

Choices Housing Association Limited

Choices Housing Association Limited - 5 Greenbrook Court

Inspection report

St Michaels Road
Newcastle Under Lyme
Staffordshire
ST5 9QB

Tel: 01782628190
Website: www.choiceshousing.co.uk

Date of inspection visit:
29 June 2016

Date of publication:
02 August 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected 5 Greenbrook Court on 29 June 2016.

5 Greenbrook Court provides personal care for up to 6 people. There were 6 people living at the home at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always safely managed and administered to ensure that people got their medicines as prescribed.

There were enough staff to meet people's needs. We saw that people's needs were responded to promptly and the registered manager regularly reviewed staffing levels to ensure they were suitable. Staff had undergone pre-employment checks to ensure they were suitable to work with the people who used the service.

People felt safe and staff knew how to protect people from avoidable harm and abuse.

People's risks were assessed and managed to help keep them safe and we saw that care was delivered in line with agreed care plans.

Staff understood how to support people to make decisions and when they were unable to do this, support was provided in line with current legislation and guidance.

Staff were suitably trained to meet people's needs and were supported and supervised in order to effectively deliver care to people.

People's health was monitored and access to healthcare professionals was arranged promptly when required.

People were provided with enough food and drink to maintain a healthy diet. People had choices about their food and drinks and were provided with support when required to ensure their nutritional needs were met.

People were supported to understand risks and they were given support to make choices to maintain their independence.

People received person centred support from staff who knew them well.

Care plans contained information on preferences so that staff had the information they needed to be able to provide support to meet people's needs and requirements.

People knew how to complain and staff knew how to respond to complaints.

People and their relatives were encouraged to give feedback on the care provided to enable the manager and provider to improve the quality of the service provided.

We saw that systems were in place to monitor quality and that the registered manager analysed information and took actions to make improvements when required.

There was a positive and homely atmosphere within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe

We could not be assured that people consistently got the medicines they required.

There were enough staff to keep people safe and to meet people's needs.

Risks were assessed and managed and care was delivered as planned.

People felt safe and staff and the manager knew how to protect people from avoidable harm and abuse.

Is the service effective?

Good 

The service was effective.

The principles of the MCA and DoLS were followed to ensure that people's consent was sought before support was given.

People had enough to eat and drink to maintain a healthy diet.

People had access to healthcare professionals when they needed them.

Staff were trained to support people effectively.

Is the service caring?

Good 

The service was caring

People were cared for by staff who were kind, compassionate and treated them with dignity and respect.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

Is the service responsive?

Good 

The service was responsive.

People received personalised care to meet their individual needs.

People knew how to complain, and staff were aware of how to deal with complaints or concerns.

Is the service well-led?

Good ●

The service was well led.

Quality assurance systems were used effectively to monitor practices and to seek people's feedback to enable improvement.

Staff felt supported by management and said they were supported and listened to.

Choices Housing Association Limited - 5 Greenbrook Court

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.

The inspection took place on 29 June 2016 and was unannounced. It was undertaken by one inspector.

We looked at information we held about the service including notifications. These are notifications about serious incidents that the provider is required to send to us by law. We looked at the action plans the provider had sent us since the last inspection and we spoke with commissioners of the service. The provider had completed a provider information return (PIR). This 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. We used this information to help us to come to our judgement.

We spoke with three people who used the service and observed care in the communal areas as other people had communication difficulties. We spoke with the registered manager and two members of the care staff team.

We looked at three people's care records, and we also looked at the systems that the provider had in place to monitor the quality of the service and relating to the management of the service. These included medication administration records (MARS), three staff recruitment files and other documents to help us to see how care was being delivered, monitored and maintained.

Is the service safe?

Our findings

Peoples' medicines were not always managed safely. We saw some instances where record keeping indicated that incorrect doses of medicines may have been given. For one person some medicines had either more or less tablets left in packets than records showed. As there were no daily stock check records in place it would be difficult to determine if correct doses had been given or if these were recording errors. This could result in a person having too much or not enough medication and becoming unwell. Also stock levels held within the service were not always recorded correctly. For example, a new stock of medicine for one person had not been included in the total stock being held within the service. This meant that we could not be assured that people's medication was being stored safely. We told the manager what we had found and they immediately implemented an interim plan to address the issues.

