

Choice Support

Choice Support

Inspection report

Ground Floor, 100 Westminster Bridge Road,

London SE1 7XA

Tel: 02072614100

Website: www.choicesupport.org.uk

Date of inspection visit: 1 to 2 December 2014

Date of publication: 13/03/2015

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?

Outstanding



Overall summary

This announced inspection of Choice Support took place on 1 and 2 December 2014. The service was last inspected 30 September 2013 when it was found to have met all the regulations checked at that time. The service provides support to about 70 people who have a learning disability. Most of the people who use the service live in supported living houses. Some people who use it live with their family.

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.

People, their families and the health and social care professionals who knew them told us Choice Support delivered good support to people that enabled them to feel well, happy and safe. People were supported to communicate their preferences and needs and these were taken into account in the way their individual support was planned and delivered. For example, people

Summary of findings

were enabled to participate in a wide range of leisure, educational and work activities of their choice. People were involved in reviewing their support and said they were able to make changes when they wanted to.

People said staff were kind and caring and understood how to meet their needs. Staff told us they had received training and support from their managers which gave them the confidence to support people in ways that promoted their independence. The provider ensured there were sufficient numbers of competent staff across the service so people consistently received the support they required.

The provider had improved people's access to healthcare services by supporting people to take up healthcare screening. People received appropriate support to access specialist advice and treatment in relation to their health needs. The provider had a team who could advise staff about how to support people with complex needs. The service met the requirements of the Mental Capacity Act 2005. People who may lack mental capacity were given appropriate support to understand and make decisions.

The provider undertook regular audits and checks to ensure each person received safe and effective support. When any shortfall was identified, there was effective follow up action which ensured people received a high quality service. People with learning disabilities were involved in these audits as 'quality checkers' and contributed to the evaluation of the service and the recommendations for improvement.

Staff were very positive about working for Choice Support and understood and practised its values. They said their managers listened to them and the views of people they supported. They told us they had participated in meetings and events which promoted good practice. They said they carried out their work role with confidence because they were well-trained and told us their managers were always available for support and advice.

Choice Support had signed up to a government initiative to improve the quality of services for people with learning disabilities. National events and briefings for staff kept people informed about the development of the service and staff understood the provider's values.

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. Risks were carefully assessed and managed in such a way that people's independence was promoted. Staff understood how to recognise abuse and take effective action to keep people safe.

The provider made sure staff received regular information and training about how to keep people safe. There were sufficient numbers of suitable staff to support people safely.

Good



Is the service effective?

The service was effective. Staff received training and support which enabled them to support people with complex needs. People received support with all their health needs and were assisted to access healthcare and the provider had taken action to improve the take-up of health screening by people who use the service.

People were supported to understand information about their care and support in accordance with the principles of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring. People told us staff were kind and caring. Staff understood people's background and their needs.

People received care and support which reflected their individual preferences.

Good



Is the service responsive?

The service was responsive. People were happy with the service. Records confirmed the service had thoroughly assessed people's needs and clarified their preference. Support and care was delivered as planned. People told us their support was flexible and they were able to choose how to follow their interests and learn new skills.

Any complaints people made about the service were responded to and resolved.

Good



Is the service well-led?

The service was well-led. People and staff said their managers listened to them. Rigorous checks of the quality of the service were made. People with learning disabilities contributed to the development of the service and the monitoring of people's day to day experience of their support.

The provider was making improvements to the service in line with government policy.

Outstanding



Choice Support

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 1 and 2 December 2014. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure we could speak to managers and staff and access records.

The inspection was carried out by one inspector. Before the inspection we received a provider information report (PIR) about the service. The PIR asks providers to tell us some key information about the service, what they do well and what they plan to improve. We sent people a questionnaire

and received feedback from fifteen people who use the service. Feedback from a relative was also received. We received completed questionnaires from 18 staff. We used this information to plan our inspection.

On the first day of the inspection we went to the service's main office where we interviewed the registered manager and spoke with other members of the management team about the operation of the service and reviewed records. We read four people's care records and four staff files. We also saw documents in relation to the development of the service and quality monitoring and improvement.

