Choice Support

Choice Support - Havant

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 17 July 2018. We gave notice of our intention to visit Choice Support - Havant's office to make sure people we needed to speak with were available. Choice Support - Havant is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community [and specialist housing] for adults who are living with a learning disability.

Choice Support is a charity which provides a range of social care services, not all of which are regulated by the Care Quality Commission. At the time of our inspection there were four people whose personal care and support came under the scope of this inspection. Not everyone using Choice Support - Havant receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. 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.

At our last inspection in September 2015 we rated the service Good. At this inspection we found the service remained good.

People were supported to maintain good health and be involved in decisions about their health. They were provided with personalised care and support. Staff had the knowledge and skills to carry out their roles and their training was updated annually. People were positive about the care they received.

Risks to people's and staff safety were identified, assessed and appropriate action was taken. Staff had completed safeguarding adults training and knew how to keep people safe and report concerns. People's medicines were safely managed. There were thorough recruitment checks completed to help ensure suitable staff were employed to care and support people.

People were encouraged to make choices about their care and support and to be as independent as possible. People were protected by staff having regard to the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions.

Quality assurance procedures were used to monitor and improve the service for people and included them in developing their care and support. Feedback from people and or their relatives used to improve the service Monitoring and auditing of systems had ensured action was taken when required.

The registered manager placed great importance on ensuring everybody was treated as an individual. They also ensured the staff team felt valued. The management team ensured that significant events were

reported appropriately to the local authority and CQC when required.

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 remained safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well-led.	Good

Choice Support - Havant

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 was a comprehensive inspection. The inspection took place on 17 and 18 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we need to be sure the registered manager was there.

The inspection was carried out by two inspectors on 17 and 18 July 2018. After our visit to the office we contacted two people who used the service, their relatives and seven members of staff by telephone and email.

We reviewed the information sent to us in the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before this inspection we reviewed information we had about the service including notifications. A notification is a report about important events which the service is required to send us by law.

We spoke with the registered manager; the service manager, the regional office and outreach systems manager, the acting team leader, three care workers, and one professional who has input with the service.

We reviewed four care records and associated documents for people who received personal care. We reviewed other records relating to the management of the service, including quality survey questionnaire forms, audit reports, training records, policies, procedures, and four staff records. We also reviewed the providers recruitment practices.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I do actually [feel] very safe" and "they make sure I take my tablets". A relative told us that they felt their relative is kept safe while being supported.

The provider had effective systems in place to identify and manage risk. For example, arrangements for prioritising and monitoring risk was assessed using a colour coded system. The registered manager told us, "We use the 'RAG' system which is red, amber and green. It allows us to monitor things in order of seriousness." Risks associated with people's care had been assessed, for example we saw in one person's risk assessment, details of how to ensure they remained safe while travelling in a vehicle. Other people had risk assessments in place for a variety of situations including medication management, finance management, managing brittle bones, choking and moving and handling.

The provider had assessed the risks associated with lone working. For example, each person had a detailed environmental risk assessment which detailed potential hazards such as slips, trips, falls and pets. The service manager told us, "All staff have company mobiles so they can call us anytime for help".

There were clear policies and procedures in place for supporting people with their medicines. The service manager told us, "We prompt people to take their medication and people take it themselves". Regular auditing was carried out to ensure staff were guiding people properly and management conducted frequent competency assessments as part of staff learning and development. There had not been any recent errors in the administration of medicines. A clear procedure was in place to guide staff on action to be taken if an error occurred, this included seeking medical advice and carrying out a review to identify any measures that could be put in place to reduce the likelihood of a reoccurrence.

The service had safe processes for reporting of any incidents, incidences or concerns of a safeguarding nature. Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues. We were given examples of issues appropriately raised by staff and were told senior staff were very supportive. We saw from our records that the service notified the Commission of all safeguarding incidents and other agencies, such as the local authority safeguarding team in a timely manner.

The provider had an up to date safeguarding policy. This detailed the actions they should take if they suspected abuse. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Comments from staff included, "I believe management would take the correct procedures if something needed reporting." and "I feel I would be supported If I blew the whistle, I also know Choice has counselling services as well that could be offered to me if needed." The whistleblowing policy stated 'We hope that you will feel able to raise your concerns internally, if you do not feel able to raise your concerns internally we would rather you raised them with one of the external independent organisations listed below, than remain silent.' The provider had recently introduced a new Safeguarding Steering Group which will meet four times a year. The Safeguarding Steering Group looks at a report of all the safeguarding alerts that have occurred across the organisation.

The provider states "We will look to see if there are any trends and see if these should be explored further."

