

Choice Support

Choice Support - Sutton and Merton

Inspection report

St. Helier Community Association, Hill House
Bishopsford Road
Morden
SM4 6BL

Tel: 01622722400

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Ratings

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

Summary of findings

Overall summary

About the service

Choice Support – Sutton and Merton provides care and support to people living in 'supported living' settings so that they can live as independently as possible. The service specialises in supporting people with learning disabilities and/or autism. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection 43 people who used the service were receiving personal care.

People's experience of using this service and what we found

People were safe and well looked after by staff. Staff had been trained to safeguard people from abuse and knew how to manage risks to people to keep them safe. There were enough staff to support people. Recruitment and criminal records checks had been undertaken on staff to make sure they were suitable to support people.

People's homes and communal areas in the supported living settings were clean and tidy. Staff followed current hygiene practice to reduce the risk of infections. Visitors to the service were given information to help them reduce the risk of catching and spreading infection. The provider made sure any safety concerns about the supported living settings were dealt with promptly by the housing provider.

People were involved in planning their care. Their needs and preferences underpinned the support provided to them. Staff knew people well and understood how their needs and preferences should be met. They were provided with relevant training to help them meet people's needs. Staff were supported by the provider to continuously improve their working practices to help people achieve positive outcomes.

Staff were kind and caring and respected people's rights to privacy and to be treated with dignity. People were supported to be as independent as they could be with daily living tasks. They were supported to undertake activities and interests they were interested in and to maintain relationships with the people important to them. Relatives could visit with family members without unnecessary restrictions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff helped people to stay healthy and well. They supported people to eat and drink enough to meet their needs, to take their prescribed medicines and to manage their healthcare conditions. Recommendations from healthcare professionals were acted on so that people received the care and support they needed in relation to their healthcare needs.

Relatives and healthcare professionals spoke positively about the service and the outcomes experienced by people. They said the management team were responsive and communicated with them well about their

family members. The provider had arrangements in place to make sure any accidents, incidents and complaints were investigated and people were kept involved and informed of the outcome.

The provider encouraged people and staff to have their say about how the service could improve. They used this feedback along with audits and checks and outcome from investigations to monitor, review and improve the quality and safety of the support provided.

The service worked proactively with other agencies and healthcare professionals. The management team acted on their recommendations to improve the quality and safety of the service for people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People were involved in making decisions and supported to have as much choice and control as possible about how their care and support needs were planned and delivered. Support was tailored to their individual needs and preferences. Staff knew people well and how to support them to live their own individual and independent lifestyles at home and in the community. The provider ensured people's rights were respected and promoted a culture where people were supported in the least restrictive way as possible.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 25/11/2019 and this is the first inspection.

Why we inspected

This inspection was prompted because services which are operational require an inspection at least after the first year following registration with us.

We looked at infection prevention and control measures under the safe key question. We look at this at the inspection even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Choice Support - Sutton and Merton

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave the provider 5 days' notice to enable them to ensure the premises were set up as safely as possible to accommodate an inspection. Inspection activity started on 7 December 2021 and ended on 21 December 2021. We visited two supported living settings during this period.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We were unable to gather verbal feedback from people using the service. Therefore, we carried out observations at two supported living settings. We spoke with two supported living managers, one of the registered manager's and four care support workers. We reviewed a range of records including people's care records and medication records and records relating to the management of the service.

After the inspection:

We contacted four relatives and three healthcare professionals about their experiences of the service. We reviewed additional documentation relating to the management of the service. We continued to speak with the two registered managers and sought clarification about the evidence gathered.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. A relative told us, "I feel [family member] is definitely safe there. She couldn't be safer. They are so kind and this makes me pleased." Another relative said, "I think [family member's] very safe." A healthcare professional told us, "The residents seem relaxed and well cared for."
- Staff received relevant training and support to help them safeguard people from abuse. They were aware of safeguarding procedures and how and when to report concerns to the appropriate person or authority. A staff member told us, "I have had safeguarding training and know how to look out for abuse as people here are very vulnerable. If I saw anything it would get reported straight away."
- The management team understood their responsibilities to liaise with the local authority and other relevant agencies if a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been assessed and plans were in place to manage these in an appropriate way.
- Staff understood these risks and what to do to keep people safe and gave us examples of how they did this when supporting people at home or out in the community.
- Staff had been trained to deal with emergency situations and events if these should arise.
- The provider made sure the premises were checked on a regular basis for any health and safety concerns. Any issues were reported promptly to the housing providers and managers made sure appropriate action was taken in response.