On the second day of the inspection we spoke face to face with two people about the support they received and how they were treated by staff. We also spoke with four members of staff in relation to their knowledge and skills. After the inspection we spoke with a social worker and a community psychiatric nurse to obtain their views of the service.

Is the service safe?

Our findings

People told us they felt safe. A person's social worker told us the service's arrangements for identifying and managing risk were effective. They described how the service had constructively worked in partnership with them and health care professionals. They told us Choice Support had an internal team with the specific role of ensuring risks to people were managed positively. The social worker told us staff from the service had worked "exceptionally hard" to manage risks in such a way that the person's quality of life had greatly improved. We spoke with this person during the inspection and they told us, "I can be much more independent now. I feel safe here and I really trust the staff."

People told us they were involved in discussing risks and making choices about how to be safe. A person said, "We have a meeting and discuss things. We make plans about what should happen. I agree with it." People's care records included a risk screening tool which identified the individual risks in relation to people's health and risks which may occur whilst they were in different situation such as when they were out shopping or using kitchen equipment. The service had then developed plans to reduce the risks of harm and reviewed these regularly with the involvement of the person to ensure they were still effective.

Staff had a good understanding of how to manage risks positively for each person they supported. They told us they followed risk management plans and had the opportunity to discuss risk management at shift handover and team meetings. A member of staff told us, "It's one of the main things we talk about as a staff team. Our confidence has grown about how we support people to be independent when there are risks." Care records demonstrated staff had followed the individual risk management guidelines which were in place.

People were supported by sufficient numbers of staff who had appropriate skills and experience. People told us there were always enough staff available to meet their needs. The management team told us staffing arrangements were flexible and varied across the service. They said some people received one to one support whilst other people were more independent. Staff told us any sickness or leave was always covered by the provider's own staff. People and their relatives who had completed the questionnaire we sent them all said staffing levels were appropriate. Staff we

spoke with had all worked for the service for a number of years. They told us staff turnover was low, which meant people were supported by staff who were experienced and knowledgeable about their individual needs.

People in the service told us staff treated them well. A person said, "All the staff here are good." People told us in the questionnaire we sent that they felt safe from abuse and neglect by staff. The provider had taken steps to ensure staff understood their responsibility to identify and report abuse. Staff told us they had received training in this subject and they were able to demonstrate their knowledge to us. For example, they knew how to identify different types of abuse and neglect and how to implement the provider's safeguarding procedures to report any concerns about people's safety. Staff knew they could 'whistle blow' to an external organisation if the provider did not take effective action to safeguard people. The provider reminded staff of their responsibilities to keep people safe from abuse, for example there were articles about minimising the risk of financial abuse and on whistleblowing in the latest edition of the provider's newsletter which was sent to all staff. Staff told us they read the newsletter and it was useful in terms of reminding them of the importance of their role in keeping people safe.

Staff said the provider had ensured they were well informed about the implications for their practice following the investigation of abuse of people with learning disabilities at Winterbourne View. We saw evidence that meetings and discussions on this topic were held for staff across the service. Records showed managers checked the service's financial procedures were followed when staff supported people to spend and manage their money.

The provider monitored incidents to ensure lessons were learnt. We saw records of incidents and follow up actions which demonstrated appropriate action had been taken. For example, following an incident, a person's risk management guidelines were revised to reduce the risk of future harm.

People were protected from risks associated with their environment. Staff explained to us the checks they carried out to make sure people's surroundings were safe and clean. During the inspection we observed that people were supported to live in well-maintained premises.

Some people in the service had support from staff in relation to their medicines. People told us they received

Is the service safe?

their medicines safely. Staff said when it was identified that people required support to receive their medicines they followed the provider's medicines administration procedures. They said medicine administration record (MAR) charts were completed by them to confirm people had received their medicines as prescribed. We saw evidence that people's MAR charts were checked at shift handover and each week to ensure people received their medicines as prescribed.

