Care Quality Commission

Choice Support

Choice Support - 181 Carlingford Road

Inspection report

181 Carlingford Road
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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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 12 November 2014 and was announced as we notified the registered manager the day before the inspection that we were coming. The previous inspection was on 7 August 2013. We took into account the service's inspection history, including an outstanding breach of regulation about the way Choice Support managed people's finances. We found there had been some improvement in how they managed people's money for them.

This care home provides accommodation and care to four people who have a learning disability, some of whom also have an autistic spectrum condition. At the time of this inspection there were four people living in the home in single bedrooms. People shared a lounge and two bathrooms.

There was a registered manager in the home. 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.

We found people were cared for by suitably qualified, skilled and experienced staff who knew their needs well. Staff supported people to follow their own chosen routines and to take part in activities they liked, such as trampolining, visiting places of worship, walking and Art.

People's care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Staff followed the care plans and had good relationships with the people living at the home.

The service showed good practice in supporting people with their physical and mental health needs and in making decisions for themselves.

The house was safe but the service was waiting for some maintenance of the decor and furnishings.

People's snack food was stored in the office where they had to go and request it. This was not a person centred arrangement. We have made a recommendation to improve the arrangements for people's daily routines so that they always respect each person's needs and wishes.

The home was well managed and the registered manager supervised and supported staff to ensure they did their job well. Where things had gone wrong, appropriate action was taken to make sure the same mistakes were not made again. For example, where a mistake had been made in giving somebody the wrong medicines, staff were suspended from giving medicines until they had further training and the registered manager had assessed their competence. The registered manager notified relevant people of any incidents as required. Choice Support checked that the registered manager was running the home to a good standard and checked to make sure any recommended improvements were made.

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?

Good

The service was safe. Staff had assessed risks to each person's safety and any risks they posed to other people. Staff followed the written plans to help keep people safe.

Staff knew people's needs well and there were enough qualified, skilled and experienced staff to meet people's needs.

Staff were knowledgeable about safeguarding people from any abuse. They were safely recruited. Staff had good knowledge of whistleblowing which meant they were able to raise concerns to protect people in the home from unsafe care.

The registered manager monitored medicines to make sure staff gave them safely.

Is the service effective?

Good

The service was effective. Staff were trained to understand and support people to a good standard.

People had a good level of support to make their own decisions and where they did not have capacity to understand, proper processes were in place to ensure those who cared for them made decisions in their best interests.

People's nutritional needs were met. The menus provided variety and choice and meet people's cultural preferences.

Staff supported people to see healthcare professionals, such as GPs, psychiatrists, opticians and dentists regularly and supported them in the home to look after their physical and mental health.

Is the service caring?

Good

The service was caring. Care staff demonstrated good understanding of people's care and support needs and knew people well.

People's privacy was respected by staff. Staff respected people's different religious and cultural backgrounds and knew how best to communicate with each person.

Is the service responsive?

Requires Improvement

The service was responsive. People's care plans were comprehensive and they were updated regularly to reflect any changes in their care and support needs.

Each person had an individual weekly programme of activity in accordance with their preferences.

People were given information on how to make a complaint and systems were in place to appropriately respond to complaints.

Summary of findings

Arrangements for the storing and eating of people's daily snacks were not person centred and we have made a recommendation to review these.

Is the service well-led?

Good

The service was well led. The systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up by Choice Support to ensure continuous improvement.

Staff were clear about the standards expected of them and felt able to approach the registered manager for advice and support. Staff morale was good and the registered manager ensured staff were both supervised and supported to provide a good standard of care.

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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 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 12 November 2014. A single inspector carried out this inspection. We informed the manager on 11 November 2014 that the inspection would take place the next day. The reason for doing this was that some people in the home may be upset by somebody they do not know in the house and in the past this has caused challenging behaviour and risks to people's safety. The short notice given to the manager allowed enough time to plan how to accommodate the inspector in the best interests of people living in the home.

Before the inspection we reviewed all the information we held about this service, including the notifications sent in by the provider over the past 12 months, complaints, safeguarding alerts, previous inspection reports and information provided by the local authority, professionals and relatives of those living in the home. We invited the views of six professionals who worked with people living in this home. We received feedback from two of those six people.

We used a number of different methods to help us understand the experiences of people living in the service. We spent time observing how staff interacted with people in the communal areas such as the lounge, office and dining area and met some people in their rooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We met the four people living in the home and talked to two of them. The other two did not wish to spend time with us.

