

Choices Housing Association Limited

Choices Housing Association

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Choices Housing Association is a care at home service providing personal care to 106 people at the time of the inspection. The service supported people across 12 extra care and supported living housing across Staffordshire, Shropshire and Stoke some of whom were living with dementia, mental and physical health needs and learning disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported by trained staff to remain safe. People had personalised care plans and risk assessments in place which helped staff understand their needs and learn about their preferences. People were supported to remain healthy and could access health care professionals should they require this.

Staff were recruited safely and had access to needs led training. This ensured they could meet people's changing needs. People were supported by regular carers who offered flexible support.

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.

People were supported by compassionate staff who respected their privacy and dignity. People were involved in regular reviews of their care and encouraged to offer feedback. People were supported to receive their medicines safely.

The management team completed quality monitoring audits to continuously improve the standard of care. Staff were involved in learning forums to share best practice and ensure a high quality of care to people.

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

Rating at last inspection

The last rating for this service was good (published 21 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Choices Housing Association

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 team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 12 'supported living' and 'extra care' 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 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 48 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 13 June 2019 and ended on 21 June 2019. We visited the office location on 18 June 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 fourteen people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, service managers, performance compliance managers, senior care workers and care workers. We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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 quality assurance records. We spoke with two professionals who visit the service.

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 good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe receiving support from Choices and felt able to raise concerns with the staff team. One person told us, "I feel very safe. My issues are that I have no sense of balance, I have lost this. So, when having a shower [staff] support me so I don't topple over."
- Staff received training in safeguarding and were knowledgeable about the different types of abuse and how to report them. One staff member told us, "I know the signs to look out for of potential abuse and I would report any concerns to the management team and local authority safeguarding team."

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place which had been completed with them and where appropriate their family and other professionals. For example, people had risk assessments in place for smoking and moving and handling.
- Accidents, incidents and near misses were reported and investigated by the management teams to reduce the risk of reoccurrence. For example, following referrals to the local safeguarding team the management team would identify any contributing factors such as staffing and work with other professionals to reduce potential future risk.

Staffing and recruitment

- People were supported by sufficient numbers of trained staff. One person told us, "Staff never rush me at all. My times my own and staff fully respect that." One relative told us, "Staff are flexible on times and are very adaptable to [my relative's] changing needs."
- Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.

Using medicines safely

- The provider had systems and processes in place to make sure people received their medicines as they had been prescribed. One person told us, "Staff prepare all my medicines for me and watch me take them safely. They then watch and help if required when I inject my insulin. I inject myself but they ensure it is safely done."
- Staff had undergone medicine training and medicines records were accurate and up to date. One staff member told us, "I have received medicines training and have regular competency checks with the senior staff."

- There were protocols in place for people who had 'as required' medicines and staff were recording these in line with the provider's policies.
- The provider had a system in place to audit medicines records to ensure they were completed appropriately and any errors were identified. Where medicines errors had been made, the management team had taken appropriate action.

Preventing and controlling infection

- Staff were knowledgeable about protecting people from the risk of infection and had access to disposable gloves and aprons. One staff member told us, "When supporting people with personal care I always make sure I have gloves and an apron on."

Learning lessons when things go wrong

- The management team reviewed all incident reports to identify where lessons could be learned and how they could improve people's care. For example, following a person becoming confused, staff worked alongside the person, their family and social worker to input assistive technology to reduce the risk of them becoming disorientated and remain as independent as possible.

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 good. At this inspection this key question has stayed the same.

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

- People's physical, mental health and social needs were comprehensively assessed prior to the start of and during their care. One relative told us, "This is done with [relative]. They take part and I sit in and observe and explain to them anything they doesn't understand. My care is regularly reviewed and I am always invited to attend."
- The provider sought other professionals' advice where this was required. For example, guidance had been requested from district nurses in regards to a managing a person's skin integrity.

Staff support: induction, training, skills and experience

- Staff received an induction which included the Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care.
- People were supported by trained staff team who told us the training was 'good' and helped them support people effectively. For example, staff completed training alongside nurses in catheter care to offer a person support with managing their continence needs safely.
- There was an effective system in place to monitor staff training to ensure this was up to date.

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

- People were supported by staff to maintain a balanced diet, depending on their preferences. One person told us, "They do me cereal and toast for breakfast with a cup of tea and in the evening either beans on toast or even some soup depending on what I fancy."
- People were supported to access professional support to maintain a healthy diet where required or where risks of weight loss or malnutrition had been noted. For example, one person had received support from their GP and staff completed daily food records to monitor their diet.

Staff working with other agencies to provide consistent, effective, timely care

- Professionals we spoke with were positive about Choices. For example, one professional told us, "I have also worked positively with the management in relation to resolving issues. The multi-agency working together approach worked extremely well with reducing the risk to people."
- People were supported by a consistent staff team who knew them well. One person told us, "I get regular [staff] mostly but I know them all anyway." Another person told us, "[Staff] know about everything I need help with."