Some people had been prescribed medicines to be taken 'as required'. Where people were unable, because of their communication needs, to request 'as required' medicines we saw there was detailed guidelines on care records for staff about the circumstances in which it should be administered to them. Care records demonstrated the service had supported people appropriately when their medicines were reviewed by the prescribing doctor. For example, staff supported people to attend meetings where their medicines were reviewed.

Is the service effective?

Our findings

People told us they thought staff provided them with support which was right for them. A person told us, “The staff here are good. They really help me with everything.” All the people who had completed a questionnaire we sent to them agreed with the statement, “My care and support workers have the skills and knowledge to give me the care and support I need.”

Staff told us the provider gave them training and support which enabled them to understand and meet people’s needs. A member of staff said, “I went through a period of induction and training and I am given a lot of support. I work with a person with complex needs and have received so much help and expertise from my manager and other staff in Choice Support who are experts in helping us support people who challenge the service.” Records confirmed staff had attended relevant training in subjects such as communicating with people with learning disabilities and person centred support planning. Staff told us their managers were easily available at any time to give them advice. Managers told us they received training from the provider in relation to their role in terms of supervising staff and ensuring the quality of the service.

Staff records included copies of recent one to one supervision meetings between staff and their line manager. The competence of staff to carry out their work role had been evaluated before they were confirmed as permanent employees and each year after that. Files included a report on the member of staff’s skills and achievements in relation to issues such as their team work, relationships with people using the service, attendance and record keeping. There was evidence managers checked the competency of staff to carry out their duties. For example, there were manager’s reports on their observation of staff practice whilst the administered people’s medicines.

People received support from staff who had the right skills and experience. Staff told us they only took on a support task after their manager was sure they could carry the task out appropriately. A member of staff told us, “When I started to work here I just observed experienced staff for a few days, then the staff showed me what to do, for example how to support a person to use public transport and I only worked on my own after I had shown I could do it properly.”

Staff told us they received reminders to regularly update their training on relevant issues such as adult safeguarding. We reviewed the provider’s training records, which evidenced they kept track of staff training to ensure the workforce had up to date skills and knowledge of how to meet people’s needs.

People told us they consented to the care and support they received. A person told us, “Me and the staff agree my support and what happens – it is all written down.” Staff told us they always presumed people had the mental capacity to consent and used their knowledge of people’s communication needs to explain choices to people and assist them to make decisions. Care records included information on how people were supported to make decisions in relation to their day to day support. For example, a person’s support plan said, “I can tell staff when I am in pain and if I would like to have my ‘as required’ painkiller tablets as prescribed.” Records included information about the communication aids people used to help with their understanding and decision making. A person’s record had details of how staff should use photographs and drawings to assist with communication. Another person’s records included details of the support a person had been given to choose a holiday, in terms of looking at brochures and how the service had made sure the person had time to reflect on their decision before the holiday was booked.

Staff were knowledgeable about the key principles of the Mental Capacity Act 2005. We read training records which confirmed staff across the provider had attended courses and had completed online training on this subject. Staff we spoke with told us the provider aimed for people to make their own decisions by supporting them to understand information. They understood how a ‘best interests’ decision should be made if people were unable, even with support to make a decision. Care records included information on people’s ‘circle of support’ and staff told us these people, who knew the person well, would be involved in making a ‘best interests’ decision on their behalf, should this become necessary. Staff understood how to protect people from an unlawful deprivation of liberty. They said the service had not made any applications to the Court of Protection to deprive a person of their liberty. Staff were able to explain to us the circumstances in which such an application should be made.

Is the service effective?

People told us they were able to have food and drink of their choice. A person told us, “I get support to sort out my own shopping and meals and do what I want about food.” The person told us they aimed to eat healthy food and staff helped them choose what to prepare. Care records showed the service had asked people about their food preferences and clarified whether they had any health needs, such as diabetes, which had implications for their diet. Staff told us their training and induction had covered how to meet people’s nutritional needs and included guidance on how to seek guidance from health professionals in relation to people’s diet if they had any concerns.