Staff administering medicines were knowledgeable about the medicines required by people using the service and we observed staff giving medication in a safe and person centred way. For example staff were reminding people what their medication was for and waiting patiently for them to take them. There were easy to read 'my medication' plans on care files that described what each person's medication was for and also a description of how each person may show pain or signs they needed their 'as required' medication. This meant that staff had access to clear instructions to help ensure people got their medicines as prescribed.

People told us they felt safe living at the home. One person told us: "Yes, I feel safe, because the staff look after me and they know me." Staff we spoke with had the knowledge and confidence to identify safeguarding concerns and we found that they acted on these to keep people safe. Staff told us they would report any incidents to the registered manager, and were confident that the registered manager would act on any concerns raised. The manager demonstrated knowledge of the safeguarding adults procedures and we saw that where incidents had occurred, changes had been implemented to prevent a reoccurrence of further incidents. Within the care files observed we saw easy to read documents called "how we keep you safe" to help the people using the service to understand how they could raise any concerns about their safety to staff and others.

We observed there were sufficient staff to keep people safe and we observed staff spending time talking to people. People told us that staff had time to spend with them, one person told us: "The staff have always got time for you, to help you do something or just have a laugh." The registered manager told us they determined how many staffing hours were required by completing a review of people's needs and the amount of support they required. People told us and we saw in records that additional staff worked to support people to access activities during the evening when required.

The provider followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Risk assessments were in place to support people to be as independent as possible, and when people's needs changed health professionals were involved. An example of this was a new person moving into the

service was identified as being at risk of falls and the manager had already put a request in for a physiotherapist to assess them. This meant that people were being monitored effectively to help maintain good health.

Staff told us about people's risks and how they support them. For example, we saw that a Disability Distress Assessment Tool was used to identify when people with communication difficulties were in distress and staff were also able to tell us how they used this to support people.

Is the service effective?

Our findings

People told us and we saw that they were asked for consent before being supported. For example we heard staff ask a person: "Shall I help you with that, or are you ok to do that bit by yourself?" The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible. Staff told us they were trained and had a good understanding of the MCA. One staff member said, "We always give people choices and just because they can't decide or consent for one thing doesn't mean they can't for other things."

When necessary, people's mental capacity to make their own individual decisions was assessed and was recorded in line with the principles of the MCA. For example, people that were able had signed documents to state they had given consent to be supported with their medication, and there were detailed plans in place describing what decisions each person was able to make for themselves, or decisions they need support with. For example, one person's care plan stated that they liked to get dressed themselves and we saw that a staff member after assisting with personal care left the person's room to allow them to get dressed. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that referrals for DoLS authorisations had been made when required and staff were able to tell us about these restrictions. One staff member told us: "It's all about using the least restrictive way of supporting someone to help keep them safe and help keep their independence."

People's needs were met by staff who had access to the training they needed to support people effectively. Staff had received training and told us this was refreshed regularly and made them feel confident to support people. One staff member told us: "The training here is superb, if you ask for training you get it. I had an induction where I was able to spend time reading the care plans and I had shadow shifts with a more experienced member of staff so that I was confident in what I was doing."

People told us and we saw that they enjoyed the food at the home. One person said, "The food is really nice here, I get to pick what I want and I can change my mind if I want to and have something else". We saw that people were offered choices of food and saw staff taking time to explain food options to people. We saw, and staff told us that some people were having their food and fluids monitored due to weight loss or other health conditions and staff were able to explain to us the importance of specialised diets that people followed. This showed that risks in relation to people's eating and drinking were identified and planned for to ensure people were supported to maintain good health.

People told us that staff arranged GP and other appointments with health professionals when needed. One person told us "if I'm not feeling well, they'll call the doctor for me" And we saw that people had health action plans containing up to date information following medical appointments.

Is the service caring?

Our findings

We saw that positive, caring relationships were developed between staff and people who used the service. We saw that one person was anxious and we heard a staff member discreetly say: "Shall we go and have a little chat, just me and you in another room?" We saw afterwards that the person was less anxious and enjoyed an activity with the staff member.

People told us that staff knew them well and supported them with dignity. One person told us: "They [the staff] are really nice people; my key worker is amazing, always got time for you and are really friendly." Another person told us: "I could've lived somewhere else, but I liked it here. The staff talk to me if I'm upset, they've got to know me and know when I need to talk."

