

Ms Sarah Storey

The Annex

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

The Annex is a supported living service that can accommodate up to two people. Supported living is where people live independently in specifically designed or adapted accommodation, but need some help and assistance to do so. There were two people using the service at the time of this inspection. At the last Care Quality Commission (CQC) inspection in June 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'. The service demonstrated they met the regulations and fundamental standards.

The service is located on the same site as Hylton House, a care home which is also owned by the provider. It is owned by an individual provider who also manages the service. It therefore does not require a registered manager.

Since our last inspection, people continued to be safe. Staff knew how to protect people from the risk of abuse or harm. Risks posed to people due to their specific healthcare needs continued to be regularly reviewed by senior staff. This meant staff had access to up to date information about how to manage these risks to keep people safe. There were enough staff to keep people safe. People experienced continuity in the support they received as the provider ensured the same staff were available to assist them when needed. The provider maintained appropriate arrangements to check the suitability and fitness of new and existing staff to support people.

People had a current individualised support plan which set out how their care and support needs should be met. These also continued to be reviewed regularly. Staff received regular and relevant training so that they had the necessary skills to meet people's needs effectively. Information about people's communication needs and preferences were well maintained. This meant there was up to date information for staff on how to respond to people accordingly.

Staff continued to help people to maintain the skills they needed for independent living. People were supported to participate in activities and events of their choosing to meet their social and physical needs. They were also supported to maintain relationships with the people that mattered to them.

People were encouraged to eat and drink enough to meet their needs. They were supported to make healthy choices and helped to access healthcare services when they needed this. People promptly received the medicines prescribed to them.

Staff were kind and treated people with dignity and respect. They asked people for their consent before carrying out any care or support and respected their wishes and choices about how this was provided. Staff ensured people's privacy was maintained particularly when being supported with their needs.

People and staff said the senior staff team were approachable and accessible. People and their relatives were happy with the quality of support received. They were encouraged to provide feedback about how the

service could be improved. This was used to make changes and improvements that were required. Checks and reviews of the service continued to be made by senior staff and were used to improve working practices and processes so that people experienced good quality care and support. The provider maintained effective arrangements for dealing with complaints if people became unhappy or dissatisfied with the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Annex

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 checked whether the provider is 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 was a comprehensive inspection which took place because we carry out comprehensive inspections of services rated 'Good' at least once every two years. The inspection was carried out by a single inspector on 26 July 2017 and was unannounced.

Before the inspection we asked the provider to complete 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 also reviewed other information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During our inspection we spoke with one of the people using the service. We also spoke with the deputy manager and one care support worker. We looked at records which included both people's care records, two staff files and other records relating to the management of the service. After the visit we spoke with two relatives and asked them for their views and experiences of the service.

Is the service safe?

Our findings

One person using the service told us they felt safe with the staff that supported them. They said, "Yes, absolutely I feel safe." A relative told us, "I feel [family member] is very safe so I've got no worries about that."

Since our last inspection, the provider had ensured people continued to be safe when being supported. Staff attended regular training in safeguarding adults at risk. This helped staff to stay alert and aware to signs of abuse and the action to take to ensure people were protected. Staff also received training in equalities and diversity. This helped staff to protect people from discriminatory practices or behaviours that could cause them harm.

Senior staff monitored that staff understood how to protect people from abuse or harm through supervision (one to one meetings) and in staff team meetings. Staff told us they were encouraged to raise any concerns they had about poor working practices or behaviours that could pose a risk to people. There were processes in place to support staff to promptly report any concerns they had about a person so that the necessary action could be taken to ensure the person's safety.

Staff had access to current information about how they should protect people from identified risks. Senior staff assessed, monitored and reviewed risks to people posed by their specific healthcare needs. There was clear written guidance for staff to follow on how to reduce these risks to keep people safe whilst allowing them as much freedom as possible. Staff demonstrated good awareness of the specific risks posed to people and how they should support them to stay safe. For example, a staff member told us how they supported one person to prepare and cook their meals whilst maintaining their safety. For another person, there was detailed guidance for staff on how to ensure their safety when travelling in the community.

