the homes regarding the provision of daily meaningful activities for people who used the service. Although some people's needs were met in this regard we found this was lacking in some of the other homes.

## Is the service well-led?

The service was well led.

The registered manager had been in post since 2005 and had a strong management team to support the leadership role. They had a vision for the service and were implementing changes to support this vision.

The service sought the views of people who used the service .

People, staff and their relatives spoke highly of the management team, and told us how they felt supported in their roles.

Good



# Choice Support Wakefield (DCA)

## 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 inspection took place on 02 March 2015 and 05 March 2015 and was announced. The provider was given 48 hours' notice because the provider offered an outreach domiciliary care service and supported living for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using services or caring for someone who uses services. In this instance the person had experience of caring for someone living with a learning disability and autism.

Before the inspection we reviewed the information we held about the service, the previous inspection reports, action plans and notifications received from the service. We contacted the commissioners of the service and the local authority safeguarding team.

We used a number of different methods to help us understand the experiences of people who used the service. We visited three of the homes where people were supported to live. We spoke with two managers who were present at these homes and seven support workers. We also spoke with the registered manager, the area manager, and a service manager, at their main office. We spoke at head office with one person who received a service from Choice Support. We also telephoned four people who used the service, five relatives, and one advocate during our inspection.

We looked at five people's care records and a variety of documents which related to the management of the service.

# Is the service safe?

## Our findings

We asked five people who used the service whether they felt safe. One person told us “I have been using Choice Support a while now. I am happy with them. I feel safe. It’s the first time I have felt safe. I can talk to staff. I trust them. They listen to me. They have never let me down”.

A relative of a person who used the service told us their family member had been using Choice Support for about 3 years. They told us they thought it was ‘wonderful’ and that when their relative comes to visit they can’t wait to get back to the home. “That’s how happy they are. They are safe”.

One relative we spoke with had concerns about the safety of their family member due to the actions and behaviour of another person with support needs who lived at the same address. This was raised with the registered manager and the manager for that home, who advised us of the interventions and risk assessments which they had put in place and they told us they would speak to the relative regarding their concerns.

Staff had received up to date safeguarding training and had a good understanding of the procedure to follow if they witnessed abuse or had an allegation reported to them. Staff we spoke with were able to describe the signs of abuse and what actions to take to ensure people remained safe. We saw a risk assessment tool in the five care files we reviewed. This tool identified whether a risk assessment was required and this tool was updated annually unless there was a need to do this sooner. We saw risk assessments around behaviour harmful to others, self-injurious behaviour, mental health, personal care, diet, risks in the home and activity related risks. For example, one person’s file contained a risk assessment which clearly identified that two carers were required to support activities away from the home, due to the person’s limited sense of danger and potential responses to certain external stimuli. It clearly stated how the staff were to support the person in these circumstances which showed that there was a system in place to manage risks without restricting the person’s freedom to undertake certain activities.

The service manager at one of the homes we inspected told us about the system for reporting accidents and incidents. We saw evidence that incidents were analysed for trends and that after several incidents involving one

person who used the service, a GP had been involved to review medication and the Positive Behaviour Support Team had been involved to try to reduce the number of incidents. This showed us that staff were implementing changes to minimise harm from incidents and accidents.

We looked at the recruitment records for three members of staff. We saw each person had completed a series of pre-employment checks which included a pre-interview on-line test which assessed which areas the interviewers should focus. This ensured people who were recruited had the skills and behaviours to work with people living with a learning disability and autism. We found that prior to their job offer being confirmed references had been taken up, and DBS checks undertaken.

We were told by a service manager recruitment of suitable staff had been an issue which meant that the use of agency staff was high. To ensure that suitably qualified and experienced staff were always available, we were told a rolling recruitment programme was now in place and a recruitment day held each month. The managers told us they requested agency staff who were familiar with people who used the service to ensure a better experience for these individuals.

The home managers we spoke with told us they had a bank staff coordinator who could be contacted if additional staff were required and bank staff were used in preference to agency staff. This ensured that there were suitable numbers of experienced staff to keep people safe. The registered manager told us that there was a clear process in place with the local authority to request an increase in hours if a person who used the service required it. This was to ensure that there were always enough hours of care to meet the needs of those people who used the services of Choice Support.

