

## Choice Support

# Choice Support Aylesbury

## 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 

### Overall summary

This inspection took place on 25 February 2015 and was announced.

Choice Support Aylesbury provides care and support to people with learning disabilities and people with mental health difficulties.

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 the time of our inspection the registered manager was on leave. The service was being covered by another registered manager employed by the provider.

People felt safe living at the service. Staff were aware of what they considered to be abuse and how to report this.

Risks to people's safety had been assessed and were detailed in people's support plans. Staff used these to assist people to be as independent as possible.

# Summary of findings

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Staff had been recruited using a robust recruitment process.

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision by the registered manager.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People could make choices about their food and drink and were provided with support when required to prepare meals.

Each person had a 'Health Passport' and access to health care professionals to ensure they received effective care or treatment.

Staff treated people with kindness and compassion, and knew people well.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

People had the privacy they required and were treated with respect at all times.

People's support plans were person centred and reflected how they wished to receive support.

Staff supported people to follow their interests and social activities.

There was an effective complaints procedure in place.

Regular meetings were held for staff and people who used the service to enable everyone to be involved in the development of the service.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff had received safeguarding training and knew how to put it into practice. Staff had a good understanding of the different types of abuse and how they would report it.

Risks to people's safety had been assessed and were in people's support plans.

There were enough trained staff to support people with their needs. Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



### Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision by the registered manager.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



### Is the service caring?

The service was caring.

People were able to make decisions about their daily lives.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



### Is the service responsive?

The service was responsive.

Support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs, and were supported to follow their interests and social activities.

People were encouraged to provide feedback.

Good



### Is the service well-led?

The service was well led.

The service had a registered manager who was supported by a staff team and the provider.

A variety of meetings had been held including residents and staff, to keep people informed of any changes.

Good



# Summary of findings

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| There were internal and external quality audit systems in place. |  |
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# Choice Support Aylesbury

## 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 25 February 2015 and was announced.

48 hours' notice of the inspection was given. This was because the manager is often out of the office visiting people in their own homes, and we needed to make sure they would be in. We also needed to make arrangements to visit people who used the service.

The inspection was carried out by one inspector.

Before the inspection we checked the information we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 09 December 2013.

During our inspection we observed how staff interacted with people who used the service.

We spoke with five people and the relatives of three people who used the service. We also spoke with the registered manager, the service manager and five staff.

Some people who used the service were unable to communicate verbally with us.

We reviewed four care records, two medication records, six staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

People felt safe being supported by staff. Staff had a good understanding of the different types of abuse and how they would report it. They told us about the safeguarding training they had received and how they put it into practice. They were able to tell us what they would report and how they would do so. One staff member said, “I know what to do if I need to report any suspected abuse.”

Staff told us that the provider had a whistleblowing procedure. This was also on the notice board along with a helpline telephone number.

Risks to people’s safety had been assessed and were in people’s support plans. One staff member said, “We do a lot of work around risk assessments as it is very important.” Each person had a risk screening tool and from this individual risk assessments were produced. These included risks associated with special diets, accessing the community and keeping safe. Staff told us that these had been developed with the person themselves and if required this information had been shared with other services, such as day services which people attended. Evidence of up to date risk assessments were seen within peoples support plans.

Staff told us that they reported any accidents and incidents, and completed the appropriate paperwork. The registered manager showed us the accident reporting records, these were all completed correctly. She explained that they were analysed for any trends, if any were obvious an action plan would be developed to try to stop the same thing happening in the future.

There were emergency plans in place. Each service had an individual plan and the provider had contingency plans for severe weather or if a service needed to be evacuated.

The service manager explained that people who used the service were allocated a number of support hours on specific days by the local authority for specific tasks and activities. She had the responsibility for allocating staff to those hours. We saw rota’s for the staffing for people using the required number of support hours. These included senior staff. The registered manager informed us that they had their own team of bank staff to use if and when needed.

