

# Choices Housing Association Limited

## Choices Housing Association Limited - 20 Dairy Close

### Inspection report

20 Dairy Close  
Leek  
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Date of inspection visit:  
14 February 2020  
25 February 2020

Date of publication:  
03 April 2020

### 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

20 Dairy Close is a residential care home providing personal care to four people at the time of the inspection. The service supports people who have a learning disability and/or a mental health condition such as dementia in one adapted building.

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 safely recruited staff, who had the skills and knowledge to provide effective support. There were enough staff available to meet people's emotional and physical needs. People's medicines were safely managed, and staff followed infection control procedures.

Effective care planning and risk management was in place which helped staff provide support that met people's needs and in line with their preferences. 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 to access healthcare professionals and staff followed advice to ensure people's health was maintained. There were systems in place to ensure people received consistent care and support.

People were supported by caring staff who promoted choices in a way that people understood, this meant people had control and choice over their lives. Staff provided dignified care and respected people's privacy. People's independence was promoted by staff.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and relatives were involved in the planning and review of the support provided. Staff had a good understanding of people's needs and respected diversity. People's communication needs were met, and

information was provided in a way that promoted people's understanding. There was a complaints system in place which people understood. People had been involved in end of life planning which ensured staff understood how they wanted to be supported at this time of their lives.

Systems were in place to monitor the service, which ensured people's risks were mitigated and lessons were learnt when things went wrong. People, relatives and staff felt able to approach the registered manager who acted on suggestions to make improvements to the delivery of care. Staff and the registered manager were committed to providing a good standard of care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 20 October 2017).

#### 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?

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.

# Choices Housing Association Limited - 20 Dairy Close

## **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 one inspector.

### Service and service type

20 Dairy Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced. On arrival at the service on the first day people who lived at the service were attending a pre-planned event. This meant we were unable to fully complete the inspection and arranged at date to return and continue the inspection.

### What we did before the 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 two people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and care workers.

We reviewed a range of records. This included one person's care records and how two people's medicine were managed. We looked at two staff files in relation to staff recruitment, training and supervision. A variety of records relating to the management of the service were reviewed.

# 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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse because staff understood how to recognise the signs of abuse. Staff explained how they would report suspected abuse in line with the provider's policies.
- People had safeguarding plans in place to ensure staff understood how to support people safely.
- The registered manager understood their responsibilities to safeguard people where suspected abuse had been identified.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Relatives told us they were assured people were safely supported at the service. One relative said, "I am reassured my relative is well looked after and safe. The staff know them well and support my relative with their health issues."
- Staff displayed detailed knowledge of people's risks and how they supported them to remain safe, whilst promoting their independence.
- There were risk management plans in place, which ensured staff had up to date guidance to follow to support people safely.
- Incidents that had occurred at the service were recorded and analysed by the registered manager, which ensured action had been taken to lower further occurrences.
- Staff were informed of changes to people's support and records were updated. This ensured lessons were learnt when things went wrong.

Staffing and recruitment

- Relatives told us there were enough staff available at the service. One relative said, "There are always enough staff about when we visit, sometimes we just pop in to see them and the staff are very welcoming."
- Staff told us they felt there were enough staff to meet people's needs and to ensure they were able to access interests that were important to them. One staff member said, "I think there are enough staff and staff are very flexible to ensure people can access the community when they want to."
- There was a system in place to ensure people continued to receive a service when staffing levels had changed.
- The provider had followed safe recruitment practices, which ensured people were supported by suitable staff.

Using medicines safely

- People were supported to take their medicines when they needed them.
- Medicine Administration Records (MARs) were completed to show when staff had supported people with their medicines.

- Staff told us they were trained in the administration of medicines, which we saw documented in the training records. Competency assessments had been carried out to ensure staff continued to support people with their medicines safely.
- Protocols were in place for 'as required' medicines such as pain relief, which ensured staff understood when people may need these types of medicine.