As part of our inspection we looked at how the service managed people’s medicines. We saw people’s medicines were stored safely. We reviewed a sample of two people’s medicines. Staff told us they had all received training in administering medicines, and we reviewed this in the training matrix. One manager we spoke with told us they undertook medication observations once a year. We were told by the manager that agency staff would only ever act as the second person when medicines were administered.

# Is the service effective?

## Our findings

We asked people who used the service whether they felt their needs were met by staff who knew what they were doing. They told us: “Yes, I ask my support worker what I want them to do and they do it”. Another person told us: “staff are good, they look after me”. And one person told us: “I know the staff. They are alright”.

We looked to see how new members of staff were supported in their role and found that new members of staff had an induction and were supported by a buddy for a number of months from taking up post and staff had twelve weeks to work through an induction work book. One area manager we spoke with told us they had a six month induction programme and probation period. During this time they undertook visits to the different homes, underwent training on the IT systems, policies, and e-learning modules and had regular meetings with the registered manager.

A Choice Support training prospectus was available for all staff which detailed all the mandatory and non- mandatory training available. Training included on line, classroom based learning and distant learning. Examples of classroom based learning included Mental Capacity Act and DoLS, safeguarding, and moving and handling. We were shown a report of training which had been undertaken and this showed us that most relevant staff had received training in moving and handling, safeguarding, MCA and managing challenging behaviour. We were advised medication training was done by the managers in each home who assessed competencies.

We asked the registered manager whether any staff had been supported to undertake specialist training to support the complex needs of people who used the services. We were told that the manager of one of the homes had been supported to undertake a course from the Institute of Applied Behaviour analysis around autism to enable the manager to undertake complex functional assessments. Staff had undertaken Positive Behavioural Support Training from Choice Support’s national specialist manager’s to train the team in changing their approach to positively benefit the person using the service.

We were told by various members of staff that Choice Support had a no restraint policy. Staff told us “we use the Positive Behaviour Support approach.” Staff also told us they had the support of a local team to assist them with individuals who have behaviour that challenges others.

Staff were offered both formal and informal supervision. Informal supervision was an on-going process where managers picked up on issues of particularly good or poor practice. We were told by the manager that issues which arose from informal supervision were discussed at formal supervision. Staff we spoke with told us supervision was a positive experience. One member of staff told us they received four face to face supervisions each year and two observational supervisions. They had an annual appraisal and goals identified in the appraisal were reviewed at each formal supervision. We saw evidence in supervision records that staff had the opportunity to reflect on their achievements, and what had gone well during these sessions and future development needs were considered.

We saw evidence of capacity assessments in all the care files we reviewed. We saw records of supported decision making and in one person’s care file there was a list of decisions they had been supported to make which included to have their bedroom redecorated, to buy a football season ticket and to have a pneumonia jab. The area manager advised us they get involved in best interest decisions for larger decisions such as a whether to go on holiday but generally decisions are made at home level with the involvement of the relevant parties.

One relative we spoke with told us they had been involved in the best interest decision making regarding a funeral plan for their family member. They told us their family member was supported by Choice Support to think about a funeral plan. The relative told us they were involved in the discussions around this and their family member was supported to buy a funeral plan. However, two other relatives we spoke with whose family member had little or no capacity had not heard of the Mental Capacity Act, although they told us they had been to all meetings concerning their relative.

The Care Quality Commission monitors the use of the Mental Capacity Act to ensure that people using supported living services are looked after in a way that does not inappropriately restrict their freedom. Staff had a good understanding about deprivation of liberty and, the management had applied the appropriate test and advised

## Is the service effective?

the local authority which of the people who lived at the homes might be considered to be deprived of their liberty. The local authority are responsible for the application to the Court of Protection to authorise the deprivation of liberty.

Throughout our inspection we observed staff seeking consent from people who used the service prior to receiving support and this was also evidenced in support plans. One member of staff told us they always asked the person who used the service even if they knew what the answer would be. One manager we spoke with told us they checked staff were obtaining consent through their observational supervision sessions and from informal observations. They told us they also checked that staff were recording that they had sought consent.

