

Choice Support - 5 Bowley Close

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Inspection report

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Date of inspection visit: 03/07/2014

Date of publication: 24/10/2014

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 

Overall summary

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Choice Support – 5 Bowley Close is a care home for up to four people with learning disabilities. The previous CQC inspection of the service took place on 13 June 2013 when it was found to meet the required standards in the areas we inspected. This inspection, which was carried out by one inspector, was unannounced. During the inspection we met three people who were using the service. They had all lived in the home for over eight

Summary of findings

years. The registered manager had been in post since April 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People who lived in the home received a good quality service. The people living at the home were unable to speak to us about their experience of it due to their communication needs. During the inspection people were supported by staff to follow their interests. We observed that people were treated with kindness and consideration by staff. People were provided with a nutritious meal and were supported by staff in the meal time period.

A person's relative, a local authority social worker and a local authority commissioner gave us information on the quality of the service. They all told us the registered manager and the staff group were very knowledgeable and experienced and were very committed to meeting people's individual needs. People received effective support with their health needs. The service had worked in partnership with a range of health professionals to ensure that people's care and treatment needs were met.

Staff understood, and it was evident from people's records, that they put into practice the legal requirements of the Mental Capacity Act 2005 in relation to people's

decision making. People received appropriate support to understand information and make decisions. Social care and health professionals and relatives were involved in making 'best interests' decisions when a person lacked the mental capacity to make a decision them self. We confirmed that no one in the service was subject to any restriction of their liberty. Staff understood the steps to follow in order to comply with the Deprivation of Liberty Safeguards (DoLS).

Records showed that, in the week prior to our inspection, people had gone to a wide range of activities of their choice which reflected their individual interests. We saw that staff followed guidelines on how to effectively communicate with people and used a range of techniques to ensure people could make decisions about how they were supported. Staff had received safeguarding training and fully understood how to reduce the risk of harm and keep people safe.

Any risks to people had been regularly assessed and managed. There were effective plans in place to minimise the risk of harm.

Management arrangements were effective. Staff told us the provider obtained their views about how the service operated and made regular checks on its quality. When issues were identified for improvement there was appropriate follow up.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe. People were kept safe from harm because risks to them were assessed and plans put in place to keep them safe. The provider had ensured that there were sufficient skilled staff on duty at all times.

Staff knew how to recognise and report any abuse or neglect. People received their medicines safely as prescribed. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

Good



Is the service effective?

The service was effective. People received effective care which met all their needs. Staff were well trained and experienced. They worked in close partnership with health professionals to promote people's wellbeing.

Good



Is the service caring?

The service was caring. Staff knew people very well and gave them individual attention. People's key workers had been very consistent for the last few years and understood how to meet their complex needs.

Staff put into practice specific communication guidelines for each person which meant they could express their views. This was important because people had limited verbal communication. Staff used humour, smiled and looked into people's eyes as they explained to them how they were going to be supported.

Good



Is the service responsive?

The service was responsive. People received support that reflected their individual interests and they were able to choose how they spent their time. They were supported by staff to follow their interests.

The service had developed ways of ensuring that people's wishes were understood by staff. The service met the requirements of the Mental Capacity Act 2005. People were supported to make decisions. A person's relative and local authority representatives told us people were very happy at the service.

Good



Is the service well-led?

The service was well led. People told us the service was well run and fully met people's individual needs. The registered manager was well regarded and said to be focused on people's needs.

The provider had good arrangements in place to check the quality of the service people received. Any areas for improvement were identified and addressed.

Good



Choice Support - 5 Bowley Close

Detailed findings

Background to this inspection

Prior to the inspection, which took place on 3 July 2014, we received an information report from the provider about how the service operated. We also asked a local authority representative who regularly visited the service for their view of it. We reviewed the information the Care Quality Commission (CQC) held about the home.

We used all of the above information to plan this inspection. We were unable to speak in detail with people who use the service during the inspection due to their communication needs. After the inspection we spoke to the relative of a person who used the service to obtain their views about it.

During the inspection we observed how people were supported by staff in the living room and kitchen and as they were supported by staff to get into a vehicle to go out to an activity. We asked a person to show us their room which was large and well-furnished and included their own personal items and photographs. We checked all the communal areas of the home including the bathrooms and found them clean and well maintained.

We looked in detail at two people's care records. We read the daily notes made by staff on how people were supported and observed how they were cared for during

the inspection. We looked at two staff records and spoke with two of the support staff who were on duty to obtain information on how the service was managed and how they were trained and supported to meet people's needs. We asked the support workers about their knowledge of people's needs and how they planned and delivered care and support to people.

The registered manager told us about the arrangements that were in place to check the quality of the service. We reviewed the provider's audits of the service and notes of staff meetings. We read a quality monitoring report on the service which was undertaken by the local authority on 30 January 2014.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People received their support in a safe way and the provider had taken steps to reduce the risk of abuse and neglect. During the inspection we observed that the three people who use the service were relaxed and happy to be in each other's company and when being supported by staff. A relative told us, "I always go to the home unannounced to visit [my relative]. I have never had any concerns about their safety, they are always happy and well cared for."

People were supported by staff to go out of the service when they wished. Records confirmed that during the previous week people had gone out each day to various activities. Records showed that staff and the registered manager had received training on the Deprivation of Liberty Safeguards (DoLS). They were able to explain to us the steps they would take to prevent the unlawful deprivation of a person's liberty.

The provider had made arrangements to reduce the risk of abuse and neglect. Two support workers we spoke with said they had been trained to recognise and report any concerns about people's safety. Training records confirmed that this training had taken place. They were knowledgeable about the signs of abuse and knew that they could 'whistle blow' if their own organisation failed to take effective action to safeguard people. A support worker told us, "The reason I am working here is to keep people safe and I would definitely take action if I needed to."