Staffing and recruitment.

- There were enough staff to support people. A relative told us, "In the past I felt they were short of staff but more recently they have been fully staffed and there have been more people on. That's been an improvement in the last year. I would like them to keep an eye on staffing levels."
- Staff rotas had been planned to take account of the level of support people required each day to make sure there were enough staff to meet their needs. Staff on duty were suitably skilled and experienced.
- During our inspection staff were present, accessible and responding promptly to people when they needed assistance.
- The provider operated safe recruitment practices. They carried out appropriate checks on staff that applied to work at the service to make sure only those suitable were employed to support people.

Using medicines safely

- People received their medicines safely and as prescribed. Our checks of medicines stocks, balances and

records confirmed this. Medicines were stored safely and appropriately in people's homes.

- People's records contained information about their prescribed medicines and how they should be supported with these. This helped staff make sure people took them in a timely and appropriate way.
- Where people had been prescribed 'as required' medicines (PRNs) there was basic information on their records about how much they should be given and when. However there was no information for staff about how a person might communicate the need for this medicine. We did not identify this as an immediate risk to people at the time of this inspection because staff knew people well and could explain in detail how they would recognise that a person might be in need of this medicine. However there was a risk that any new staff unfamiliar with a person and their communication needs might miss signs they were in need of this medicine thus potentially delaying relief for the person.
- We discussed this with the registered manager who took action immediately after this inspection to make improvements to the quality of information for staff.

Preventing and controlling infection

- Risks associated with infection control and hygiene had been well managed. Staff used personal protective equipment (PPE) safely and effectively.
- Staff received additional training, information and support at regular intervals to help them stay up to date with current practice and guidance.
- Visitors were given clear information to help reduce the risk of them catching and spreading infections.
- Staff made sure people's homes and communal areas were clean and hygienic to prevent the spread of infection. A relative told us, "[Family member] lives in a lovely flat...everything is clean and tidy."
- The provider's infection prevention and control policy was up to date. The provider had plans in place to manage an infection outbreak at the service.
- Staff followed current food hygiene practice to help them reduce risks to people of acquiring foodborne illnesses when preparing, serving and storing food.

Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents.
- The provider analysed accidents and incidents to check for any trends or themes to help them reduce the risk of these happening again. We saw a good example of this for one person where it was identified they were experiencing a high number of falls. Additional support was obtained for the person from healthcare professionals and this has led to a decrease in the number of falls.
- Learning from investigations was shared with staff to help them improve the quality and safety of the support provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Prior to people using the service, the provider undertook comprehensive assessments of people's needs to make sure these could be met by the service and in line with current practice and best available guidance.
- People and others involved in their care, for example relatives and healthcare professionals, had been involved in these assessments. These took account of people's life and medical history, healthcare conditions, their care needs and the outcomes they wished to achieve from support from the service. The provider used all this information to plan and deliver care and support people required.
- People's preferences about how their support was provided underpinned their care and support plans. For example, one person's care and support plan specified they only wished to be supported by staff that understood their specific healthcare conditions and how these should be met. The provider made sure that they were.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet the range of people's needs which included training to meet people's specific healthcare conditions. Training was refreshed at regular intervals so that staff stayed up to date with current practice. A staff member said, "We get regular training...we just had training on moving and handling and challenging behaviour."
- New staff were required to successfully complete a period of induction. During this period managers assessed their skills and knowledge to make sure they were competent to work alone with people.
- Staff had supervision meetings with their managers to support them in their role and to identify any further training or learning they might need. They were encouraged to achieve relevant qualifications in health and social care to support their professional development. A staff member told us, "[Line manager] has a lot of meetings with us and asks us if there's anything we need, to help support us...and [the provider] has funded me to do level 2 and 3 and now I'm doing 4 (National Vocational Qualification Diploma in Adult Care). I want to be a registered manager one day."

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care; supporting people to eat and drink enough to maintain a balanced diet

- People's records contained current information about the support they needed to manage their health and medical conditions. Staff understood people's conditions and followed their health action plan to help people achieve positive outcomes and reduce the risk of people's conditions deteriorating. We saw a good example of this for one person who was now able to tolerate medical procedures because staff had worked patiently with them over time to help them get used to this.