We looked at two people's care and treatment records in detail. We also checked whether the plan for their care was actually taking place. We checked food records, four staff files, staff duty rosters, staff training, recruitment, supervision, appraisal and meeting records, accident and incident records, financial records for two people, selected policies and procedures and medicine administration record sheets.

We spoke individually with the registered manager, deputy manager and three support workers. We contacted the families of three people and a professional for the person who had no relatives to ask for their views on the home. We were able to speak with two of these families.

Is the service safe?

Our findings

All four people living in the home had communication difficulties and we were not able to ask them if they felt safe in the home. We looked at two of the four people's care plans and found they contained detailed information about "keeping me safe" for each person. This information included risks to the person's safety, things they were afraid of and their behaviours which were a risk to themselves and others. This information advised staff on how to keep the person safe from harm and how to make them feel safe. For example, one person had a fear of dogs and their care plan informed staff how to support them if they met a dog. Another person's plan stated that they needed to be supported by two male staff when going out for safety reasons. Staff rosters showed there were always two male staff on duty to provide support when this person was going out on a planned activity.

The registered manager told us there had been no recent accidents or incidents of assaults. Staff took all the action they could to minimise the risk of people assaulting each other in the home. The house was small with only one communal room for four people which exacerbated potential incidents between people. Daily planned activities outside the home helped to reduce the amount of time people had to spend in a confined space. In addition staff encouraged people to spend time in their rooms if they wanted to have some quiet time. Staff told us that Choice Support had planned to build a summer house in the garden to provide an extra space for people to spend quiet time but this had not yet been acted on. We found from inspecting records and talking to staff that they supported people to go out regularly and spend time on their own away from their housemates which was positive.

People had locks on their bedroom doors so they could lock themselves in safely at night and prevent other people from entering their room. Staff said that everyone was able to operate their own locks. We asked one person to show us and found that when staff prompted them they were able to lock their door. Staff could unlock the doors from outside in the event of an emergency. This protected people's privacy and safety.

The home had a policy about safeguarding people from abuse which was in a folder and staff had signed that they had read it. Staff understood the organisation's whistleblowing policy and told us that information about how to raise concerns about poor practice confidentially was provided to them. Staff were clear that they could raise any concerns with the registered manager, but were also aware of other organisations with whom they could share concerns about poor practice or abuse, such as the local authority, police or Care Quality Commission. Choice Support trained staff in safeguarding adults from abuse. This helped staff to know what to do in the event of somebody in the home being abused. At the time of the inspection there had been an allegation about one staff member and the registered manager had ensured appropriate measures had been put in place to make sure people were supported safely.

There was written guidance to support people if one person was angry and likely to assault somebody else. In the past there were incidents where one person assaulted another. Staff worked to reduce that risk and implemented advice from professionals to support this person with their needs.

Staffing levels were good five days a week and adequate as long as people didn't want to go out on two evenings a week. The registered manager said that there were no planned activities on those two evenings. This staffing level did not allow for people to decide at short notice that they wanted to go out on those two evenings, but there was no evidence to suggest that this had a negative impact on anybody. There were extra staff on duty at busy times and when there were planned activities and appointments. There was always a mix of male and female staff so the one woman living in the home was always supported with personal care by female staff and one man who preferred male staff always had two male staff available to go out with him to his daily activities.

Two people in the home had a history of running away and there were guidelines for staff on how to keep those people safe when out.

Staff had been trained in giving people their medicines safely but there had been an error two months previously which resulted in staff giving one person the wrong medicines. They took action to safeguard the person by seeking medical advice quickly and reporting the error. As a result, the registered manager stopped both of the staff involved from giving medicines until they had repeated

Is the service safe?

their medicines training and been assessed as competent. This was the appropriate action to take to safeguard people from harm that could be caused by medicines errors.

Each person had a medicines profile listing their medicines, what it was prescribed for and possible side effects. There were clear guidelines for staff when to give medicines that were "as and when needed." People's medicines were obtained and stored safely. Staff had received medicines training and their competency had been assessed. We looked at a sample of medicines administration records which were completed correctly and without errors. Although there had been the medicines error, appropriate action was taken afterwards to minimise the risk of it happening again and overall medicines administration in the home was safe.