There were enough staff to support people. One person told us staff were on hand to support them when they needed their assistance. We saw when they asked for help from staff this was promptly provided. Since our last inspection we noted the same staff were supporting people using the service. This helped to ensure people experienced continuity in the support they received.

The provider continued to maintain recruitment procedures that would enable them to check the suitability and fitness of any new staff employed to work at the service. The provider renewed criminal records checks on all existing staff to assess their on-going suitability to support people.

Where this was required, staff supported people to take their prescribed medicines. People's records contained up to date information about their medical history and the medicines prescribed to them. We looked at people's individual medicines administration record (MAR) and the current stock and balance of their medicines and found these had been given as prescribed. Staff received appropriate training to support people with their medicines. Senior staff used monthly audits of medicines management to assure themselves of staff members' on-going competency to support people safely.

Is the service effective?

Our findings

Relatives said staff had the skills and knowledge needed to support their family member. One relative told us, "The staff do a lot and they do the right thing." Another relative said, "They [staff] seem to be very well trained."

Since our last inspection all staff continued to receive relevant training to help them to meet people's needs. Staff also received appropriate support from senior staff through a programme of supervision and appraisal of their work performance. Through these meetings senior staff checked that staff were up to date with the knowledge and skills required for their roles. Staff were also encouraged to reflect on their working practices, discuss any concerns they had about their work and identify opportunities to learn and develop further in their role.

One of the people using the service told us staff sought their consent before providing them with any support. We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA). 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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

In people's records we saw senior staff assessed and reviewed people's ability to make and consent to decisions about specific aspects of their care and support. All staff had received training in the MCA so that they were aware of their responsibilities in relation to the Act. We saw processes were in place for staff to follow should people lack capacity to consent to or make a decision about what happened to them in specific situations so that decisions could be made in their best interests.

People were supported by staff to eat and drink sufficient amounts to meet their needs. There was good information about people's dietary needs and preferences in their individualised eating and drinking plan. People planned the meals they ate with staff's support. We saw staff encouraged people to choose healthier options to support them to maintain a well-balanced diet. Staff recorded what people ate and drank to help them monitor whether people were eating and drinking enough. When they had concerns about a person's food and fluid intake they had sought assistance from the relevant healthcare professionals, for example the dietician, about how the person could be supported with this more effectively.

People were also supported by staff to maintain their health and wellbeing. Staff helped people to attend scheduled appointments with the healthcare professionals involved in their care. Outcomes from these appointments were recorded and then shared with all staff so that they were made aware promptly of any changes needed to the support people required. When people were unwell or needed additional assistance with their healthcare needs, staff sought prompt support from the appropriate healthcare professionals

such as the GP. We noted in people's records, important information about them and their healthcare needs had been maintained, so that staff could share these quickly with other healthcare professionals in a medical emergency.

Is the service caring?

Our findings

One person using the service said the staff that supported them were kind. They told us, "I'm happy with the staff." Relatives also spoke positively about staff and said they were caring. A relative said, "Staff are lovely. You can tell they really care about all the people." Another relative told us, "The staff have a lot of attention for people."

We observed positive interactions between people and staff. People appeared at ease with staff and did not hesitate to ask for their assistance when they needed this. Staff spoke to people in a considerate and respectful way. They did not rush people. They gave people the time they needed to communicate their needs and to do things at their own pace.

Information about people's communication needs and preferences continued to be well maintained on their records. This meant there was up to date information for staff on how people used speech, signs, gestures and behaviours to communicate their needs to help staff respond accordingly. Staff at the service had been supporting people for a considerable period of time and as such knew people very well. Staff were able to explain the ways in which each person communicated their choices about what they wanted so that their specific needs could be met.

