

Choice Support

Choice Support Havant

Inspection report

Unit 201 Room 7 Langstone Gate
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Havant
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Tel: 02392499485

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Ratings

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| Overall rating for this service | Good ● |
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| Is the service safe? | Good ● |
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| Is the service effective? | Good ● |
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| Is the service well-led? | Good ● |
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Summary of findings

Overall summary

About the service

Choice Support Havant is a domiciliary care agency providing personal care to two people at the time of the inspection. Not everyone who used the service received personal care. 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.

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

People received safe and effective care from staff who understood how to recognise and report issues of concern and potential abuse.

The provider had effective systems in place to maintain staff's skills and knowledge through training and development.

Staff worked well with other agencies to provide consistent, effective and timely care. Formal supervisions were not always delivered in line with the providers policy. We made a recommendation about this.

Systems were in place to monitor the quality of the service provision and to make any necessary improvements when shortfalls were identified.

People's care plans were detailed and contained good information for staff to help them meet people's needs

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

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.

Based on our review of key questions Safe, Effective and Well-Led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who used the service could live as full a life as possible and achieve the best possible outcomes. The principles reflected the need for people with learning disabilities and/or autism to live meaningful lives that included control,

choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 May 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Choice Support Havant on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Choice Support Havant

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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 May 2022 and ended on 6 June 2022. We visited the office location on 24 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 spoke with one person who used the service about their experience of the care provided. We also spoke with the registered manager. We reviewed a range of records, this included two people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, three staff files in relation to recruitment and staff supervision. We received email feedback from a professional who was involved with the service. We received email feedback from three care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection the provider failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- Risks to people had been assessed as part of the care planning process. These were recorded within people's care records, risk assessments clearly identified how staff should support people to reduce the risk of harm.
- People had risk assessments in place including; COVID-19, dietary needs and moving and handling.
- Environmental risk assessments had been completed to promote the safety of people in their own homes and of the staff that visited them. This included information about people's living environment and the security of the property.
- Staff were knowledgeable about people's individual risks and were attentive to taking steps to keep people safe.
- Staff used an electronic logging system, which was reviewed by the registered manager and office staff. This meant when staff arrived at a person's home, they were expected to log in and could view all the tasks expected to be completed. As well as helping to ensure staff safety, this system also allowed the management team to monitor call times were met and staff stayed for the appropriate length of time with people.

Using medicines safely

- At the last inspection the provider failed to ensure the safe and proper management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- One person told us they managed their own medicines but were supported to apply prescribed creams and said, "They [staff] do it properly."
- Medicine administration records (MAR) were completed as required. These showed staff had administered medicines as prescribed.

- Staff had received training to administer medicines safely and as prescribed. One staff member commented, "We have annual medication e-learning to complete and managers will do a medication competency. We also have observations done by managers at random times during our work to check we are working correctly." They also told us, "If there has been a mistake when administering medication, I would firstly let my manager know, then call 111 for further advice around this if required." Medicines were checked daily for gaps. This meant staff were open and transparent which ensured if mistakes were made, they were identified quickly, and the appropriate action taken.

Staffing and recruitment

- At the last inspection we recommended the provider seeks reputable guidance on the safe recruitment of staff.

At this inspection we found improvements had been made and recruitment of staff was carried out safely.

- One person told us there were enough staff available to support people safely and the rota confirmed this.
- The provider had robust recruitment procedures in place to help ensure only suitable staff were employed. We tracked three staff files, all contained, application forms, references, pre-employment checks, full employment histories and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- The person we spoke with told us they received care from a consistent group of staff, which meant they usually knew who was coming on each visit. They told us, "I think they [staff] are a great bunch, the best there is available. The best firm I have been with. They are respectful and care and are all good workers."