Staff told us that when they had been recruited they had gone through a thorough recruitment programme. One staff member said, “I had to give the manager my passport, proof of where I lived and the names of two people who would give me a reference.” This included supplying references, proof of identity and they had to wait until their Disclosure and Barring Service (DBS) check had been received before they had started to work. Staff files we looked at confirmed all appropriate checks had been carried out.

The provider had clear policies regarding disciplinary in place. We saw documentation from a disciplinary of a staff member and the procedure had been followed correctly.

People received their medication correctly. This was stored in a locked room. We carried out a stock check of some medication which balanced. We checked the Medication Administration Record (MAR) for two people. They contained all of the required information and had been completed correctly. Staff told us that they had regular medication competency assessments to ensure they were following the correct practice.

# Is the service effective?

## Our findings

Staff told us they received a variety of training from the provider and from the local authority. They said they found this useful as they met other people and knew that the training was up to date. Training included, moving and handling and health and safety along with more specific subjects to help support people including, breakaway/diffusion and epilepsy awareness. The management staff also attended specific training to their roles including, effective meetings and supervision. The service manager told us they were registered to undertake the Qualification Credit Framework diploma at Level 5.

The registered manager told us that they had accessed training from their own training department as well as from the local authority.

The registered manager kept a training matrix. This enabled her to know when refresher training was required and this could be planned effectively. Staff were informed when future training was due. Records confirmed that staff had attended required training. This demonstrated that people using the service were being supported by staff with the correct knowledge.

Staff received support from the registered manager. One person said, "There is always someone I can talk to either the manager or a senior." Another told us, "We get regular supervisions where we can talk about anything we want to." The registered manager told us that regular supervisions were held with all staff. A matrix was used to plan these throughout the year. Documentation seen confirmed this.

We spoke with staff who had recently been recruited. They were completing their induction. One staff member told us what they had done during the induction and was now in the process of shadowing more experienced staff. Another told us they had been to the service and met the people who they would be supporting. We saw the induction programme which was very comprehensive. This needed to be signed off by a manager to prove the staff member had completed it to a satisfactory standard.

We observed staff gaining consent from people before assisting them with support. Support plans had been signed by the person giving consent to care.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. There was a quick reference guide on the notice board to assist staff with making decisions. The registered manager told us that they were in the process of obtaining further guidance from the local authority regarding people in supported living. Within people's support plans we saw evidence of best interest meetings which had been held with the person, their families or representatives and care manager if appropriate.

Some people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders in place. These had been completed correctly with the appropriate input.

People were supported to eat and drink. Within people's support plans was documentation regarding nutrition and support required. Staff told us that people who used the service did their shopping with staff support. In the kitchen was an eating and drinking care plan. This detailed what people were able to eat, what adapted equipment was used or if they were PEG fed, how to be positioned correctly. The kitchen was well stocked with a good amount of food.

Within people's support plans we saw evidence that people had been referred to other health care professional to provide continuity of care. These included; hospital appointments, doctors and dentist visits. The staff told us that each person had a 'health passport'. They explained that this contained all documentation regarding the person's health with contact numbers and information. The person took this with them to every health appointment and if they had to go into hospital.

# Is the service caring?

## Our findings

People told us the staff were kind. One person said, “The staff are all nice.” Another said, “The staff are kind and look after me well.” A relative we spoke with said, “I get on well with everyone.”

We observed positive interaction between staff and people who used the service, for example; one person was not feeling too well and was lying in their favourite place, staff were very comforting to them and made sure they were able to see other people in the house. The person had very limited communication abilities, but it was obvious staff knew what they were trying to communicate and read their gestures to understand them. This demonstrated staff knew the people who used the service well.

Staff demonstrated they knew people’s needs and preferences well. They were observed chatting to people about things of interest and talking to us with the person. People were returning from outings and staff were talking with them about what they had done and their plans for the evening.

Support plans we looked at demonstrated that people had been involved in their development, along with relatives or representatives. They were written in an easy read format with pictures to enable ease of understanding for people, and were person centred.

The registered manager told us that they were involved with an advocacy service which worked with people with learning disabilities. This was available if and when needed. There was a poster on a notice board in the office displaying information on this service. Within people’s support plans we saw evidence of advocacies being used.