People told us their day to day health needs were met. A person told us, “I was not feeling well today, so [member of staff] went with me to the chemist to get something. If I get worse they will help me see my GP” Care records demonstrated the service assessed and reviewed people’s

needs in relation to their physical and mental health. When appropriate, people had been supported to receive advice and treatment from their GP and specialist health professionals such as psychiatrists. People’s records included information on how they received support to maintain good health and attend check-ups at the dentist, for example. The provider had been innovative in seeking to promote equal access to healthcare for people with learning disabilities. Staff told us about the practical sessions the provider was undertaking with people to explain routine health screening appointments and reduce their anxiety about them. We saw information which confirmed the rate of take-up of health screening by people who use the service had improved and was now very high. People were being supported to access healthcare screening to avoid a preventable deterioration of their health.

Is the service caring?

Our findings

All the people who responded to our questionnaire and who we spoke with during the inspection told us staff were caring and kind. A person told us, “They [the staff] are the right type of people to do this work. They are patient and nice to us.” During the inspection we observed that staff spoke to people respectfully and asked them what support they wanted. For example, we heard a staff member asking a person in a friendly manner, “Shall we make dinner now?”

Staff we spoke with understood how to treat people with dignity and respect. For example, a member of staff explained how they always asked people what they wanted to do and said they sometimes made suggestions to people but added, “I am always careful they make the choice rather than me.” Staff told us the provider emphasised the importance of them understanding people’s backgrounds, preferences and how to communicate with people. Care records we read included this type of information and staff said they were expected to read these records so they could care for people appropriately. A member of staff told us, “When you understand a person’s past experiences and how they were brought up a lot of things make sense and help us to get to know them and support them better.”

People’s diverse needs were addressed. For example, care records showed a person had been supported to attend events and purchase clothes and cosmetics which reflected their cultural background. Care records included guidelines for staff on how to effectively communicate with people. For example, a person’s records informed staff how they

could interpret the person’s behaviour and body language to enable the person to make a choice about when they went to the toilet. The guidelines also set out how staff could effectively communicate with the person when supporting them to learn new household management skills.

Staff explained how they had taken steps to reduce people’s distress and discomfort. They said they had gone to hospital with a person and made sure they were available when they regained consciousness after surgery. A member of staff told us, “We wanted to make sure that when they came round they saw a familiar face straight away, otherwise they would have been very upset.”

Staff told us they aimed for people to be as independent as possible. A person said, “Yes I am encouraged to be independent by the staff, that is what I want and I am getting the right help with that.” Care records showed the service had assessed what people’s support needs were in relation to their personal care, managing household tasks and following their interests. Another person told us, “I do a lot for myself but other things I am learning.” Care records showed people had specific goals in relation to becoming more independent. For example, a person’s records included guidelines for staff on supporting them to develop their skill in relation to washing their own laundry.

We saw evidence that the provider had taken action to improve people’s choice in relation to which members of staff supported them. For example, people were given information with photographs of staff so they were familiar with who was supporting them and could indicate if they were not happy so that a change could be made.

Is the service responsive?

Our findings

People received support that met their individual needs. A person's care records evidenced staff had undertaken a detailed assessment of their needs before the service began to deliver their 24 hour support. Staff had spent time with the person to gain information about their strengths and levels of independence so they could plan how to support them.

People told us staff helped them keep in touch with their relatives. A person told us, "I see [my relative] every weekend. Staff help me with that." People told us they had been supported to follow their interests and to find employment. Staff told us about how they had supported a person to find voluntary work whilst they attended college with a view to finding a paid job in the future. The person told us how much they enjoyed what they were doing.

Care records demonstrated the service had gained information from people and those who knew them well about their personal history, interests, talents and what was important to them. For example, a person's support plan noted that it was important they bought a relative a birthday present. Records confirmed staff had supported them to do this.

