

# Chosen Care Limited

# Chosen Court

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

This inspection took place on 6 February 2015 and was unannounced. Chosen Court provides accommodation and personal care for up to 11 people with a learning disability. 11 people were living in the home at the time of our inspection.

A registered manager was in place as required by their conditions of registration. 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 and associated Regulations about how the service is run.

At our previous inspection on 9 September 2014, the provider did not meet all the legal requirements in relation to the people's records and records that helped to monitor the service. Following this inspection, the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made. We found that improvements had been

# Summary of findings

made in updating policies and people's care records. However the records of people's mental capacity assessments to make specific decisions had not been fully understood and recorded by the registered manager.

People's personal support needs and risks had been assessed and discussed with them. Staff were given guidance on how to best support people when they were upset or at risk of harm.

Staff and the registered manager understood their role and responsibilities to protect people from harm and abuse. People and staff could raise any concerns or issues with the team and registered manager.

People were supported by staff who had been suitably trained and recruited to carry out their role. There were sufficient numbers of skilled staff to meet the needs of the people they supported. People told us that staff were caring and gave them the support they needed.

People's medicines were ordered, stored and administered in an effective way. Their health, emotional and social needs were assessed and reviewed. Their care was focused around their needs and wishes. People were supported to eat and drink sufficient amounts and

maintain a balanced diet. Their dietary needs and preferences were considered when planning the weekly menu. Alternative food was available if people did not like the meal options.

People were supported and encouraged to make day to day decisions. Staff were caring and compassionate towards the people who lived at Chosen Court. People were relaxed and empowered around staff and were encouraged to make suggestions about their day.

People were given information about their daily activities so they could make choices. People carried out activities in the community and around the home. They told us that any day to day concerns which they had raised were always dealt with immediately.

The registered manager provided the staff with good leadership and led by example. People spoke highly of the staff and the registered manager. The provider had regularly visited and monitored the home. Monitoring systems were in place to ensure the quality of the service. Internal and external audits were carried out to continually monitor the service provided.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe. Staff had been effectively recruited and trained to carry out their role. Staffing levels were suitable and flexible to meet the needs of the people who stayed in the home.

Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse. There were clear policies and procedures in place to give staff guidance on how to report any allegations of abuse.

People's finances and medicines were managed and stored effectively.

Good



### Is the service effective?

This service was generally effective. Records did not detail the assessment for when a person had been identified as lacking mental capacity to make a specific decision. However, staff understood the importance in providing choices to people and acting in people's best interests if they did not have the capacity to make specific decisions for themselves.

People's care was planned, assessed and focused on their individual needs. They were supported to access other health care services when needed. People's dietary needs and preferences were catered for.

Staff were knowledgeable and trained to support people with complex needs.

Requires improvement



### Is the service caring?

The service was caring. People's privacy, dignity and decisions were respected and valued by staff. They were encouraged to express their choices and preferences about their daily activities.

People told us that staff were kind and friendly. Staff knew people well and understood their different needs and adapted their approach accordingly.

Good



### Is the service responsive?

The service was responsive. People's care needs were assessed, recorded and reviewed. They were involved in planning for their care. Staff understood people's individual care needs and risks and responded accordingly.

Activities were provided in the community and around the home for people individually or in groups.

People told us their concerns were listened to by staff and acted on.

Good



### Is the service well-led?

The service was well-led. Monitoring systems were in place to ensure the service was operating effectively and safely.

Good



# Summary of findings

People spoke highly of the staff and the registered manager. The registered manager supported people and staff and led by example. They led by example and had an open door policy to encourage people to raise concerns. Staff understood their role and expected care practices. They were supported by the team and registered manager.

The registered manager and provider had kept up to date with regulatory changes and current practices.

# Chosen 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 checked 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 6 February 2015 and was unannounced. The inspection was carried out by two inspectors. This service was last inspected on 19 September 2014 when it did not meet all the legal requirements and regulations associated with the Health and Social Care Act 2008 regarding people's care records. During this comprehensive inspection we followed up on the action plan that the provider sent to us detailing how they would meet the legal requirements.

Before the inspection the provider 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 also examined other information that we held about the provider and previous inspection reports.

We looked around the home and talked with six people and four members of staff. We observed staff interacting with people as well as looking at the care records of five people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including accident and incident reports.

# Is the service safe?

## Our findings

People told us they felt safe and happy living at Chosen Court. One person said “I like it here.” Another person smiled and told us, “Staff are nice.”

The registered manager and staff were aware of their role and responsibilities to keep people safe and report any allegations of abuse. Staff were knowledgeable about recognising the signs of abuse. Staff had received training in safeguarding vulnerable people which helped them to understand the importance in protecting people. One member of staff told us the action they would take if they saw abuse. They said, “I would definitely report it and take it further if nothing was done about it.” A safeguarding and whistleblowing policy was available to give staff clear guidance on how to report any allegations of abuse or concerns.