#### Preventing and controlling infection

- All areas of the service were clean, and staff understood the importance of using Personal Protective Equipment (PPE) to reduce the risk of cross infection when supporting people.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- During the first day of the inspection we identified some improvements were needed to ensure the environment promoted a safe and dignified environment. For example; the radiators in the communal areas were not covered to protect people from the risk of burns and people's individual nutritional assessments were on display.
- The registered manager took immediate action and removed the nutritional information. On the second day of the inspection we found radiator covers were in place and people were protected from the risk of harm.
- Bedrooms were decorated to people's individual choices and preferences. Communal rooms were homely and pictures of people enjoying themselves on days out and holidays.
- Adaptations were available to ensure people were safe when using the bathroom. For example, grabrails, shower chair and a bath chair were in place to lower the risk of falls in line with people's individual assessments.

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

- Relatives told us they had been involved in the assessment of people's needs prior to using the service. Records we viewed showed that people had also been involved in the planning of their care.
- Care plans had been developed from assessments and continually updated with people. People's diverse needs and preferences were included in line with the characteristics of the Equality Act 2010, such as age, sexuality, disability and religion.
- The registered manager followed national guidance to ensure people were supported effectively.

Staff support: induction, training, skills and experience

- Staff told us they had an induction before they started to provide care and regularly received training to carry out their role. One staff member said, "I think I have plenty of training, we get refresher training each year and I have completed dementia training which was really useful as a person has the early stages of dementia."
- Annual competency checks were carried out to ensure staff understood the training received and people were supported effectively.
- Staff felt supported in their role and received supervisions to discuss any issues or areas of development they needed.

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

- People were encouraged to be involved in the planning and preparation of their meals. Weekly keyworker

meetings were held, which discussed people's preferred meals and activities for the coming week.

- People accessed the kitchen where able and made their own drinks throughout the day. Staff ensured people had enough drinks and they were adequately hydrated.
- Staff explained how they supported people to manage their nutritional risks and there were detailed plans for staff to follow where people had specific nutritional needs.
- Advice was sought from the Speech and Language Team (SALT) to ensure people's risks were lowered. We saw the advice received was followed by staff.

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

- People were supported to access healthcare professionals to ensure their health and wellbeing was maintained.
- Relatives told us staff supported their relatives to attend medical appointments and they were kept informed of any health concerns. One relative said, "The staff make sure my relative visits the doctor when they need to. Staff requested a review of [relative's name] medicines, which has helped them."
- Staff supported people with their oral healthcare in line with national guidance. There was clear guidance for staff to follow to support people effectively to maintain good oral hygiene.
- Staff told us there was a handover system in place, which ensured people received consistent support that met their changing needs.
- People had health action plans and hospital passports in place, which ensured they received consistent care when moving between services.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Staff gained people's consent before they provided support. Where people lacked the capacity to make specific decisions staff supported people in their best interests.
- Staff and the registered manager understood their responsibilities to ensure people were supported in their best interests and in line with the MCA.
- The records in place supported what staff had told us and ensured staff had guidance to follow to support people in their 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us they were happy living at the service. We observed positive interactions between people and staff, which were caring and supportive.
- Relatives told us staff were all caring towards their relatives. One relative said, "The staff always treat my relative in a caring way. They genuinely care."
- Relatives told us they were able to visit at any time and there were no restrictions. One relative said, "We visit at anytime and we are always made to feel very welcome." Another relative told us the staff helped their relative maintain contact by phone as they were not always able to visit.
- Staff understood the importance of respecting people's diverse needs when they provided support. For example; people's sexuality and their religious beliefs.

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

- Staff asked people what they needed before they provided support and listened to people's choices.
- People were encouraged to make decisions about their care and staff spoke with people in a way that promoted their decision making.
- The registered manager acted as an advocate for people to ensure their needs and wishes were listened to. For example; one person's needs had changed and there were discussions around the possibility of this person leaving the service. The registered manager had ensured the person's emotional needs were considered if they moved as they had lived at 20 Dairy Close for many years. These views were listened to and the person remained at the service.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected by staff. People were treated as equals by staff and spoken with in a dignified and respectful manner.
- Staff explained the importance of supporting people in a way that met their needs and encouraged their independence. Staff ensured people were asked what they felt they could do for themselves before they provided support.
- Equipment was available to aid people's independence, such as grab rails and bath/shower equipment. People were free to move around the service independently and choose where they wished to spend their time.