Health and safety audits were undertaken to identify any risks. The registered manager took appropriate action in relation to fire safety. We found that checks of the fire equipment, fire alarm system, emergency lighting, gas, boiler, electrical appliances and wiring had all been carried out in 2014 and all passed the inspections. One staff was designated health and safety representative and tested the fire alarm and emergency lighting every week. There were recorded fire drills every three months to ensure the service was prepared in the event of a fire.

There were some repairs needed to one person's bedroom wall and the floor in another bedroom doorway, marks on lounge walls, cracks around the lounge doorframe and stained carpets. The ground floor bathroom had damage to a wall above the shower. We saw that the registered manager had reported these maintenance issues to the owners of the house and he told us the work would be taking place shortly. We asked him to follow this up. The lounge was safe and homely. The television was secured to the wall for safety reasons.

Is the service effective?

Our findings

The service was good at supporting people with their health needs. We found that staff supported people to go to the GP for annual health checks, dentist, optician and specialist healthcare professionals where needed. One person went to a specialist dentist during the inspection. People used podiatry services to look after their feet. Some people saw a psychiatrist to look after their mental health needs. The staff tried to support people with well man and well woman checks. Each person had a health action plan detailing their health needs and a hospital passport which included important information about them and their health so that hospital staff would be able to look after them in the event of them having to go to hospital. Staff told us they thought they looked after people's health well. As people in the home had difficulty explaining when they were in pain, staff had a good knowledge of them so knew they needed to consider that someone could be ill when there were changes in their usual behaviour. One person told us they didn't like the doctors and didn't like needles but agreed that staff took them to the doctor and dentist.

Two people had a relative as their appointee to manage their financial affairs. The registered manager told us that the bank had advised for the other two people that the Court of Protection was applied for as they were unable to manage their own accounts. This had not been done. One person's bank account had been frozen. Choice Support had arranged for one person's benefits to be paid into a non interest bearing Choice Support corporate account. The person was not able to consent to this decision and the registered manager had requested for the care managers in the responsible authority to make decisions about the management of people's finances. This had not been resolved at the time of this inspection but the registered manager showed us evidence that they had informed the local authority.

Staff had an understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected. People had a care plan in relation to their capacity and abilities to consent. These plans considered how people could be involved in making decisions about their care and who they might like to support them with this process and the best times and circumstances to ask them to make a decision.

The service provided information for people in a format they could understand so that they could make an informed decision. For example, a pictorial leaflet about breast examination was given so that a person could make an informed decision about whether they would agree to having this medical examination. This was good practice in supporting people to make decisions. We also found that best interests meetings were held when an important decision was needed that the person was unable to understand, for example whether to have medical treatment and decisions about spending the person's money on a holiday. This process involved people who knew the person well.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have

been agreed by the local authority as being required to protect the person from harm. The registered manager was aware of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. The registered manager was trained to understand when applications for DoLS authorisations should be made, and in how to submit one. People in the home were deprived of their liberty. They were unable to leave the home without staff support as there was a keypad on the door which they were unable to use. The reason for this was that people in the home were assessed as being at risk of harm if they went out alone. The registered manager had applied for and received deprivation of liberty safeguards authorisations in relation to this restriction. When people wanted to go out they could tell staff verbally or show them by fetching their coat or taking staff to the front door.

People were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. All staff had attended training in positive behaviour support and in breakaway and diffusion training. This training advised staff on how to prevent and manage incidents of aggression. There had been clear guidelines for one person about when they had to be restrained and how this should be carried out safely. The registered manager told us there had been no incidents where restraint was used in the past six months.

Is the service effective?

This was partly due to the Choice Support Positive Behaviour Support team working with staff to better meet the needs of a person with behaviour that challenged the service.

Support plans explained people's ways of communicating and explained what certain behaviours meant. This helped staff understand people better.

Choice Support had a training programme for staff and the registered manager kept records of which training all staff had attended. In their individual supervision sessions staff told the manager how they would apply what they had learned from their training course to their day to day work. One staff member told us that they had enough training to do their job and had requested additional training which was provided to them. A bank staff said that they received all the same training as permanent staff. Choice Support provided all staff with training they needed to support people who have learning disabilities and autism. 14 staff were employed and 10 of them had or were working towards national vocational qualifications in health and social care.