Each person in the service was allocated a 'key' member of staff who ensured their individual needs were regularly assessed recorded and reviewed. Staff told us, as a person's key worker, they were responsible for having a regular meeting with them to ask how they were and obtain and

record their views on their support and their progress with new skills. Notes of these meetings showed people had given feedback on how they had been supported to maintain contact with people who were important to them and follow their interests. People told us their support was flexible and they told us they could make changes if they wanted to. A person said, "I don't do the same things all the time and can easily change things."

Care records were up to date and demonstrated people were involved in regular reviews of their support. The service had ensured some documents were in an 'easy read' format with pictures so people could easily access and understand information about their support. Records showed people were encouraged to learn new skills, follow their interests and use their talents. For example, a person's records included information on how they were supported to practised their religion and attend art and drama groups. The records explained how the person had chosen these activities and included confirmation that they had regularly attended these groups and continued to enjoy them.

The service had a complaints procedure and this was also available in an easy read format. The service had received five complaints in the past year which we saw had been responded to and resolved within the provider's specified timescale. The provider told us complaints were analysed to check if there were any common themes or emerging issues to address. People we spoke with said they were happy with the service and said they would raise a complaint if they needed to.



Is the service well-led?

Our findings

People told us the service was well-led. A person said, “I think the managers do well.” Staff told us they thought Choice Support was a good provider to work for. A member of staff told us, “I do think as a provider they do the best for people who use the service.” Staff said they felt the provider was open and really wanted to hear people’s views.

Staff told us people and staff had the opportunity, at a number of different meetings, to meet with senior managers of the service and give their suggestions for improving the service. They told us staff and people from the service had recently travelled to attend a national event arranged by the provider. They said people had really enjoyed the event and had contributed to it by providing entertainment and giving their views. Staff told us this was a good way for the provider to demonstrate to staff and people they were serious about listening to them. Staff told us they were familiar with the provider’s values and mission statement which was ‘supporting people to have better lives.’ Staff said they thought this was an important statement which summed up how they aimed to work with people.

Staff told us they thought the provider listened to them and responded to their views. Notes of meetings showed staff were given the opportunity to discuss team work and people’s support. They said they also had the opportunity to network with staff who worked in different supported living settings and discuss how they supported people. Staff told us they received regular information and newsletters which they found helpful and informative. Recent newsletters included articles about people’s individual achievements and innovative work by staff and volunteers. The newsletters also highlighted the provider’s vision and values.

The provider had signed the ‘Driving up Quality Code’ in September 2013. This is a government endorsed code which aims to drive up quality in learning disabilities services and promote a culture of honesty and transparency. In September 2014 Choice Support produced a report on their actions in response to the code. This detailed the feedback the service had obtained from people, their families and service commissioners about the

quality of services across the country and detailed the actions planned to make improvements. Actions covered issues such as improving the involvement of people in recruitment and staff selection, involving people’s families in training more and making sure staff know how to support people to get involved in their homes and communities. Staff and managers we spoke with were aware of the provider’s goals in these areas and explained how they were putting them into practice with the people they worked with. This demonstrated the provider had ensured staff understood how to ensure the service developed in line with people’s views and the provider’s vision and values.

People with learning disabilities were also employed as ‘quality checkers’ and visited people to report on their observations of their support and what people told them about how they were treated by staff. Each ‘quality checkers report’ covered people’s views of the support they received day to day and with their health, and how people were supported to follow their interests and develop and maintain friendships and family contact. The provider told us these quality checks were designed to ensure they captured people’s views of the service and how people were supported day to day. They said this enabled senior managers to have a clear picture of what is actually happening in the service and identify and act on concerns about the quality of the support people received.

The ‘quality checkers reports’ were included in the providers overall system of annual audit checks to check the quality of the service people received. Reports we read included an assessment of the quality of the planning and delivery of people’s support. There was also an evaluation of how well staff had recognised and responded to changes in people’s behaviour. Each report detailed evidence of good practice and identified areas for improvement which incorporated the recommendations from the ‘quality checkers report’. The registered manager told us following these reports managers were expected to develop an action plan with timescales to make improvements. They said their progress with this was monitored through one to one supervision meetings. We saw records which confirmed this and demonstrated improvements were made to people’s support and the operation of the service.