Staff we spoke with told us how they ensured positive relationships were developed with people. One staff member said "We have a great team here, we all do genuinely care and take time to get to know people, it's important as they rely on us and we all do our best for them, I think we make a difference."

People communicated their wishes to staff in different ways. Staff were able to explain different methods some people used and we observed staff communicated effectively with people and were able to understand what they wanted. For example, one person was using body language and gestures and staff knew this meant they needed to use the bathroom.

Throughout the inspection we saw people and staff were relaxed in each other's company and people were treated with dignity and respect. Staff interacted with people in a kind and compassionate way. For example we heard a staff member talking to a person about the loss of family members. They didn't rush the conversation even though this is something that the person repeated regularly and they took time to listen closely to what the person was saying and offered reassurance. Afterwards the person appeared to be comforted by the conversation.

We saw staff encouraged people to maintain independence through helping to prepare their meals and drinks, completing 'chores' around the house and also by enjoying activities such as going out to the theatre. One person told us: "They let you do things for yourself if you want to, and only help if they know you need it or ask. We went to the theatre one night- it was amazing."

Staff told us and we saw, that people's care plans included information about how to provide individual care and support to people. This included details of any choices people could make for themselves, how people expressed themselves when they were happy, sad or in pain and their hopes and dreams for the future.

Is the service responsive?

Our findings

People told us that they had access to a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to do. We saw that one person liked to collect DVDs and a staff member was assisting this by keeping an up to date list of titles already purchased to take out with the person to avoid duplication in their collection.

One person said: "We get to do things we want to, I like having my nails done." We saw that people were involved in as much of daily living skills as possible and saw one person being encouraged to count their money after they had been out on their work placement. This appeared to give the person a sense of pride.

People's Care plans contained detailed information about people's individual needs, their preferences and how they wished to be supported. They were in easy to read format and contained details of what the persons good days and bad days would be, likes and dislikes and also future needs and wishes. One person told us that they regularly talked to their key worker about their plan to ensure it was up to date. This meant that people were involved in the planning of the care and support.

People told us that they had meetings to discuss any issues as a group and also had regular sessions with their keyworkers. One person told us: "We have meetings together to talk about things we'd like to do, what food we want and any problems, and I get time with my keyworker to talk about if I have any problems or worries and they would sort them for me".

People told us that they felt able to complain if an issue arose. An easy to read version of the complaints procedure was available for people who used the service to help them understand the ways they could raise a complaint. People told us that the complaints procedure was discussed with them regularly. A complaints procedure was available for visitors and relatives and stated how complaints could be made, and how they would be managed.

The manager told us and we saw that quality assurance questionnaires were sent out to the people who use the service, staff and family members. From the responses received the manager analysed the results and drew up an action plan when required. An easy to read version of the results is produced for the people that use the service. There were some positive comments received from the most recent questionnaire, one relative had stated "It's a home you would recommend to anyone".

Is the service well-led?

Our findings

People and staff told us they felt supported by the registered manager, one person told us: "The manager is lovely, she spends time with me and asks if I'm ok." There was a calm and relaxed atmosphere and staff told us they enjoyed their work, a staff member told us "You can go to the manager with anything you want to discuss and know any issues will be dealt with, it's a really nice place to work".

The provider had various checks in place that were completed by the registered manager to monitor the quality of the service. These included audits for care plans, medication files, health and safety practices, staff handover notes, nutrition and hydration charts and analysis of accidents and incidents. The registered manager had recently implemented a falls log for each person to keep track of the details of each fall to identify themes to prevent further occurrences. After any fall by a person who used the service we saw that their risk assessments were updated with any relevant information that may prevent the incident reoccurring.

A compliance manager visited the home regularly to review the information provided by the manager and to carry out further checks. If any areas of improvement were found an action plan was drawn up for the manager to follow. This meant that checks were in place to ensure people were safe and the quality of the service was maintained.

We saw that people's care records were kept up to date and audited to ensure they contained current information on people's needs. This meant that staff always had access to the correct information within the care records to be able to support and care for people safely.

Staff told us, and records showed that they were able to express their views about the service. Files contained minutes from team meetings, and staff files contained supervision and appraisal records.

We also saw minutes of meetings with people who used the service. We saw where people had said they wanted different types of food or wanted to try a different activity, these had been actioned. This meant that people were well informed and the views of people who used the service and staff had been sought to improve service quality.