We were told by staff and people who used the service that menu's for each house were determined by the people who lived there. During our inspection at one of the homes a person who used the service was out shopping with the support workers. The support worker told us on their return to the home they were unable to verbalise their choice of food or menus but they knew the person well and what they liked to eat. They told us the person liked to go to the shops and was able to pick out what they liked. In one of the other home's one person told us "The food is nice. Good". Other people told us "My food is ok. I choose my

food. Salmon and chicken is best. Always enough. People cook for me. I don't touch the cooker", and "I cook my own food. I have some easy read cook books. Sometimes I order a take away. I get enough to eat and it is good food".

We saw evidence that people were supported to have access to healthcare services. There was a section in each person support plan which acted as a health passport. This detailed which health professionals were involved such as the GP, dentist, district nurses, speech and language therapist and consultant information. We also saw a seizure diary in one care plan. We asked people who used the service how they were supported with their health needs. One person told us "I do get weighed. I get weighed in my house. I go to opticians. I have seen the doctor." Another person told us "I do visit the GP, optician and dentist." We also saw a national review by Choice Support which reported on the percentage of people they supported who had attended male and female health screening in the previous 12 months, with an emphasis on supporting those who had not attended to understand the issues. We saw a local action plan which detailed how locally they planned to implement healthier lifestyles and health checks. This showed us that both locally and nationally, the registered provider is supporting people to maintain their health needs.





# Is the service caring?

## Our findings

People who use the service spoke highly of the staff who provided support to them. One person told us “They are excellent. They always treat me with respect and help me.” Another person told us “Staff are kind.” One person said staff were “always nice to me.”

We spoke with a relative of a person who used the service. They told us “they deserved a medal. My relative is very well cared for. No complaint about caring.” Another relative told us they visited their family member once a week and phoned regularly. They told us their relative “had a good life.” We also spoke to an advocate who supported a person using the service who told us they thought the staff were caring.

We were told by one service manager that “staff are very caring. They are passionate about supporting people.” They told us they match care staff to people who used the service following observation. They said that it was often only possible to see how relationships developed once staff started working with individuals and following observation of their interactions and responses.

We asked people who used the service whether they felt involved in their care. We were told by one person “It’s working perfectly for me. I feel in charge.” Another person told us “They listen to me.” The registered manager told us that they used ‘Your Voice Advocacy Service’. We saw in one of the care plans we reviewed that the person had an advocate, who that advocate was and the support they provided.

Staff told us they ensured people’s privacy and dignity by keeping doors shut. One of the service manager’s told us they discussed privacy and dignity as an item at each team meeting and all staff undertook an e-learning module as part of their induction. This ensured that staff were constantly reminded of the importance of maintaining the dignity and respect of the people who used the service at all times. One relative told us their relative “is always treated with dignity and respect.” They told us they had never found that their relative’s personal hygiene needs regarding continence care need were not met and said “It’s a brilliant place.” The service manager at the home told us

the confidentiality policy had recently been circulated following an incident. They told us that issues with confidentiality were followed up in supervision to ensure good practice was embedded.

Relatives we spoke with told us they could visit their family member at any time. One relative told us they visited unannounced and their relative was always clean and well looked after. They told us their relative was “happy”.

We saw evidence during our inspection that people who used the service were involved in recruiting staff they wanted to support them. This included being supported by staff and managers to develop individualised job descriptions and also involvement in the recruitment process for which they received payment. This involvement varied from asking questions, observing candidates and providing feedback with the panel on their observations of the candidates.

We observed throughout our inspection that people who used the service were supported to be as independent as possible. This was through the provision of assistive equipment including telecare. Telecare helps to manage risk and support independence by means of unobtrusive wireless sensors placed around the home which can be linked to a monitoring system or used as stand-alone devices. The manager told us they had worked with the local authority to maximise the use of telecare and the local team had assessed the needs of each person who used the service, who might benefit from telecare. Independence had been maximised by the use of telephones with pictures, bleeping kettle for a person with visual difficulties, medication dispensers and other environmental equipment. One member of staff said “We support people to be more involved in daily living tasks to gain more skills. We are getting better at involving people. For example, we support one person to be involved in kitchen activities by bringing the person into the kitchen whilst we prepare food.”

