

# Choices Housing Association Limited

## Choices Housing Association Limited - 150 Community Drive

### Inspection report

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Date of inspection visit:  
20 June 2016

Date of publication:  
24 August 2016

### Ratings

Overall rating for this service	Good ●
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Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

We inspected 150 Community Drive on 20 June 2016. The inspection was unannounced. The service is registered to provide accommodation and personal care for up to eight people. People who used the service had a learning disability. At the time of our inspection there were seven people who used the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that some improvements were needed to ensure people were protected from risks associated with medicines management.

People were kept safe because staff understood how to recognise possible signs of abuse and the actions they needed to take if people were at risk of harm.

People's risks were assessed in a way that kept them safe whilst promoting their independence.

We found that there were enough suitably qualified staff available to meet people's needs in a timely manner. The registered manager made changes to staffing levels when people's needs changed.

Staff were trained to carry out their role and the provider had safe recruitment procedures that ensured people were supported by suitable staff.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves.

People's capacity had been assessed and staff knew how to support people in a way that was in their best interests. We found that where people were able they consented to their care and treatment.

People were supported with their individual nutritional needs and were able to access other health services with support from staff.

People told us and we saw staff were kind and compassionate. Staff treated people with respect, gave choices and listened to what people wanted.

People's preferences in care were recorded throughout the care plans and we saw that people were supported to be involved in hobbies and interests that were important to them.

The provider had a complaints procedure that was available to people in a format that they understood.

Staff told us that the registered manager was approachable and led the team well. Staff had clear values and were enthusiastic about their role and what their support meant for people.

People, relatives and staff were encouraged to provide feedback on the service provided. The registered manager had systems in place to assess and monitor the quality of the service provided.

## 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 not consistently safe. Some improvements were needed to ensure medicines were managed safely. People were kept safe because staff were aware of their responsibilities to protect people from harm. Staff knew people's risks and supported them to remain independent whilst protecting their safety. There were enough suitable staff available to meet people's needs.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff received training to carry out their role effectively. People were supported to make decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005. People were supported effectively with their nutritional needs and they were supported to access health services.

**Good** ●

### Is the service caring?

The service was caring. Staff were caring and kind and showed patience and compassion when they supported people. Staff treated people with privacy, dignity and respect and gave people choices in their care.

**Good** ●

### Is the service responsive?

The service was responsive. People were supported to be involved in hobbies and interests that were important to them. People received individual care that met their personal preferences and were involved in the planning and review of their care. There was a complaints procedure available in a format people understood and appropriate actions were taken where people had made a complaint.

**Good** ●

### Is the service well-led?

The service was well led. People and their relatives were encouraged to give feedback about the quality of the service. Staff had clear values and were committed to providing a good standard of care. Monitoring of the service was in place and we saw that actions had been taken to make improvements to the service provided.

**Good** ●

# Choices Housing Association Limited - 150 Community Drive

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 20 June 2016 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included notifications that the provider is required to send us by law. For example, deaths, serious injuries and safeguarding concerns.

We spoke with four people who used the service, three care staff and the registered manager. We observed care and support in communal areas and also looked around the home. We viewed four records about people's care and records that showed how the home was managed. We also viewed four people's medication records.

## Is the service safe?

### Our findings

We found that some improvements were needed to the way medicines were monitored and managed. We saw that where people needed 'as required' medicines there were not always protocols in place to give staff guidance as to when people may need these medicines. For example, one person needed an "as required" medicine if they became anxious, but there was not a protocol in place to give staff guidance as to when they needed this medicine. Staff we spoke with were aware of the reasons why this person may need their 'as required' medicines, but there was a risk that a new member of staff would not be aware when this was required.

We completed an audit of the medicines held by the home against the medicines recorded on the Medicine Administration Records (MARs). We found that some of the medicines in stock did not match the amount recorded on the MARs, which meant we could not be assured that people had received their medicines as prescribed. We saw that the registered manager had a medicine audit in place but this did not include the checking of the stock. The registered manager told us that this would be included in the future so they could monitor the stock levels against the medicines that had been administered.

Although we found that some improvements were required with the management of medicines people told us they were supported by staff to take their medicines when they needed them. One person said, "I have my medicine regularly. If I have a headache I tell the staff and they give me medicine to help with the pain". We observed staff administering medicines to people in a dignified way, sitting down with people as they explained what the medicine was for. Staff told us that they had been trained to help them administer medicines safely and we saw records that confirmed this had been completed.