Systems and processes to safeguard people from the risk of abuse

- One person told us they felt safe being supported by Choice Support Havant. They said, "Yes I feel safe, they help me when I need help. They don't push me into things I can't do."
- Systems and processes were in place to protect people from the risk of abuse.
- There had not been any safeguarding concerns raised in the last year. We spoke to the registered manager about how they manage allegations of abuse and safeguarding concerns; they were able to confidently describe the correct process for managing safeguarding concerns.
- People benefitted from staff who had completed training to enable them to recognise and act to protect people from abuse.
- Staff told us that they felt confident to report any abusive practice to the manager and felt confident the manager would respond appropriately.
- The provider had a robust safeguarding policy in place for staff to refer to.

Preventing and controlling infection

- Procedures were in place to protect people from the risk of infection.
- Stocks of personal protective equipment (PPE), such as disposable gloves and aprons were easily accessible to staff to minimise the spread of infection.
- Staff had received training in infection control and understood the importance of wearing PPE to minimise the risk of infection. One person confirmed staff wore gloves and aprons when completing care tasks and washed their hands appropriately.
- The provider was carrying out COVID testing in line with government guidance current at the time of the inspection. People had COVID risk assessments in place where required. This meant staff had the information available to keep people safe and to support them in the most appropriate way during any COVID outbreak.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to ensure any learning could be discussed and shared with staff to reduce the risk of similar events happening.
- Staff recorded and informed the management team of any incidents when things might have gone wrong. The registered manager told us, "The quality team monitor for trends and incidents and they feedback any trends to me."
- The registered manager told us, "We are very transparent, if something has gone wrong, we let everyone know and inform them what we have done to put it right. We are open and honest." They also told us, "We try to learn a lesson in everything that is not quite right. I work closely with the quality team; Our last inspection gave me a good chance to look at the service and made us really think about it and look at what we didn't do very well. This demonstrated the registered manager had listened to the feedback and taken action to improve the service with positive effect."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection we recommended the provider seeks current best practice guidance to ensure staff receive the necessary support and supervision in line with their policy.

At this inspection improvements had been made however further improvement was required to ensure they were fully complying with the providers policy.

- Informal supervisions were carried out with staff. The registered manager told us this had been difficult at times due to COVID restrictions however, they had introduced a communications log for staff. This enabled informal supervision and communication between management and staff on an ongoing basis. Staff told us they felt well supported by the registered manager who was always available to talk to when required.

We recommend the provider reviews their supervision policy for effective supervision and update their practice accordingly.

- The registered manager had put plans in place to complete more regular support and supervision.
- People were supported by staff who had received appropriate training to enable them to carry out their roles effectively. The registered manager told us additional training would be provided if a specific need was identified within the service in response to a person's needs.
- Staff completed a comprehensive induction process prior to providing care to people. Competency assessments took place to ensure staff had the appropriate skills prior to supporting people.
- Staff new to care were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- There were systems in place for the registered manager to ensure all staff had completed their training.

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.

- At the last inspection we recommended the registered persons seek guidance from a reputable source to ensure the MCA is adhered to and appropriate records are maintained.

At this inspection we found improvements had been made and the MCA was being adhered to.

- One person told us staff sought their consent before providing care. Where people were able to, consent forms had been signed and recorded in their care plans regarding the care and support they received. One person who had made a decision specific to them told us this had been appropriately managed by staff and the registered manager. This information was included in their care plan and had been communicated to all staff.
- Where people lacked the capacity to consent there were policies and procedures in place to ensure compliance with the MCA. Documents confirmed the MCA had been followed appropriately.
- The service used the MCA appropriately. There were capacity assessments in place for people about specific decisions. This included a screening tool for DoLS if this was required, the registered manager described the actions to take if this tool indicated a further referral was needed.
- All staff had completed training to support their awareness of the MCA and best interest decisions, which enabled them to provide person centred care.