A recent safeguarding concern had been thoroughly investigated and the registered manager and provider had taken appropriate action to ensure people were safe living at Chosen Court. The registered manager and provider had notified CQC of these concerns and cooperated with the local safeguarding authorities in their investigation. New systems and staffing structure had now been put into place to reduce the risk of the reoccurrence of these concerns. For example, people had been given an opportunity to be supported by an advocate. This helped people to raise any concerns and understand the importance of safeguarding themselves.

Risk assessments provided staff with instructions on how to support people safely to ensure they were protected. People’s individual risks had been managed, reviewed and discussed with them. For example, one person had a risk assessment for when they went out. The risks had been taken into consideration which were included in the person’s care records so that the risk was kept to a minimum. This person told us, “I had a meeting about going out, the staff helped me and I’ve been going out all week. Staff know where I’m going.”

Accidents and incidents had been reported. Investigation into the accidents had been carried out with actions and follow up recommendations to prevent the incidents reoccurring. The fire folder contained individual fire risks assessments and gave staff clear guidance in supporting people in the event of a fire. This had been read and signed

by all staff. Each person’s care records contained a ‘missing persons’ document, however the description and photograph of some people were out of date. The registered manager told us this would be addressed and the missing profiles would be updated.

People’s needs were met by adequate staffing levels. People told us that they felt there was enough staff to support and help them when needed. One person said “If I want to go out, they (staff) get me someone who can go out with me.” Staff shifts were being monitored by the registered manager. We were told the staffing levels changed depending on the support people required with their activities outside the home. The registered manager had carried out caring duties when there were unplanned staff shortages. The registered manager and another manager from a Chosen Care Limited home, provided out of hours support in the case of emergencies.

Staff recruitment practices protected people at the home. Employment and criminal checks had been carried out on all new staff to ensure they were suitable to support people with complex needs.

Suitable arrangements and systems were in place to ensure people’s medicines were ordered, stored and administered safely. Senior staff members had been trained to manage these systems. The skills and competency levels of senior staff to manage people’s medicines were regularly reviewed by the management team. Records showed people had been given the correct medicines at the right time. Some people had chosen to have their medicines given in their food to disguise the taste of the medicine. -People confirmed they had consented to this. People were given the opportunity to request medicines which could be administered as required. For example we heard one person requesting additional medicines to help with a bowel movement.

The registered manager carried out regular and adhoc medicines audits to ensure that people received their correct medicines. Unused medicines were recorded, stored and disposed of safely and according to pharmaceutical guidance. People’s GPs were contacted if a person required over the counter medicines to ensure it did not conflict with their prescribed medicines. The medicines policy gave staff clear guidance of the protocols of

## Is the service safe?

managing people's medicines. External pharmacist's also carried out annual independent audits of management of medicines in the home. Recommendations made by the pharmacist had been implemented.

# Is the service effective?

## Our findings

We spoke to the registered manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood her role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way, however they did not fully understand the process for carrying out a mental capacity assessment.

Since our last inspection, the provider had implemented a new document to record the assessment of people if it was felt they lacked capacity to make a specific decision. However the mental capacity assessments of specific decision making had not been fully understood by the registered manager and records did not always describe the reasons of best interest decisions for people.

This is a breach of Regulation 18, Health and Social care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11(1)(2), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, people were cared for by staff who recognised the need to support and encourage them to make decisions and choices whenever possible. Where people had limited capacity to make day to day decisions, we observed staff supporting them to make a decision by providing different options such as showing them the activities board or a choice of drinks. Staff took account of people's preferences to ensure their care was as personalised as possible. One staff member said "When we go into town, we always help to explain to people what they can afford. If they see something but can't afford it then we help them try and find a cheaper version of it, such as different clothes."

People had been given an opportunity to be supported by an advocate to make more significant decisions when needed.

Deprivation of Liberty Safeguards (DoLS) authorisations had been applied for all of the people who lived at Chosen Court as it had been identified that their liberty was being

restricted. For example, people were continuously being supervised to ensure their safety. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager told us they were waiting for each person to be assessed whether they were authorised to deprive a person of their liberty or not. In the meantime, staff were supporting people in the least restrictive way and had sought advice from other specialised health professionals in supporting people.

People's care records showed that referrals to health and social care services such as doctors, speech and language team and learning disability teams had been made when additional support was required. These included health professionals' contacts, GP communication records and hospital appointments. One person had been referred to a seating specialist and was waiting to be assessed for a new chair. People also had a health action plan which provided information on how to support people's health and minimise its' deterioration in the future. People told us they felt staff responded quickly and appropriately when they became unwell. During our inspection one person told the registered manager they had toothache. The registered manager reassured this person and agreed to contact the dentist. The home had regular contact with people's GPs who visited people as needed as well yearly to review their needs. People had been involved in considering their end of life plans. One person had refused to go into detail about what they wanted. This decision had been respected and documented by staff.