People told us they felt safe and the staff treated them well. One person told us they would tell staff or the registered manager if they felt unhappy with the care they received. They said, "The staff treat me very well, they are all nice but I would tell them if I was unhappy". We saw that people looked comfortable when being supported by staff. Staff explained what signs people may display if they were being abused such as; unexplained bruising or a change in a person's behaviour. Staff were aware of the procedures to follow if they suspected that a person was at risk of harm and they told us they could speak to the registered manager if they had any concerns. One staff member said, "I would not hesitate to report any concerns to the manager and I also know I can whistle blow to senior management or to the CQC if needed". We saw that the provider had a safeguarding and whistleblowing policy available and the 'no secrets' policy contained guidance for staff to follow if they had concerns that people were at risk of abuse.

People told us and we saw that people were encouraged to be as independent as possible, whilst taking account of people's risks. People were encouraged to make drinks themselves and were involved in the preparation and cooking of their meals. Risk assessments were in place which ensured that people remained safe from the risk of harm, such as scalding or burns. One person told us they liked to help with meal preparation and they enjoyed going out independently. We saw this person had a risk plan in place which contained details of the risks when they went out and how staff supported this person to understand their risks. We saw that people were also supported with their mobility and equipment was available when

needed; such as a wheelchair for one person whose mobility fluctuated. We saw this person used their wheelchair to move around the service, which meant that the risk of them falling was reduced. Staff were able to describe the support this person needed to keep them safe.

We saw that incidents at the service were monitored by the registered manager and actions had been recorded to reduce the risk of further occurrences. For example; one person had suffered seizures and we saw risk assessments had been updated and plans were in place which gave guidance to staff on how to support this person safely. The registered manager forwarded the incidents and actions in place to their line manager on a monthly basis so the provider had an overview of any incidents at the service.

People told us there were enough staff available to help them when needed. One person said, "I can do a lot for myself, but staff are always about if I need any help. I never have to wait around". We saw that there were enough staff to meet people's needs in a timely manner and people were not kept waiting when they needed support. We saw staff supported people in a calm and unrushed way, talking and chatting to people whilst they provided support. Staff told us that there were enough staff available to meet people's needs and where there have been shortages due to sickness these have always been covered so people had the support they needed. One member of staff said, "We always have enough staff to ensure that people receive the support they need, which includes helping people to access the community. If we have a staff shortage agency is sometimes used but we only use consistent agency workers so people feel comfortable and know the staff well". We saw that the registered manager had a system in place that assessed the staffing levels that ensured there were enough staff available to meet people's needs.

We saw that the provider had a recruitment policy in place and checks were carried out on staff before they provided support to people. These checks included references from previous employers and criminal record checks which ensured staff were suitable to provide support to people who used the service.

## Is the service effective?

### Our findings

People we spoke with were very happy with the food. People told us that they were able to choose the meals they had and they discussed the menus at weekly meetings. One person said, "I like the food we have. We have all agreed to plan a meal on a certain day, but if I don't like what has been planned I can have something else". Another person said, "I help with the shopping and preparation of meals. I get my own breakfast and dinner and we all discuss what we want to eat in the evening". We observed breakfast and lunch. We saw staff sat with people and chatted with them giving encouragement and asking if they were okay. Staff we spoke with understood people's needs and knew when people needed softer diets to help them swallow easily. The records we viewed showed that people's nutritional needs were assessed and monitored regularly. For example; one person had been assessed as needing a softer diet as they had some difficulties swallowing. We observed staff supporting this person to eat food that had been prepared in this way.

People were supported to access health professionals. One person said, "I go to the doctors and dentist if I need to. I see a special consultant too". We saw that people had health action plans in place, which contained an assessment of all aspects of people's individual physical and emotional wellbeing and the support needed to keep people healthy. We saw that staff had identified that one person had been suffering from an area of sore skin. This person had been referred to the district nurses for advice on how to manage this person's skin. Staff told us the support they provided and we saw there were plans in place which showed the advice from the district nurses was being followed by staff.