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

- People's needs, and choices were holistically assessed and reviewed regularly in line with best practice guidance and the law.
- Systems and processes were in place to ensure people's needs were assessed prior to care being provided. Care records contained detailed information in relation to care requirements which were person centred and reflected people's assessed needs and choices. This meant information was available for staff to ensure good outcomes for people.
- People were involved in decisions about their care. When reviews took place, appropriate people were included, and any changes made as necessary.
- A social care professional gave us examples of how the service had identified and met the individual needs of the person they supported. They told us, "They [staff] have been excellent in their work with [person] always caring, always letting me know of any updates."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. Nutritional needs had been assessed and arrangements were in place to meet people's dietary needs and preferences. For example, one person had a specific preferred diet and another person required a modified diet.
- People were supported to make informed choices around what they wanted to eat in a way they could understand.
- Staff were knowledgeable about meeting people's nutritional and hydration needs. Staff knew how to refer people who developed difficulty with chewing or swallowing, to the speech and language therapist (SALT). Meals and drinks were provided in line with SALT recommendations.
- Care plans recorded people's meal preferences, allergies and the support they required which ensured

staff had relevant information to support people with their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked well and had open communication with professionals to achieve good outcomes for people. One professional told us "I always feel confident in their [staff] engagement and support, which has been very reassuring."
- The provider worked with a range of professionals including, SALT, Safeguarding teams, district nurses and GPs.
- The registered manager told us carers were matched to individuals best suited to meet their needs. This enabled staff to work together well and provide continuity of care to people.
- There were systems in place for staff to support people with their day to day health needs. If people were able to manage these needs themselves staff would support this, although there were systems in place to provide this level of support if needed.
- People had comprehensive care plans in place which included information around medical history and any ongoing health concerns. People were involved in reviewing these care plans which were updated regularly with appropriate information. This enabled staff to provide person centred care to people in a consistent manner.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager told us they needed to improve the frequency of supervision sessions and team meetings for staff. Although formal supervisions were not always in place the registered manager had a running documented dialogue with staff where they discussed varied issues and sought to resolve them. This also provided staff with the opportunity to offer feedback. Staff told us they were well supported by the registered manager. The registered manager told us, "Now COVID has quietened down I will do more supervisions and I will increase me going out and doing more observations."
- The provider sought the views of people and their relatives. The registered manager told us there was a yearly survey that goes out to people, their relatives and staff. We reviewed the surveys returned, people and their relatives were positive about the service provided. Where any actions had been identified following a review of the responses the registered manager was quick to act. They also told us, "I always ask how things are, we receive additional feedback form relatives including emails."
- A monthly staff newsletter was sent to staff providing them with information and updates about the company. Which meant they were provided with relevant information and were kept up to date with any company or government guidance changes.
- People's support plans showed the involvement of health and social care professionals including district/community nurses and GPs, which ensured effective joined-up care.
- The registered manager worked with people's relatives where appropriate, to help support people's day to day routines effectively.
- The staff and management team worked in partnership with other agencies and professionals to ensure people received the support they required.
- A professional who had regular contact with the service told us, "I think they always give their best as a staff team and would not hesitate to refer and recommend Choice Support."

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

- People were happy about the service they received from Choice Support Havant and gave positive feedback about all staff members. One person said, "They [staff] know my routine. If I don't want them to do something I know to speak out and they wouldn't do it," and, "They are a good bunch of [staff]; I don't need anything changing because they are so good at their jobs."
- The registered manager was keen to promote an inclusive and empowering culture as a leader of the

service. They told us, "My door is always open, staff here know they can talk to me at any time. I feel we have a good relationship and a strong team."

- Staff told us they enjoyed their roles and felt supported and valued by the registered manager and office team. One staff member said, "Our line manager is always helpful and available to talk us through any problems that we have." A second staff member told us, "Management do listen and will ask for our input on situations."

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 registered manager demonstrated a transparent approach to their responsibilities. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements.
- A duty of candour policy was in place, which supported staff and management to act openly and honestly in their roles.

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

- Since the last inspection the registered manager had improved the quality assurance systems. The audits took place monthly and were effective at identifying concerns and ensuring the necessary improvement?
- The registered manager was clear about their responsibilities and the regulatory requirements of their role. They knew to notify CQC when required, of events and incidents that had occurred at the service.
- There was a clear management structure, consisting of the provider, the registered manager and a team leader.
- The provider had policies and procedures in place to aid the smooth running of the service.