The registered manager also told us, people were supported to be involved with their local community and community of need. For example, They supported service users to be involved in the “Big Meet Conference” in November 2014. The Big Meet is Choice Support's conference which is organised and run by people they support. The Registered manager advised us they arranged transport for those that needed it and supported others to



## Is the service caring?

get their own transport. In one home, the manager told us that the people who lived at that home visited a local working men's club each week to meet other people living with a learning disability from the local area.

# Is the service responsive?

## Our findings

Staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs, which enabled them to provide personalised care. Support staff told us people who used the service received care at a time they chose.

Staff told us they learnt how to read signs from people who could not communicate verbally to enable them to support decision making and choice. For example, we were told one person they supported would go and get their shoes which alerted staff that they wished to do an outdoor activity. We found this information was referenced in the person's support plan which also advised staff what signs meant to the person supported. The support plan also stated that if the person jumps and claps their hands, this meant that they were happy.

Another person verbalised "car" if they wished to go out. We were shown pictures which one person used to enable the support staff know what they wanted to do as an activity. For example, they had pictures to assist the person to choose whether they wanted to visit the shops, the places they liked to walk, the café, and an outdoor pursuit centre.

We found in one supported living home we visited the support plans were written in detail and were person centred and written from the point of view of the person receiving support. They included information about the person's circle of support, a pen picture of the person, what was important to them, what skills and talents they had, what staff needed to know about them, what they liked and things they did not like. Information had been updated and reviewed and a review date inputted.

We saw in one home that daily logs were kept in a diary format. Although these records detailed how the person had been supported on a daily basis, this was recorded in a task focussed way rather than person centred. Our observations of staff practice confirmed practice was very person centred. We were advised by the registered manager that Choice Support have employed a trainer to embed person centred culture within their homes which included how to record in a person centred way. This would ensure that the practice we observed would be evidenced on a daily basis.

In another home we visited, daily logs had been stopped several months before due to a misunderstanding following an audit, which meant that there was no record of what the person had done on a daily basis. Appointments and medication administration were kept in the person's file and support plans were compiled in detail which enabled staff to care for the person. We brought this to the attention of the registered manager, who told us they would ensure the diary format was re-introduced.

We saw evidence in support plans that people who used Choice Support Services were supported to undertake activities of their choice. Many of the people who used the service had their own vehicle and best interest decisions had been made with support from the local authority regarding the decision to purchase and use the vehicles to support the person to undertake activities. People who used the service were also supported to make decisions regarding how much they paid towards the support workers costs. For example, we saw in one person's support plan that they agreed to pay £5 towards the cost of a meal for the support worker, if a meal out was part of a planned activity.

The level of activities varied between homes and in one of the homes we visited detailed activities were not recorded so it was difficult to see what people who used the service had done throughout the day. This was reported to the registered manager who said they would ensure staff completed the activities log. We were also told by one advocate that the person they supported did not have enough to do and that they had witnessed this had had a very negative effect on their mental health.

One of the care plans we looked at had a section 'My decision making agreement'. This advised the support workers how they should present choice to the person. This meant the person was offered choice in a way they would understand.

We saw systems were in place for recording and managing compliments and formal complaints. However, we were aware of one complaint which had been made directly to CQC from a relative of a person who used the service who had raised some concerns about an agency member of staff. This had been mentioned to the deputy manager at Choice Support as an informal concern. It had not been recognised as a complaint and as there has been no formal

## Is the service responsive?

acknowledgement, the complainant felt that they had not been listened to. This was brought to the attention of the registered manager who acted on this immediately, contacted the complainant and started the formal process.

The registered manager advised us of a compliment they had received from a speech and language therapist regarding one of the support workers who supported a

person who had been admitted to hospital. They had been told that the support worker was a strong advocate for the person which had ensured the person they supported received person centred care whilst at the hospital.

We also saw a compliment from a family member regarding a person who had been admitted to hospital, and how the support worker had provided the care for the person whilst in hospital and ensured they had visitors during their stay.

# Is the service well-led?

## Our findings

Staff, people who used the service and their relatives described the management as open and approachable. One person who used the service told us “the two managers I deal with are good.” Another said “It’s a brilliant place. It’s run good.” We spoke with one manager who described the culture of the organisation as forward thinking. They told us “It’s not about a person getting a service. It’s about the person getting a life they want.”