Staff told us they had received an induction when they were first employed at the service. One staff member said, "I found the induction good. I carried out training and I shadowed another member of staff before I supported people on my own". Staff also told us they received training, which was regularly refreshed and updated. The records we viewed confirmed this and we saw that competency assessments had been completed for medicine training which ensured staff had understood the training provided. One staff member said, "I feel confident when I'm administering medicines because I have regular training and checks to make sure I'm doing it right". Staff told us they received supervision on a regular basis, where they discussed any issues and their development. One member of staff said, "Supervision is good, it gives me an opportunity to discuss my training needs and any concerns I have. I always feel listened to by the registered manager".

We observed staff talking to people in a patient manner and in a way that met their understanding and communication needs. We saw that people were asked their consent before staff provided support. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff explained how they supported people to understand decisions that needed to be made and how they supported people if they lacked the capacity to make certain decisions about their care. One member of staff said, "I understand MCA. It is important to



assume that people have the capacity to make decisions unless assessed otherwise". We saw that mental capacity assessments had been completed and clear guidance was available for staff which ensured people were supported in their best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS) and how they ensured that people were not unlawfully restricted. The registered manager told us how they followed the requirements of the MCA. They were able to explain why people would need to be referred under DoLS. We saw that the registered manager had completed assessments under the MCA and there were no restrictions on people who used the service at the time of the inspection.

Staff told us how they supported people who had behaviour that challenged. Staff told us they were trained in managing aggression and they used distraction and diversion where possible with people. One staff member said, "I'm trained in managing behaviours that challenge and I understand how to calm people down by using diversion and distraction. I know how individual people respond to various distractions and what helps to calm people down". We saw that there was a proactive intervention plan where people displayed behaviour that challenged. The plans contained guidance for staff to recognise any triggers to people's behaviours and how staff needed to manage people's behaviour in a safe and effective way.

## Is the service caring?

### Our findings

People told us they were happy with how the staff treated them and the staff were kind and caring. One person said, "I like the staff they treat me in a very caring way". Another person said, "The staff are very nice and kind, they help me and make sure I'm okay". We saw staff were caring and compassionate with people and showed patience when they provided care. People were comfortable with staff and spoke with staff easily, when they needed support, reassurance or just wanted a chat. For example; we observed staff talking with people throughout the day, and asked people how they were feeling and what they were planning for the day. Staff we spoke with were positive about their role and told us they cared about the people they supported and how they made sure people felt comfortable and looked after. One staff member said, "I love working here. I enjoy helping people and supporting people to be independent. I feel we really make a difference to people's lives". Another member of staff said, "I really enjoy working here. People are treated as individuals and the focus is all about the people".

We saw people were able to access their rooms whenever they wanted and if they wanted to have their own private time alone. One person said, "I can go to my room whenever I want to. Sometimes I just like to watch a bit of television". Another person said, "I get time alone when I need it and staff pop in to ask if I'm okay". Staff told us that they ensured that they respected people's privacy and ensured that people felt dignified when they were providing personal support. One person told us that they had a girlfriend who visited them and staff respected their time together and gave them privacy. One staff member said, "I always make sure people's dignity is respected. We have male and female carers available to people and always make sure they feel comfortable when they are being supported. I also remind people to shut their doors to protect both the dignity of themselves and others in the home". We saw staff knocking on doors before entering and staff spoke with people in a way that promoted their dignity. Staff told us there were dignity champions in place who promoted dignity and provided updates in practice.

People told us that they were able to make choices about their care. One person said, "I am very independent and choose lots of things for myself. I choose what I want to wear and where I want to go and staff listen to what I want". We saw people were given time to speak and staff listened to people's wishes and acted upon them. For example; one person was being supported to go out and staff asked them if they were ready. The person told staff they wanted to finish listening to their favourite song. Staff apologised and left the person to listen to the music. The person happily listened to the end of the song and then found the staff to go out with afterwards. People were encouraged to maintain their independence and individuality. For example, we saw that people chose how they dressed and staff respected people's individual choices when they decided what they wanted to do and where they wanted to go. Staff talked with people in a way that made people feel that they mattered. For example; when people approached staff and asked a question staff stopped what they were doing and gave people their time and responded to their questions in an unrushed way. Staff we spoke with explained how they ensured people were given choices and they respected their wishes. One staff member said, "I always listen to people's choices. People have lots of choice in their everyday lives and we make sure this is promoted to maintain people's independence and daily living skills".