Sufficient staff had been deployed to meet people's needs at all times. At the time of our inspection there were 13 support workers employed to care for four people. The service manager told us staff were flexible with their work patterns and said, "We have a good relief bank that we use if it's needed". The registered manager said, "I don't do anything less than an hour because we want to give good quality of support" and "Staff get quarter of an hour in between clients (people). It's service user led and if they want particular people that's what they get". The service manager and the registered manger told us people's care was privately funded through direct payments and that staffing levels were determined by the needs of people and their individual contracted hours. Rotas demonstrated sufficient staff were in place to meet people's needs. Comments from people included, "I do yeah [have enough staff]" and "staff are always here". One person told us that they had never experienced a carer not turning up.

Safe recruitment processes were in place. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults at risk, to help employers make safer recruitment decisions. The registered manager told us any DBS checks which recorded any convictions were risk assessed in line with the providers human resources policies and procedures. Records showed the provider considered skill mix when they recruited and people using the service were part of the recruitment panel. One interview document detailed when one person questioned an applicant about equality and diversity issues.

Staff were knowledgeable about the risks associated with infection control. The provider had a detailed infection control policy in place which staff were familiar with. A member of staff commented, "we are provided with gloves and aprons." When asked if staff wear protective equipment when providing care, one person told us that they do.

Good

Is the service effective?

Our findings

People told us that the support they received was effective. One person told us that staff ask for their consent before helping them. A relative told us, "Our daughter is always asked what she wants and wherever possible her choices are met."

New staff undertook a period of induction before they were assessed as competent to work on their own. Care staff told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld.

Staff cared for people in a competent way and their actions and approach to their role demonstrated that they had the knowledge and skills to undertake their role. A family member told us that they felt staff are well trained and able to support people in the way they would like. They told us, "Our [relative] is always prompted to take medication, wash hair etc."

We had feedback from staff, most staff said that supervisions and appraisals were valuable and useful in measuring their own development. There are processes which offer support, assurances and learning to help staff development. Support for staff was achieved through individual supervision sessions and an annual appraisal. Supervision sessions were planned in advance to give staff the time needed to prepare. Staff comments included, "I have regular supervisions and appraisals every three to four months.", "Appraisals are yearly and supervisions are every couple of months.", "I receive an appraisal yearly and supervisions every few months." and "Yearly supervision meeting with manager. This year the manager didn't attend and it was carried out by a recently appointed lead support worker with very limited experience!". We asked people if they thought staff were well trained and competent. Their comments included, "They fully understand yeah", "Fully trained regular staff" and "They know what they are doing." Relatives said, "The managers are very proactive" and told us they felt the staff team were well trained."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found people's mental capacity for specific decisions had been assessed and staff were aware of how this impacted on people who used the service. Staff were knowledgeable about the MCA and decisions being made in people's best interest if they lacked capacity to make a specific decision or choice. Staff explained to us how they would support people to make choices. One staff member told us, "They make choices by having different choices presented to them. If someone wanted this but that was cheaper then I'd advise this, but final decision would be theirs."

People's care records demonstrated that their day to day health needs were being met. People had access to their own GP and hospital professionals. Care records demonstrated that people were supported to also

access other specialist services such as dietician and dental services. People told us that they were supported to doctors, dentist, hospital and optician appointments.

Staff supported some people with their food and drink. Staff knew to contact the office if people did not eat or drink enough or they had any other concerns in relation to eating and drinking. Where one person required a low potassium diet, we saw a list in relation to the range of food available, the person was able to choose their preferred meals from this list. This person told us, "I am on a diet, they [staff] help me" Another person told us, "Once a week I do a menu plan with a staff member."

Good

Is the service caring?

Our findings

People and relatives told the service was caring. One person told us, "[Staff] look after me" another person told us, "The staff are kind and good. A relative told us that they feel the support their relative receives is caring.

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. The service manager said, "One person is supported to attend church on a Sunday". One person told us they preferred ladies to support them and that they are always supported by ladies. Documents demonstrated that staff had received training in equality, diversity and inclusion. Staff were knowledgeable about equality and diversity, some of their comments included, "The service does not discriminate against gender or colour.", "Choice has a policy around discrimination that we are made to read during our induction and we always have full access to, if we wish to re-read it" and "I have never come across discrimination in the job and this should be promoted right from the very start of employment."

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People were provided with a written and pictorial service guide which provided useful information about service and contact details should a complaint need to be made. We visited one person who showed us their folder which contained the pictorial service guide as well as some letters written in the accessible format.

We saw sensitive personal information was stored securely. People's records demonstrated their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. We observed a staff member asking a person if they could show us a file. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the General Data Protection Regulations.

Staff supported people with kindness and compassion and their privacy and dignity were respected. For example, we visited one person in their own home, the member of staff offered to leave the room so we could talk to the person alone. The person requested that the staff member stayed in the room and the staff member supported the person when they requested help. People and their relatives were positive about the care and support they received. One relative told us, " Carers and staff seem to have our [relatives] best interests at heart" One person told us, "I like all the staff". They added, "Yeah they do [maintain privacy and dignity] they look after me."

We observed the friendly rapport people had with the care staff, one person told us staff listen to their

choices, another person told us that staff are kind.