People's right to privacy and to be treated with dignity was respected. A relative told us, "The staff have always been very respectful towards all the people." People's records prompted staff to ensure support was provided in a dignified and respectful way. Staff told us the various ways they maintained people's privacy and dignity when providing support. This included knocking on people's doors and asking for permission to enter their rooms, seeking people's consent before providing any support and respecting people's choices and wishes about how this was provided.

Staff continued to help people to maintain the skills they needed for independent living. People were supported with daily living tasks such as cleaning, laundry, shopping, preparing and cooking meals and managing their finances and budgets. We saw staff provided positive encouragement and praise which helped build people's confidence to carry out tasks independently.

Is the service responsive?

Our findings

One person using the service told us they were satisfied with the support they received. They said, "[Staff] support me quite well and it makes a difference." Relatives also spoke positively about the support provided to their family member. One relative said, "I couldn't be happier. [Family member] is very settled." Another relative said, "I'm very pleased and very happy for [family member]."

Senior staff confirmed no formal complaints had been received from people since our last inspection. However the provider had continued to maintain appropriate arrangements to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. This would ensure any complaints they received would be fully investigated and people would receive a satisfactory response to the concerns they raised.

People continued to be actively involved in discussions about the level of support they required from staff. They agreed with staff their personal goals and objectives for independent living and how staff should help them to achieve these. People's records contained current information about them including their preferences for how support should be provided. This ensured people received support that was personalised and focused on how their needs should be met. Staff were able to explain to us in detail the support people required and why.

Senior staff reviewed the support people received with them to ensure this continued to meet their needs. People's relatives were involved in these reviews. When changes were required to the level of support people needed, senior staff updated people's support plans so that staff had access to up to date information about how people's needs should be met.

People remained active and participated in activities and events of their choosing to meet their social and physical needs. One person told us about the support they had continued to receive from staff to pursue their interest in music and writing which was something that was very important to them. Other activities people participated in, included horse riding, cycling, going out for meals, attending weekly community disco's and clubs, day trips to places of interests and holiday breaks. Staff checked with people through weekly meetings that the activities they took part in were meeting their needs and discussed other activities they could try to help them broaden their experiences.

People were encouraged to maintain relationships with those that mattered to them. Relatives were actively involved in their family member's lives and people were supported to stay in close and regular contact with them. When people wished to entertain their relatives at home, staff supported them to prepare and cook meals so they could enjoy dinner together. People were also supported to visit with their relatives which included overnight stays at their family homes.

Is the service well-led?

Our findings

We received positive feedback about the senior staff team. A relative told us, "You can call them at any time. You don't have to chase them. They keep you informed even about the smallest thing." Another relative said, "You can talk to them about anything."

Since our last inspection senior staff continued to ensure people and their relatives were provided with opportunities to have their say on how the service could be improved. They used a range of methods to gain feedback such as quality surveys, one to one meetings with people with a dedicated member of staff [keyworker] and 'house meetings'. We saw staff were responsive to people's ideas and suggestions for improvements and acted on these. Many of the activities and events that people participated in had been arranged based on feedback they had provided about how this aspect of their support could be improved.

Staff were also encouraged by senior staff to share their suggestions for how the service could be improved for people. Minutes of meetings held with staff showed they were encouraged to contribute their ideas. Through these meetings staff were also supported to reflect, share and learn from each other in terms of improving their working practices. Staff told us senior staff were approachable and accessible when they needed support from them.

Senior staff continued to make regular checks of key aspects of the service to assess, monitor and review the quality of people's experiences. Recent checks had been made on people's records to ensure these continued to be accurate and up to date. Audits of medicines management had also been carried out recently to check that this was safe.

Senior staff also carried out unannounced spot checks on staff to check on their skills and competency and the quality of care and support people experienced. When areas requiring improvement were highlighted, records showed senior staff took appropriate action and worked with staff to help them improve their practice and performance. This helped to ensure people experienced good quality safe care and support.