- Staff made sure people had access to support for their healthcare and medical needs. They supported people to attend their scheduled medical and healthcare appointments when required and let others involved in people's care know of the outcome. A relative said "They keep me well updated about [family member], if there are any issues and let me know if she's unwell or has a medical appointment."
- Staff were observant to changes in people's health and wellbeing and sought the advice and support of healthcare professionals when needed. They worked well with healthcare professionals and followed their recommendations to help people achieve positive outcomes in relation to their healthcare needs.
- People's records set out information about their dietary needs and the specific needs they had. Staff understood people's preferences and dietary needs and took this into account when supporting people.
- Staff checked people were eating and drinking enough and sought appropriate support if they had any concerns about this. A relative told us, "They are trying to get [family member] to eat better and have worked very hard to get her weight back up and she's put on a lot of weight the last 18 months...this has been great for her. Done a fantastic job with her."

Ensuring consent to care and treatment in line with law and guidance

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 as least restrictive as possible. 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make and consent to decisions about specific aspects of their care and support had been assessed and recorded on their records.
- There were processes in place when people lacked capacity to make specific decisions. The provider involved people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were kind, caring and looked after people well. A relative said, "They are so kind to [family member] and they encourage her. I couldn't be happier...she's happy there. She's treated so well and spoilt. That's the best you can hope for." Another relative told us, "[Family member] has strong relationships with the staff and they dote on her...I think she has a good quality of life there." Another relative said, "The staff are great and they look after [family member] very well." A healthcare professional said, "The staff are thoughtful and person centred. It's easy to tell that they know their residents well and think about the best ways to support them."
- Staff were patient, warm and friendly with people. They supported people to do tasks and activities in the way people preferred. Staff engaged people in conversations and encouraged people to communicate with them about things that were of interest or important to them.
- Staff knew people well and understood their needs. One staff member said, "I feel so attached to people here as I have known them so long. It is important for me to be there as I understand their needs and them as individuals."
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were recorded so staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

Supporting people to express their views and be involved in making decisions about their care

- People's records contained current information for staff about how people wished to communicate and express themselves. This helped staff to support people to have a say about what they wanted in terms of their care and support. Staff used people's preferred communication methods when interacting with them.

Respecting and promoting people's privacy, dignity and independence

- People's records contained current information for staff about what people could do for themselves with regard to their day to day activities. This helped staff support people to be as independent as they could be with the tasks of daily living.
- Staff respected people's privacy and dignity. A staff member told us, "I make sure I respect people and make sure they have dignity when we are looking after them." Staff asked for permission before providing any support to people. They explained the support they were about to provide and made sure people were not rushed so they could do things at their own pace. People's choices about how they wanted support provided were respected.

- Staff were respectful when talking to people and acted on their responses in an appropriate way. They knocked on people's doors before entering and behaved in a considerate and respectful way when in people's homes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's records contained information for staff about how their care and support should be provided. This included information about their likes and dislikes, their preferred routines and their choices for how they wished to spend their day including undertaking activities at home and in the community. This helped staff deliver personalised care and support to people which was responsive to their needs.
- Each person had a keyworker who was responsible for ensuring their needs were being met. Keyworkers checked with people at regular intervals the care and support they received was continuing to meet their needs and preferences.

Support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting them to develop and maintain relationships to avoid social isolation

- People undertook a range of activities and events with staff's support. These included attending day centres, activities and events in the community, for example, swimming sessions, going out on shopping trips or for meals and drives out to places of interests. A relative told us, "They are taking people to see the lights in London. This is important for [family member] as he is very visual. He likes to people watch and this would be a great activity for him."
- People were also encouraged to participate in activities when at home. These included arts and crafts sessions, baking and cooking, gardening and games and quizzes. During our inspection people were making Christmas decorations with staff's support to display in communal areas and in their homes.
- People received support to maintain relationships with the people that mattered to them. Relatives were able to visit with their family members if they wished. The provider was following current guidance to make sure visits were undertaken safely.
- When relatives were unable to visit, staff made sure people could visit with them instead. A relative told us, "I can't get over to see [family member] like I used to due to my age but today they've arranged for us to meet up and have lunch in a restaurant and all the family will be there." Staff also supported people to make video calls with relatives to help them keep in touch.

Improving care quality in response to complaints or concerns

- Feedback we received from relatives during this inspection indicated they were satisfied with the quality of care and support provided to their family members. One relative told us, "I think it's fantastic. [Family member] needs a lot of support and she's happy there." Another relative said, "I think they are very good actually. We have always been very pleased with the service they offer [family member]. Over the last couple of years it's even better." Another relative told us, "The care is second to none. [Family member's] been there a few years. He lives in a lovely flat and every time we go there he's as happy as he could be. He's well looked

after...I have nothing but praise for them and feel very lucky."