Induction training for new staff included two weeks "shadowing" experienced staff and training in safeguarding, mental capacity, first aid, medicines, health and safety, moving and handling people safely, food hygiene, equality and diversity, learning disability, fire awareness, autism, breakaway and diffusion training and working positively with people who challenge. Staff attended refresher training regularly.

We found that the registered manager was giving staff regular supervision sessions and discussing their work including any improvements needed. He/she also observed staff in their duties and gave them feedback about their interaction with people. This was positive as it showed the registered manager was monitoring staff and encouraging them to continually improve. We also saw that where staff had made an error or not followed correct procedures, appropriate action was taken in the interests of the people living in the home. Staff had an annual appraisal to discuss their work.

The menu was displayed in words and photographs so everybody could see what was on offer that day. There was a book of food photographs in the kitchen so people could point to photographs if they were not able to speak or sign to staff what they wanted to eat. We also saw evidence of teaching programmes where staff had broken down tasks such as cooking a meal and making a cup of tea into steps that people could follow and learn new skills. This was good evidence that people were encouraged to learn new skills and increase their independence. One person was able to use the washing machine with the help of photographic instructions. The manager said that the other people did not want to learn to use the washing machine but they were supported to bring their dirty laundry to the washing machine. Staff encouraged people to take part in daily chores such as setting the table and cleaning where they were willing.

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Is the service caring?

Our findings

Three people had family who they kept in contact with. We were able to speak to two people's relatives. They said that staff were caring. One said "They seem to care and my son is happy there."

We observed three staff members interacting with people who lived at the home. We found that staff spoke with people respectfully, asked their opinions and offered them choices, for example what to eat and drink. Staff showed they knew each person's preferences in respect of their daily routine. Routines were important to people and staff supported their need to follow their own routine. For example, one person liked to come to the office and look at the staff rota every day when they arrived home and another liked to eat a snack at a certain time every day. Staff supported these routines. We observed one staff member speaking softly to somebody who was anxious and distracting them away from the source of anxiety by offering cups of tea. We also observed staff give clear explanations to one person in a way they could understand. This helped the person calm down and be reassured.

Where people sometimes behaved in an inappropriate way staff tried to understand what they wanted to communicate. There were written guidelines for staff telling them what a specific behaviour at mealtimes meant for that person and what message they were trying to give staff. This was good practice as it showed staff trying to understand people's needs instead of merely reacting to their behaviour.

Staff recorded people's religious preferences in their care plans. They supported people to go to their individual places of worship regularly. Staff explained to us that some people liked to attend a religious service and others liked to go to the place of worship when it was quiet for prayers or a quiet time.

Staff knew people's cultural backgrounds and provided different cultural foods and the appropriate products for each person's hair and skin needs.

The staff team was from a variety of ethnic backgrounds and a mix of men and women of different ages. Some people in the home preferred to be with male or female staff and this was respected by staff. The registered manager ensured staff on duty could meet the needs and preferences of people in the home. One person told us they did not like male staff and did like the female staff. They told us which staff member they liked best and what activities this staff member supported them with. They said they were happy to be supported by female staff.

The environment reflected people's methods of communication. There were pictorial signs where needed, which everyone living in the home could understand. Staff were aware of each person's different communication methods such as symbols, signs, some speech and writing and their preferences about how they liked to be spoken with and what name they preferred to be called. Staff told us people's preferences so that we did not upset the person by addressing them in a way they disliked.

The registered manager had requested an advocate for one person who had difficulty speaking for themselves and was waiting to hear if an advocate could be provided.

Staff supported people's right to privacy. People spent time alone in their rooms whenever they chose to and staff did not go into people's rooms without good reason.

Is the service responsive?

Our findings

We asked the family of one person if they thought the service met their relative's individual needs and wishes and they said they thought their relative was happy there and that staff supported them to visit the family "quite often."

The service was responsive to individual needs . Each person had a detailed support plan setting out their needs in a person centred way. This meant that the support plans took into accounts the person as an individual, their abilities, strengths and needs and their wishes. Plans were updated when people's needs and wishes changed. Staff knew people's wishes and responded quickly to their needs.