## Is the service responsive?

### Our findings

People told us they regularly went out and were supported to undertake hobbies and interests that were important to them. One person said, "I get to go where I want to go and do the things I like. My key worker helps me to plan what I want to do. I like to go for a walk most days in the park and go for a coffee as I like my own space". Another person said, "I go out to the shops, that's what I like to do and we go for a meal and a drink too". People also told us that they were supported to source and undertake employment. One person told us that they worked at the provider's head office and enjoyed carrying out administration tasks. Another person told us that they worked at a local community centre and worked in the kitchens which they enjoyed. Records we viewed contained details of people's interests and where people had been out such as, regular shopping trips, meeting friends and family and visiting local attractions.

We saw that people's preferences and interests were detailed throughout their support plans. People had set goals and the plans showed how these would be achieved for people such as; cooking, trips out, improving their daily living skills and employment opportunities. Support plans showed the person's lifestyle history, current health and emotional wellbeing needs, which included who and what is important to people. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs, which included their likes and dislikes. For example;

People and their relatives were involved in reviews of their care. One person told us they had meetings with the staff and their family to discuss their emotional and physical care needs. We saw records of reviews that had been undertaken which showed involvement of people and contained details of any changes to their health and wellbeing. For example; one person's behaviour had deteriorated and we saw that the plans had been updated to help alleviate and manage their behaviours as a result of this. Staff were aware of these changes and explained the support this person needed. This meant that the provider was responsive to people's individual needs.

Some people had limited communication and staff understood people's individual way of communicating and what support people needed. We observed staff gave people time to respond to questions in their own way and staff explained how people communicated their individual needs. For example; one person used certain phrases that meant they were feeling anxious or upset and staff we spoke with understood what these meant for the person. We saw that the support plans also gave staff guidance on how to recognise when people needed specific care, for example; how individual people showed signs they were unhappy and what certain actions meant to people.

People told us that they knew how to complain and they would inform the deputy manager or the registered manager if they needed to. One person said, "Everyone is really approachable and I could tell the manager if I wasn't happy. We also have grumble cards we can use and when I have told the manager about something she has sorted it out for me". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to pictorial version of the complaints procedure, which meant that the provider ensured that people understood what action to take if

they were unhappy. We viewed complaints that had been received which showed these had been undertaken in line with the provider's complaints policy.

## Is the service well-led?

### Our findings

People told us that they were involved in weekly meetings to discuss their care at the service. We saw there were quarterly meetings held which included discussions on people's safety, how people were feeling, suggestions for change and organising trips out. People and their relatives had completed questionnaires so that the provider could gain feedback and make improvements to the service. The results of the questionnaire were displayed on the noticeboard which showed "you said" and "We did", so that people knew how their feedback had led improvements at the service.

The registered manager explained how they ensured their role met the values and visions for the future of the service. They said, "My focus is to ensure that people receive good quality care and I am always looking at areas to improve the standard of care for people". The registered manager told us and we saw that the provider produced a newsletter that contained updates in practice and staff were nominated for recognition awards where staff had excelled in a certain area. Staff knew about the newsletter and awards scheme that the provider had in place. Staff we spoke with were positive about their role and how they made a positive impact to people's lives. One staff member said, "People who live here are given every opportunity to be independent and we ensure that people are at the centre of everything we do". All the staff we spoke with told us that they were a good team and led by an approachable and supportive deputy manager and registered manager. One staff member said, "The registered manager is very approachable and I always feel supported and listened to".

Staff were encouraged to give feedback and were able to suggest where improvements may be needed. Staff told us and we saw that they had attended team meetings. One staff member said, "Staff meetings are a good opportunity for all of the staff to get together and discuss work practices and any improvements that could be made". We saw records of team meetings which included updates in care practice and discussions about the care standards expected from staff. The registered manager told us and we saw that staff had been involved in understanding what actions needed to be taken to ensure that they were meeting the required standards of care for people who used the service. We saw that one member of staff had been involved in training the staff group on how compassion makes a difference to people and how this can be achieved.

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people. Weekly monitoring was undertaken of people's care so that the registered manager could monitor and take immediate action if required. We saw that any concerns or changes in people's support needs had been discussed at staff handovers. We saw there were also monthly audits in place which contained more details and action plans had been implemented where improvements were needed at the service. We found that there was a clear overview of the service by the provider. For example; we saw records that showed the quality manager visited the service on a monthly basis, which ensured that the registered manager was progressing with their action and improvement plans. The registered manager told us this was helpful and they felt supported to carry out their role.