- There were arrangements in place to deal with people's concerns and formal complaints. People had been provided with information about what to do if they wished to make a complaint and how this would be dealt with by the provider.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.
- A range of information had been adapted to meet people's needs. For example, information about how to make a complaint was available in easy to read pictorial formats to make this easier for people to understand.

End of life care and support

- People and others involved in their care were asked about the support they wanted to receive at the end of their life. Where people had stated their wishes, this was recorded on their records. This helped to ensure that staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and healthcare professionals spoke positively about communication and management of the service. One relative told us, "I think it's managed well...they have been responsive when I've had concerns and I can contact them at any time and they respond quickly." Another relative said, "They are so on the ball and I have no complaints. They keep us well informed and we feel very involved in [family member's] life and what happens to him." A healthcare professional told us, "The team seems to have a good rapport with each other and the interactions between the management team and the staff seem to be very positive and respectful."
- The provider made sure the views of people, relatives and others were used to make improvements to the service. The provider was at the time of this inspection developing an online community and support page for families following a recent suggestion made by a relative who had previously felt isolated and disengaged from the service.
- Staff knew people well and were enthusiastic about helping people to achieve positive outcomes. One staff member said, "I think my heart is in this job and I am a caring person and your heart has to be in it. You really have to want to be here."
- Staff felt well supported and motivated. A staff member said, "The support we get from managers is great. My manager is the best I have ever had...she is always there for us." Another staff member told us, "The provider looked after us during the pandemic and we had back up and support if we needed this."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- During the Covid19 pandemic the provider had responded to the challenges and risks faced by people and staff by implementing changes to provide additional support to the service. The management team held regular online meetings to discuss and share ideas and good practice about how to keep people stimulated and engaged in meaningful activities. Tablets were purchased to support people to do online activities and maintain contact with their relatives. Additional support for staff was also introduced to support their health and wellbeing.
- All staff and the management team clearly understood their roles and responsibilities to people using the service. Managers used supervision and team meetings to check staff remained focussed on providing high quality care to people.
- The provider undertook audits to monitor and review the quality and safety of the service. When issues were identified through these checks, action plans were developed for the individual supported living

settings to make the necessary improvements. The registered managers were responsible for monitoring the progress of these improvements to make sure all the planned changes were made in a timely manner.

- The registered manager had introduced a weekly workshop for the management team to share learning from audits and help individual supported living settings to improve. One of the supported living managers told us, "The positive for me from the workshop is I feel the organisation is investing in me and it's a good forum to share practice and be aware of the challenges we all face. We bring case studies to workshops and it's a two way process and we can share our feedback with facilitators."

- Learning at provider level was shared with services to share good practice, help improve the quality and safety of services and support people to achieve good outcomes. The provider had signed up to the STOMP pledge, a national project aimed at stopping over medication of people with a learning disability, autism or both with psychotropic medicines. The registered manager had recently undertaken a review of a person's medicines at another service after concerns were raised about the medicines they were taking and an increase in seizures. They worked in conjunction with the relevant healthcare professionals to reduce the person's medicines which led to a successful reduction in seizures and improved quality of life for the person. The learning from this was shared across the provider's services to raise awareness amongst the staff team and provide information about what staff could do to support the pledge.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team investigated, accidents, incidents and complaints and made sure people were kept involved and informed of the outcome.

- The registered managers understood their responsibility for notifying CQC of events or incidents involving people. This helped us to check they had taken appropriate action to ensure people's safety and welfare in these instances.

Working in partnership with others

- Good relationships had been developed with a range of healthcare professionals involved in people's care. Managers acted on their recommendations and advice to design and deliver care and support that met people's needs. A healthcare professional told us, "I only have good things to say about them really. Very friendly and welcoming, they really engage with our service and are proactive in asking for support when their residents are having issues."

- We also saw feedback from another professional who had commented, "It has been an absolute pleasure to work alongside [supported living manager]... it really shines through just how caring and dedicated she is...in our conversations, I have hopefully been able to provide a few pointers in helping [person using the service] to adjust psychologically and ways that staff can support her.... I think it is important to acknowledge just how much time, care and understanding [person using the service] has benefitted from over the last couple of months."