Fizzy drinks, crisps and chocolate were stored in the office to prevent people from eating a large amount. People had to come to the office to request their snacks. One person ate their chocolate sitting on the office floor. Although this was their choice, the carpet was stained and dirty and this practice did not respect the person's dignity. This was one example where staff were not responsive to an individual's needs. This person asked staff for a snack which they wanted and staff had not ensured they had this item available despite knowing the person liked to have it every day. Staff did not explain clearly when and how they would give the item to the person. This caused the person to become upset. The situation could have been avoided with clear explanation to the person. Apart from that incident where staff soon supported the person to be distracted from the source of their upset, people were calm and happy on the day of the inspection. They followed their usual routines and activities and spent time with staff.

Each person had a risk assessment and guidelines to support them with their behaviour which challenged the service. Staff followed the guidelines and were able to tell us in detail how they supported each individual.

Staff supported people in the home to go on holiday every year and to do the things they liked on a weekly basis. One person had been on three holidays in the past year. Staff supported people to do physical activities such as walking, cycling, trampolining and tennis. One person went trampolining twice a week and two others went once a week. Staff encouraged some people to go for long walks round a local park. They told us this was to help manage their weight and they enjoyed it. We saw records showing that people also went bowling, out for meals, visiting family and to the cinema. Three people attended a social club for people with a learning disability every week and one person was able to tell us they liked going. When we asked them if they went to this club the person said "I like it."

Three people attended a day service five days a week. We were able to ask one person about their day service and they said they liked to go there. The other person had a weekly timetable of daytime activities supported by staff. This included yoga in the home and complimentary therapies, walking and café trips.

There had been no complaints recorded in the last year. Relatives confirmed that the registered manager had sent them a copy of the complaints policy so that they knew how to complain. One relative said that they felt confident to complain and had raised concerns with the registered manager on a number of occasions. This person felt that they had to direct staff to provide the best care but that the registered manager did listen to their views. There was a complaints procedure in Plain English and pictorial form aimed for people living in the home to understand how to complain.

We recommend that the service review the arrangements for responding to individual preferences for daily routines in line with best practice to ensure that arrangements are person centred.

Is the service well-led?

Our findings

We talked to a staff member and three representatives of people using the service about the culture of the home. Two representatives told us that the registered manager listened to people's views and worked hard to provide a good quality service to individuals in the home. One representative said they were unhappy about an incident where a person in the home received unsafe care. The registered manager had taken appropriate action to reduce the risk of the incident happening again but had not explained this to the person's representative.

This home had a registered manager but at the time of this inspection he was managing the home on a part time basis as Choice Support had asked him to manage another service part time temporarily. The registered manager was supported by an experienced part time deputy manager who worked in the home on the days he was working elsewhere. This meant that there was a senior staff member on duty in the home five days a week to support staff. There was no evidence that this temporary absence of the registered manager was having a negative effect on the quality of care despite the reduction in management hours. The registered manager did not know the date they would return to managing the home full time. The registered manager and deputy had relevant qualifications and were both studying for diplomas in managing social care services.

Staff said there was good staff morale and they were supported well by the registered manager and deputy.Sickness levels were low as was staff turnover so there was a stable staff team.

We looked at the annual audit of the home carried out by Choice Support in August and September 2013.We saw that some recommendations had been made to improve the service provided to people.We then checked the annual audit report for October 2014 and saw that this audit had followed up the recommendations from the last audit and was a thorough review of the service.

Choice Support employed "quality checkers" and they wrote an "easy read" version of the last audit of the home.Easy read means pictures and symbols which can be used to help people who don't read written English. This meant that the report could be understood by people living in the home as well as staff. Choice Support sent out an annual survey to people using Choice Support services.This was written in Plain English and had photographs and pictures to help people understand it and was evidence that Choice Support sought the views of people using the services.

Choice Support signed up to the 'Driving up Quality Alliance Code'.This code is one of the responses to the abuse that took place at Winterbourne View, a private hospital for people with learning disabilities.The code aims to protect people and improve the quality of their services.Choice Support had invited families of people in this home to attend a meeting and give their views.

There were some innovative ideas such as providing a gym bar above a door for someone to use instead of damaging the doorframe and structured practical observations of staff interacting with people, so that the registered manager could assess the quality of their interactions and advise them on any improvements.

Record keeping was satisfactory and the standard of records was sufficient to see what care people needed and what care they had received. The support plans and care records were not always written to a high standard but Choice Support's own audits were thorough, highlighted any areas that could be improved and set out actions for the registered manager to follow. The audits were based on best practice. This was evidence of good governance by Choice Support of this care home.