Good

Is the service responsive?

Our findings

People and relatives told us the service provided was flexible and responsive in meeting their needs. One person told us that staff asked what was important to them and that they were flexible with the service they provided. A relative told us, "Our [relative] is always prompted to take medication, wash hair etc."

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. The procedure also gave details of who to complain to outside of the organisation, such as the CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices.

People told us that if they were unhappy they would not hesitate in speaking with the staff or the office. They told us they were listened to and that they felt confident in raising any concerns. Formal complaints had been appropriately investigated by the registered manager. Complaint records demonstrated the registered manager had responded appropriately and in reasonable time.

People said they received help and assistance they required from the staff at Choice Support – Havant. One person told us carers visited them to complete care plans. Records demonstrated that they were regularly reviewed and updated. A staff member told us, "Care plans are reviewed and updated as things change in people's lives and the client will have a say in the care plan like their goals and aspirations" and they are "also reviewed three to six monthly."

People told us that staff know what is important to them and act upon it and that they are flexible in their approach. One relative told us, "Our [relative] is always asked what she wants and wherever possible her choices are met."

For each person there was a care plan that was compiled following an initial assessment of the person's needs. The care plans detailed the specific needs of each person and how they would like their care to be provided. Regular updates and reviews of care plans were completed by carers and senior staff. An activities plan had also been completed. This meant staff could easily see what the person's individual needs and preferences were. One staff member told us, "Some clients have autism and epilepsy. I've made referrals to the gym for a client from his doctor so he can get a bit fitter."

People told us there was continuity of staff and they were very fond of their regular care workers. People told us they could make their own decisions and that their preferences were taken into consideration. People told us they had not experienced staff not turning up. One person told us that they knew who was coming in for the next shift.

At each visit staff completed a record of their visit detailing the date of the visit, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Records demonstrated that visits to people were at the times they had requested and staff stayed the agreed length

of time at each visit. People were supported by staff to access the community for activities and outings such as going to play badminton and food shopping.

Good

Is the service well-led?

Our findings

People told us the service they received was well-led. People and relatives told us they were in regular contact with the registered manager and office staff. People told us they were happy with the service and that management were approachable. Their comments included, "Managers are pro-active," and they told us that there is nothing they would improve about the service being provided.

The registered manager was knowledgeable about people who used the service. He knew people who used the service and could talk in detail about their care and support needs.

Notifications and minutes from care reviews demonstrated the provider worked effectively with healthcare professionals.

People told us they were encouraged to give feedback about the quality of the service. Every two years people and their family members were asked to complete a quality assurance survey. When these were returned feedback was analysed by a group of people including the director. Results of the last quality assurance survey which was completed in November 2016 demonstrated that people had responded very positively. The results showed that people were happy with the support they received. Some of the comments included, "I have various support workers which works well as they all have different personalities which makes support more interesting. The support I have is good as it is flexible to my needs" and "Yes, always give good advice. I feel I can tell them anything as I feel comfortable with them."

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to providing a good quality service for people. Staff told us the registered manager was approachable, supportive and they felt listened to.

Staff had the opportunity to attend two team meetings in 2017 and received regular supervisions to ensure they were provided with an opportunity to give their views on how the service was run. The registered manager acknowledged that more team meetings would benefit the staff team and told us he had started making plans to increase their frequency. A monthly briefing was shared with the staff as well as a monthly staff newsletter. These had important information for staff about updates and improvements to the service. It also had information about GDPR and Driving Improvement in Adult Social Care. The General Data Protection Regulation (GDPR) (EU) 2016/679 is a regulation in EU law on data protection and privacy for all individuals within the European Union (EU) and the European Economic Area (EEA).

The registered manager and director had effective and robust systems in place to monitor and improve the quality of the service provided. Monthly monitoring of the service included looking at support planning; risk assessments, the mental capacity act and person-centred care. RAG rating reports were in place which covered engagement, environment, MCA, medication, staff, risk assessment and support planning. The monthly quality monitoring document provided an overall rating of green with the following guidance, 'Need to see more evidence of how goals and aspirations are identified, progressed and achieved. Support plans to be discussed in team meetings.' The registered manager described the process for reviewing the

actions monthly to ensure they were being addressed.

There was a system in place to provide an overview of staff training, supervisions and appraisals, which meant it was easy to identify the staff that required refresher training and on which dates staff were due supervision and appraisal. Staff told us they received appropriate support from their line manager. A staff member told us the management team were nice and always happy to help if they called them.

Policies and procedures were in place to guide staff in all aspects of their work. There was information in the registered office regarding such things as safeguarding, and confidentiality as well the statement of purpose for the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.. The registered manager had moved the registered office from one unit to a different one at the same address. We had not been notified of this change. As the postcode had not changed he had misunderstood and felt that this was not required. We discussed this with the registered manager who apologised and submitted the notification immediately. The registered manager could tell us what other events should be notified and how they would do this.