People were generally positive about the meals provided at the home. People's likes and dislikes in food and drink, their special diets and allergies were recorded and known by the staff. One person's support plan stated they liked finger food and at meal times we saw them enjoying sandwiches and when asked, the person said, "Yes, I like these." Food was cooked to meet everyone's taste and choices. If people did not like the food options then an alternative meal was provided. One staff member said, "We try to encourage everyone to have a balanced diet; there is always lots of options." At breakfast and lunch we heard and saw people being offered a range and eat a variety of different food and drink. Some people were being encouraged to be more independent and to make hot drinks and snacks for themselves. One person was encouraged to get involved in the kitchen and was



## Is the service effective?

confident enough to offer and make staff drinks. Some people required soft textured food as advised by the speech and language therapist. People enjoyed having meals such as burgers in the community or having a take away at the home. One person said, "I like it when we have take-aways, it's exciting."

People told us they felt staff were knowledgeable in their role. One person said "The staff here are good, they know how to look after us well." Staff had received training to meet people's diverse needs. New staff had attended an induction course and their level of competency was checked before they started to care for people. New staff

were given a period of time to shadow an experienced member of staff and get to know the people in the home. A new staff member said "I felt very supported when I first started working here. The training was really good."

Staff were regularly supervised in line with the provider's procedures. Records of individual staff meetings showed that staff were encouraged to develop professionally and discuss concerns. Records also showed when staff needed further development had been identified or reminded of good care practices. Staff told us they felt supported and they would always approach the registered manager and other staff if they had concerns. One staff member told us "Any problems, if I am not sure of anything, I can go straight to any staff member for help or advice."

# Is the service caring?

## Our findings

People spoke about the kindness of the staff who cared for them. One person said, “Yes, we have kind staff, they are good.” Another person told us, “It’s a nice home.”

We observed staff interacting with people throughout our inspection. People were able to freely walk around the home and talk with all the staff and other people. We spent time with people in the lounge and the dining room and observed how people and staff interacted with each other.

We observed staff being kind and speaking to people in a warm, friendly and humorous way. Staff were able to adapt their approach and manner for each person and communicate with people who had more limited communication skills.

People were empowered and relaxed to start conversations with staff, for example one person asked a member of staff, “What’s happened to your eye?” Other people asked staff questions about their day and the activities occurring around the home.

We saw that staff treated people with dignity and respect. Staff gave people options about activities. They helped them make decisions such as making suggestions about appropriate clothing to wear due to the cold weather. One staff member said to a person who was about to go out to the pub “Look at the weather outside, you may want to put on an extra jumper or coat.”

People’s privacy was respected. For example a cordless telephone had been installed so people could talk privately to their families and friends in the privacy of their room rather than in the communal hall. Staff supported people with empathy and spoke to people privately or asked if they would go into another room to talk.

Staff explained to people the purpose of our visit and why we were spending the day in their home. People were given the choice whether they wanted to speak to us and offered a private area or asked if they wanted a staff member to be with them. One person decided to have a member of staff with them when they spoke to us. This member of staff reassured the person and explained the purpose of our visit. This person was more comfortable talking to the staff member so they helped to ask some of our questions in a way that they could understand. This showed that staff knew people well and they were able to adapt their approach to make sure people were comfortable so they could understand our questions.

People’s dignity was valued. Staff recognised when the people they cared for needed time alone. Staff were able to assess if they needed to intervene and support people both physically and emotionally. They were aware of the importance in helping people with their personal needs in a private and comfortable area of their own bedroom. We saw staff helping people to adjust their clothing to ensure their dignity was maintained. One person told us, “They (staff) always shut my door and make sure I’m covered over with a towel when I have a wash.”

Where appropriate, people were encouraged to maintain links with their family either by visiting them or communicating with them by telephone, skype or emails. One person told us they felt that staff and other people in the home were kind and felt like family to them. People had been given the opportunity to have an advocate to help them express their views about the service.

# Is the service responsive?

## Our findings

At our previous inspection in September 2014, we were concerned about the lack of detail in people's care records. These concerns included limited personalised risk assessments and care plans not being reviewed. Following the inspection the provider sent us an action plan outlining how they would make improvements. During this inspection we found that the details of people's care records had improved and were regularly reviewed.

People had been involved in planning their care. Their care records were focused on the individual person and detailed people's likes and dislikes and preferred routines. People's health and emotional well-being had been comprehensively assessed to ensure staff understood their needs and levels of support. People's care records were reviewed regularly according to their needs.

Staff told us how they ensured that the care they provided was focused around the person. One staff member said, "I always treat people as I would like to be treated."