The registered manager had been in post for ten years at the time of our inspection. They told us they expected high standards from themselves and from their staff. Their vision was to ensure that the service was open and transparent with the focus on engagement, involvement and inclusion. The registered manager told us they were encouraging links with the community and the organisation had a volunteer coordinator to match volunteers to people who used the service. They advised us that one person who used the service had been supported by a volunteer, and had now become a volunteer themselves.

The registered manager told us Choice Support were undergoing a large scale reorganisation following the acknowledgement that there had been issues resulting from the reduction in the number of managers supporting each of the 30 homes. The new structure to be implemented on 01 April 2015 showed a management structure with clear lines of responsibility and accountability. The changes had started at the time of our inspection and once fully implemented would mean that each of the supported living houses would have their own home manager who would be responsible to provide hands on support for staff and the people who used the service.

The reorganisation would mean there would be three service managers, two area managers and the registered manager. The area managers would apply to the Care Quality Commission to become registered managers and each have responsibility for 15 homes with the task of ensuring all quality audits and managerial checks were carried out at local level. The current registered manager would have the overall responsibility for developing the strategic direction of the service.

The registered manager told us they strived to improve the culture of the organisation but shared that the

reorganisation had unsettled some of the staff. This was not evidenced with the staff we spoke with as part of our inspection who were positive about the proposed changes and the strengthening of the management within each of the homes.

The registered manager told us that they had undertaken unannounced visits to each of the homes in the last six months following our last inspection and had undertaken a detailed audit. This audit included areas such as the standard of the environment, and its cleanliness, activity planners, observation of staff interactions with people who used the service, advocacy, financial arrangements, risk assessment and documentation. We saw evidence of a completed audit and issues that had been highlighted and changes that were implemented as a result. This included streamlining some of the service user’s files. Relatives of people who used the service told us they had noted improvements. One family member told us “Things have improved. We are all very happy.” Another said “I am aware of significant changes going on after the last CQC report. I am worried that good bosses might go. The house managers are superb.”

We looked at the systems in place for managing people’s finances and reviewed this in people’s support plans and saw that Choice Support had introduced checks and balances to ensure the financial security of people who used the service. The area manager told us “Choice Support acts as Corporate Appointee for 53 people that we support in Wakefield. 14 people have their benefits managed through Court of Protection, 24 people have family support and 7 people manage their benefits independently.” Weekly financial audits are undertaken at each home which are then checked by the service manager. We were told by the registered manager that there is a random audit by the area manager plus an annual audit of expenditure from their auditors based in London. All staff are to have new financial competency checks by June 2015 as an additional measure to protect staff and people who use the service.

We asked the registered manager how they sought the views of the people who used the service. The registered manager told us they undertook a survey of people who used the service once a year. They showed us the easy read survey which had been given to each person who used the service. The questions asked sought views around friendship, social lives, boredom, activities and support.

## Is the service well-led?

The results from the survey showed that Choice Support were actively seeking the views of the people who used the service with the intention to improve the services they provided and achieve a better life for those people who received a service.

The registered manager also told us they have a forum for people who used the service to express their views. This is chaired by the volunteer coordinator to ensure full independence of the group. The registered manager also advised us that they had invited families, staff, people they support, and advocates to a Driving Up Quality Event to be held in Wakefield March 2015. The organisation has signed up to the Driving up Quality Code for driving up quality in Learning Disability Services.

The registered provider undertook a detailed annual audit of quality which was published November 2014. The latest audit included information on the positive changes that had been made the previous year and the challenges. The audit looked at such areas as staffing skills and knowledge,

service planning and delivery, behaviour and wellbeing of people supported and management and leadership. Each home also undertook a similar audit which ensured that quality was being measured at a home and local level.

We asked the manager what they thought were the biggest challenges for Choice Support and they told us it was documentation and how to help staff to be able to capture quality information to show how they are supporting people who live at their homes. They also told us the refurbishment programme which had been commenced following our last inspection had been disruptive for people who used the service and one of their key aims was to bring the use of agency staff down.

We were shown evidence of Choice Support Organisation Learning Group meetings, which the registered manager attended. These meetings ensured the organisation learnt from the safeguarding alerts received and that relevant organisational change was implemented. We saw evidence of lessons learnt and actions implemented following an incident which showed us that Choice Support were implementing changes as a result of lessons learnt from events which had occurred.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.