- Communication within the service was good. Staff had handovers before they commenced their work to keep up to date the people's changing needs.

Supporting people to live healthier lives, access healthcare services and support

- The provider worked alongside health professionals to support people to access healthcare and support. For example, the provider completed joint care with the district nurses to support a person with the wound care needs.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- We found the service was working within the principles of the MCA.
- People's capacity had been explored as part of their care assessments and best interests decisions had been completed where required.
- People had given consent to their care and support. For example, a person had signed consent to the provider managing their cigarettes due to fire risk.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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; respecting equality and diversity

- People were treated with kindness and compassion by staff. One person told us, "[Staff] are all lovely. So friendly and caring and so kind as well." Another person told us, "Staff are absolutely excellent. [Staff] are all very pleasant, caring and kind in their approach to me."
- Staff were knowledgeable about people's backgrounds and preferences. For example, staff were able to speak at length about the people they supported and their likes and dislikes were recorded in their care plans.
- People were supported by staff in a meaningful way which improved their wellbeing. For example, people we spoke with told us staff offered support when they were feeling unwell. One relative told us, "[Staff] are all excellent, tolerant and very caring with everything they do for people. [Staff] encourage [my relative] on their bad days to try to do things and I cannot fault their attitude and application with anything at all."
- Staff had equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery.

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

- People and where they wished, their relatives were actively involved in decisions around their care and support needs. For example, staff gave numerous examples of meetings they had held with people to discuss their changing needs.
- People were supported access to advocacy services. The registered manager told us, "We strive for people's voices to be heard when their rights aren't being fully considered."
- The provider was flexible in how they supported people to enable staff to have time to listen to people and involve them in decisions regarding their care. For example, staff completed additional welfare checks on a person who had been upset following their relative becoming ill.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and people told us staff promoted their independence. One person told us, "Staff let me do what I can for myself."
- People told us staff ensured their privacy when supporting with personal care. One person told us, "They wait outside door when I am having a shower after supporting me into it."
- People's right to confidentiality was respected.
- People were able to make decisions regarding the staff who cared for them. The provider matched

people's personalities and preferences to the staff which supported them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 were empowered to have as much control as possible. For example, we saw people were regularly consulted about their care. One person told us, "I go through my care plan with staff and any changes are put in. I recently had a change of medicines and the carers would not administer until this was added into my plan so that proves to me I am safe with them. They are very thorough."
- People's needs and preferences were included in personalised care plans and were regularly reviewed by the management team. People told us assessments were person centred and staff knew them well.

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.

- The provider met the Accessible Information Standard. People were offered information in formats they could understand such as large print.

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

- People had access to a range activities such as dominoes and crafts. Staff told us they encourage people to engage in activities to build relationships with those around them and reduce social isolation. For example, staff told us how they had involved a person in a regular game of bingo to improve their wellbeing. Staff told us this had made a 'huge difference' to the person.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. We saw feedback was sought through residents' meetings and surveys and action taken in response to comments made.
- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people and their families.

End of life care and support

- People were supported to make decisions about their end of life care. We saw people had care plans in place which detailed who they would like to be involved in making decisions and any funeral plans they had

made.

- Where people were being supported with end of life care this was done alongside other professionals.

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 good. At this inspection this key question has remained the same.

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

- People consistently told us the service was well led. One person told us, "The service is excellently run and managed. The staff are excellent too." Another person told us, "I would say the service is well managed. I am kept well very well informed about the slightest things."
- The registered manager promoted a positive culture across the service which was reflected by staff. Staff had the opportunity to meet with the registered manager to discuss concerns and quality improvements.
- The management team were experienced staff who were genuinely passionate about the people they supported and the quality of the care they provided.

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 understood their responsibilities under the duty of candour and was meeting these.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff were clear about their roles and responsibilities. The registered manager understood and met all legal requirements.
- The management team regularly reviewed the quality of the service. We saw quality checks were comprehensive and actions were taken when inconsistencies were identified. The provider completed weekly and monthly audits to review the quality of care provided by service.
- The management team involved staff in improving the quality of the service they provided. For example, accidents, incidents and errors were displayed to encourage staff to identify potential trends and improvements required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their families in a meaningful way. One person told us, "The management team are very approachable over anything." One relative told us, "We have regular meetings with the management team to discuss our relatives fluctuating needs."

- The management team actively encouraged feedback from people, their families and professionals by completing surveys and attending resident and relative meetings.

Continuous learning and improving care

- There was a culture of learning at the service. The provider held learning forums where staff discussed accidents, incidents, complaints and safeguarding concerns and developed improvements. For example, following errors in medicines, records were reviewed and best practice shared across the staff team. The registered manager told us as a result of the learning forum they had begun developing a medicines error policy.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.