Staff were responsive to people's individual needs. People were given support when they became upset. They were helped to develop self-help techniques to recognise what made them upset or anxious and how to reduce this anxiety. For example one person became upset when thinking a lot about negative experiences in the past. This person was reassured and reminded to think of positive things in the future rather than thinking about the past. This helped to refocus this person's thinking and they then engaged in the activity more positively.

Activities were centred on people's individual needs and preferences. People were encouraged to carry out activities in the community and around the home. Some people carried out individual activities in the community such as

art groups. Other people enjoyed doing activities in a small group such as going to the pub or shopping in town. We saw people going out on a range of activities which they had chosen to do as part of their support plan. One person told us "I'm going to arts and crafts today." One person was encouraged to get involved in the kitchen and offered to make staff drinks.

People were provided with choices such as food and social events. People told us they liked to have day trips out. However two people told us they would like to attend Sunday church services. One person told us "I would like to go out more. To go to church, which is only up the road." Another person said "I would like to go to church. I can't remember the last time I went." We discussed these requests with the registered manager who told us this had been discussed with them before but they had decided not to attend. However we were told that she would review staffing levels at weekends to help meet these requests.

People were encouraged to take part in new activities such as aromatherapy and sewing. The registered manager said, "We are trying to re-educate people and try new things and take small steps outside their comfort zone."

The registered manager told us they had not recently received any formal complaints and they dealt with day to day concerns immediately. People told us they felt their concerns were listened to and acted on. The registered manager said, "My door is always open. People and their families can always come and speak with me." This was confirmed by people and staff. One person said, "When I am not happy I speak to the manager and she helps me." A complaints policy was in place and was available in an easy read format. People were encouraged to attend weekly meetings which gave them an opportunity to raise any concerns or make suggestions such as activities.

# Is the service well-led?

## Our findings

At our previous inspection in September 2014, we were concerned about accident and incident records and contact details of relevant authorities in the safeguarding policy. These concerns included lack of analysis of accident and incidents and also a lack of contact details for other agencies if staff or people needed to raise a concern outside the home. Following the inspection the provider sent us an action plan detailing how they would make improvements. The registered manager now had a system in place to analyse accidents and incidents in the home and also relevant policies had been updated with correct contact information for significant agencies.

The registered manager provided a good role model to staff. The registered manager was keen to improve the service provided and drive change in the culture of the home and the staff approach when caring for people. Due to recent safeguarding concerns the registered manager had been involved in internal and external investigation. The registered manager told us "It's been a hard few months, but I have learnt a lot and will continue to learn to ensure all the residents who live here and the staff are fully supported and happy here."

The registered manager wanted to ensure that respecting people's dignity was embedded into how staff cared for people. We saw that staff and people respected each and understood the boundaries and personalities of each other.

The registered manager was developing in their role. She had been supported by the provider and had attended further training and provider forums. The registered manager had strong links with another manager from a Chosen Care Limited home. She had developed a supportive working relationship to learn from each other and help audit and run both homes. This helped with the sharing of knowledge and providing an overview of the quality of the services. The registered manager said "We

learn from each other and also we are a second pair of eyes to help to check for any poor practices or gaps in the support we provide." She had attended training to update their knowledge in the latest legislation changes.

People praised the registered manager. One person said "Yes, I feel safe. We've got a nice manager." Another person said "The manager is a nice, kind person and if I was not happy I would talk to her." Staff also complimented the registered manager and told us that she was approachable and supportive. Staff records showed that recommendations had been made and completed when the conduct of staff had fallen short of expected behaviours such as further training and mentoring.

Staff told us that the provider of the home was also supportive. One staff member said, "The provider visits regularly and checks everything is running OK. He speaks to staff and always speaks to the residents and asks them how they getting on." Minutes of staff meeting showed that staff were reminded of their role and responsibilities around the home.

The provider and registered manager had sent a clear message to staff regarding their expected behaviour and care practices, as a result of a recent safeguarding concern which had been addressed. Records such as letters and minutes of meetings showed that poor staff conduct and care practices had been addressed and monitored by the registered manager. Staff praised the registered manager. One staff member said "The manager and team are good here. They are always around to help and support us." Staff understood the values and culture of the service and we saw this evidenced in their care practices and approach with people.

The provider and registered manager monitored the quality of the service provided by carrying out regular checks such as health and safety checks and monitoring of staffing levels. Unannounced spot checks were also carried out for example during the night. The provider carried out a quarterly quality audit. Any shortfalls found had been addressed such as building maintenance issues and staffing levels.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>Regulation 11(1)(2) HSCA 2008 (Regulated activities) Regulations 2013 Need for consent.</p> <p>People's rights were not always protected as suitable arrangements were not in place to obtain and act in accordance with, the consent of service users in relation to the care and treatment provided for them.</p>