# 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. 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 and their relatives were involved in the planning of their care which ensured their preferences were met. One relative said, "I have always been very much involved and staff keep me informed of any changes in my relative's care needs."
- People and relatives were involved in the review of their care on a regular basis, which meant people's needs were discussed and changes implemented when required.
- Support plans were person centred and contained information about people's preferred ways of being supported. This ensured people received their support in line with their wishes.

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.

- Staff had guidance to follow to enable them to communicate with people effectively. Staff had a good understanding of how to promote people's individual ways of communicating their wishes.
- Pictorial prompts were used during weekly meetings between staff and people to ensure they were given the information in a way that promoted their understanding.
- Information was available in an easy to read format to ensure people were given information in a way that met their understanding.

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 told us they enjoyed going out with staff. One person said, "I like trains." We saw pictures of this person enjoying a steam train journey with staff. We saw people were supported to access the community, one person wanted to go for a walk and two people chose to go out for lunch together with staff.
- Staff knew people well and understood people's preferences and supported people to access interests that were important to them. This included accessing the community to socialise with friends and being involved in daily living activities around their home environment.
- People chose what they wanted to do each day and were involved in planning future activities. People were involved in 'Make a Wish', which showed people's choice of specific activities they wished to be involved in the coming year. Pictures were displayed when people had achieved their wishes.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to complain if needed. One relative said, "I have spoken with [Registered Manager's name] who is always friendly, and they have sorted any little issues out when I have raised them."
- There was a complaints policy in place that was accessible to people in a pictorial format to aid their understanding.
- There had been no complaints received at the service since our last inspection.

#### End of life care and support

- At the time of the inspection there was no one who was receiving end of life care.
- People's end of life wishes had been sought with the help of relatives to ensure their support reflected their preferences at this time of their lives.

# 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. 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 knew the registered manager well and approached them throughout the inspection. The registered manager knew people well and they interacted in a caring way. For example; one person had a seizure during the inspection and the manager knew how this affected the person and showed care and compassion whilst supporting them during and after the seizure.
- Relatives were positive about the registered manager. One relative said, "The manager is very approachable, and they are always about if I need to ask about my relative."
- Staff felt supported by the registered manager. They told us the registered manager was approachable, supportive and they were always available for advice. One member of staff said, "[Registered manager's name] is very approachable and supportive. I think they are very fair, if I need to improve they have a chat with me, so I know how to make changes."
- Staff and the registered manager were committed to providing a good quality of care to people that focussed on people's preferences. One staff member said, "We know people well and understand what they like to do. I watch people's expressions when we go out because some people cannot communicate very well. By doing this I make sure we support people to do things they like."

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; Continuous learning and improving care

- The registered manager understood their legal responsibilities in relation to duty of candour. They were open and responsive to feedback and were committed to continually improve the service people received.
- Staff told us they were encouraged to improve their skills and knowledge. One staff member said, "[Registered manager's name] observes us when we are supporting staff and they feedback if there is anything I need to improve on."
- Regular observations were carried out to ensure that staff were supporting people in line with their assessed needs and national guidelines.

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

- The registered manager had systems in place to monitor the service and mitigate risks to people. Audits carried out contained details of the actions taken to ensure improvements were made to the way people received their care.
- There was an improvement plan in place with the actions needed to make improvements which they were

working towards. This was reviewed by the provider to ensure progress was being made.

- The registered manager felt supported in their role. They told us the regional manager was supportive and approachable.
- The provider had systems in place to ensure the registered manager was working in line with regulations. For example; the registered manager completed monthly 'Scorecard', which included details of incidents, falls, restrictive interventions and any safeguarding referrals. These were discussed at monthly managers' meetings, which ensured the provider had a clear overview of the service.
- The registered manager understood their responsibilities of their registration with us. They had notified us of events that had occurred at the service and their previous rating was on display.

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

- People and relatives were involved in the service. Feedback was gained through individual resident meetings and relative surveys. Action was taken to make improvements because of the feedback received. For example, one relative was unsure of the complaints process and the registered manager forwarded a copy to ensure they had this information.
- Staff were encouraged to provide feedback to improve the service. Staff told us suggestions they made were listened to and changes were made to make improvements to the way people received their care.

Working in partnership with others

- The registered manager had developed good working relationships with professionals. This ensured people received their support in a consistent way.