People were treated with privacy and dignity. Each person who used the service had their own room which was personalised with objects of their choice. We observed staff knock on people’s doors telling them who it was and waiting for a response before entering. People were asked if it was ok for us to look around their home and chat with them.

People were encouraged to be as independent as possible. We observed staff assisting people who required it, but allowing them time to do what they could for themselves.

Relatives we spoke with told us they could, and did visit when they wanted but they had usually planned them in advance. Staff told us some people went home with family on weekend visits or days out.



# Is the service responsive?

## Our findings

People we spoke with told us that staff involved them in updating their support plans. A relative said, "I am involved in my relatives support plan." Another said, "We attend reviews when necessary."

The registered manager told us that before anyone was offered a place, she and another staff member would always visit the person and their family or representatives to carry out an assessment. This was to ensure that the person was suitable for the service and that staff were able to give them the support they require. Within people files we saw documentation that this process had taken place. This was then used to develop a support plan.

The registered manager told us that the service was responsive to people's needs. For example; people were allocated a specific number of support hours either per day or per week, but this could be flexible to support the person in a way they wanted. For example, to go out or attend activities of their choice. Rotas' were developed around these.

We saw that staff had worked with people to develop support plans which were person centred; these included, for example, my circle of support, a one page profile, staff who supported them and a fully comprehensive support plan. They were written to enable staff to support each person to be as independent as possible. We looked at six support plans and they were all completed and had been reviewed on a regular basis.

People were encouraged to follow their own interests. We saw evidence in people's support plans of a variety of different activities. These included; horse riding, boating, archery swimming and attending a local day centre. Within people's support plans was a weekly programme of individual's activities, this stated what they were, where they were held and the times of attendance if appropriate.

Relatives we spoke with told us they could visit at any time and some people went out or on visits home with family.

People told us that they knew how to complain or raise concerns if required. A relative told us they knew how to complain and would do so if necessary. Another said, "I would speak to the senior or the manager if I was not happy." We looked at the complaints log and found that complaints had been responded to following the provider's policy to the satisfaction of complainant.

The registered manager told us that they were available for people or their relatives to speak with, also that each service had a senior member of staff who could be contacted by anyone if they needed to discuss anything.

The registered manager told us that annual questionnaires were sent to people who used the service and their families or representatives. We saw the results for 2014. The results were very positive. A summary had been produced. The registered manager told us that if there were issues raised an action plan would be produced and staff would discuss how to solve them.

# Is the service well-led?

## Our findings

People told us that they had been included in many decisions regarding the service, including the re-decoration of the houses. Staff told us that they were involved in the decision making process for the service and said that there was an open culture, they could speak with the registered manager about anything and they would be listened to.

There was a culture of openness at the service. Staff and people who used the service were willing to speak with us and were open and honest and comfortable to answer any questions.

There were strong links with the community as people who used the service lived in small houses in the local areas. People shopped and accessed activities local to them.

The registered manager told us they held a number of meetings with management and staff. Also team meetings were held. Minutes seen showed that suggestions made by staff had been listened to and acted on.

The registered manager showed us the results from the last staff survey which had been carried out. There was a lot of positive results and an action plan of anything that had presented with a lower score.

In accordance with the requirements of the service, there was a registered manager in post.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The registered manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The registered manager explained the processes in place to monitor the quality of the service. They carried out internal audits on a number of things including; support plans, staff skills and management and leadership. These were then added into a larger audit which was broken down into areas of compliance. They then had been RAG (Red, Amber or Green) rated. All were rated green with no issues, but the registered manager explained that if required recommendations would be made and an action plan would have been developed if necessary. Alongside this was an area on the audit for the registered manager to comment on what things were done well and what could be improved. Each house also had their own quality monitoring systems in place. Checks had been carried out by the fire safety company and certificates were available for gas safety. The provider was involved in quality audits. This showed that a variety of quality checks had taken place.

The local authority had carried out a contracts monitoring visit. The report was seen and showed no outstanding actions.