Two people's care plans we looked at included information about the risks to them and the plans that were in place to keep them safe.. We observed that a person was supported to use their wheelchair safely in accordance with their risk assessment. For example, staff attached foot plates to the person's wheelchair so they were protected from the risk of accidental injury. Records showed that when a person wished to try a new activity, such as swimming, a detailed risk assessment was undertaken. This set out exactly what the risks were and the 'control measures' that had been put in place to keep the person safe.

Staff told us they received regular training on dealing with emergencies and practiced fire evacuation procedures. Records confirmed this and included a specific plan to ensure the safety of a person who had not taken part in fire drills. Staff were also knowledgeable when we spoke to

them about how to meet the individual needs of people in relation to emergencies that might arise due to their medical conditions. For example, they knew how to recognise when a person was in pain, what symptoms of their illness to look out for and when to arrange an urgent medical assessment. The procedures for staff to follow were set out in people's risk assessments and we saw that they had also been discussed in team meetings.

Risk assessments had been regularly reviewed to ensure they were effective and addressed the current risks to people's safety. We spoke to a person's relative who acted on their behalf who told us they had been involved in making decisions about how the person should be kept safe.

The registered manager explained how he ensured there were sufficient staff with the required skills on duty to meet people's needs. He said when activities were undertaken using a vehicle the staff numbers were increased. This was evident on the day of the inspection when there were four support workers on duty as people were supported to attend a lunch club.

Most staff had worked at the service for several years. Staff told us that when they were new in post they were always supported by a more experienced member of staff. They said that sickness was covered by the service's staff team or by a worker from the provider's bank of staff. A local authority representative told us, "Staffing levels are good and people are well looked after."

People's medicines were stored securely and their medication administration record (MAR) charts showed they had received their medicines safely as prescribed in the week preceding the inspection. Staff we spoke with were able to explain how they ensured people were appropriately supported to take their medicines. The registered manager told us staff had received training in the management of medicines and he observed their and then signed a report confirming their competence in this area. Records confirmed this.

Staff explained to us how people were supported to make decisions about how they spent their money from welfare benefits and choose their daily activities. Each person was allocated a key worker who met with them monthly to review their support needs and make any necessary changes. The provider acted in accordance with the principles of the Mental Capacity Act 2005. People who may

Is the service safe?

lack mental capacity were given full support to be involved in decision making. Staff had recorded the person's facial

expressions and eye movements in reaction to pictures of the item. Additionally, the person's relative and social worker had been involved in making the decision to ensure it was in the person's 'best interests'.

Is the service effective?

Our findings

People were supported by staff who had appropriate skills and experience. A person's relative and a social worker told us the staff team at the home were experienced and well trained. A local authority commissioner had written to the provider in January 2014 stating, "You have a great staff team, the passion they deliver to make the customers' life comfortable was really evident."

The social worker told us, "It is quite unusual to have such a stable staff group. They know [person's name] really well and I am regularly sent information about their progress." A person's relative said, "[My relative] used to be quite nervous and reluctant to try new things. Staff have really worked hard, now they are blooming and doing so well. Staff keep me well informed and make me very welcome when I visit - it's all very positive."

Two support workers we spoke with told us they had worked in the service for over five years and had received training and support to help them carry out their work role. A support worker said, "We are encouraged to obtain relevant National Vocational Qualifications and we refresh our training each year on subjects such as fire safety, safeguarding, first aid and food safety." Training records confirmed that staff had completed these courses. Support workers were able to explain to us how they used their knowledge and experience when supporting people. For example, they had a good knowledge of people's individual communication needs and told us they had developed their skills in communicating with people with learning disabilities by attending training sessions on this and through regular discussions with colleagues at team meetings.

Staff told us they had received regular supervision and an annual appraisal of their competence to carry out their work role. Records confirmed these staff support measures had taken place. A support worker told us, "We get a lot of support - at supervision and appraisal sessions we identify what we need to develop our skills and follow up on it." People were encouraged to eat a healthy and balanced diet. People's records included information about their dietary requirements and appropriate advice had been obtained from healthcare professionals. For example, speech and language specialists had been involved in the assessment of people's ability to swallow food. We

confirmed from our observation that staff followed the advice given in relation to people's diet and how they were supported to eat. People's food preferences were recorded and staff explained how they followed these. A support worker told us, "We try to make the meal a pleasure for each person. They can choose from the photos of the meals." People's weight was monitored and records showed that a person's GP had been contacted when a person had lost weight and gone off their food.

People's health needs were understood by the staff who supported them to access appropriate care and treatment. None of the people who use the service were able to discuss their health needs. Staff were alert to changes in people's behaviour which might indicate that they were unwell. For example, records showed that during the early part of 2014 one person who was previously very active, had become reluctant to get up from their chair. Staff had arranged for a GP assessment. A short course of medicine was prescribed and the person resumed their previous level of activity. A person's social worker told us, "The service has regularly reassessed [person's name]'s needs. This is important as they have developed some physical health problems due to their age. The support they are now receiving with their health and mobility reflects this. The staff have promoted [person's name]'s independence by encouraging them to keep moving around."

People's care records were completed to a good standard and their support plans had been regularly reviewed to ensure they were up to date. Each person had a health action plan and people had received regular eye tests and dental check-ups. Each health appointment was recorded on a 'record of health appointment' form which set out the reasons for the appointment/visit; action/ what happened at the appointment; outcomes/what should happen next and any other comments. Support workers had fully completed these forms. For example, the outcome of a person's dental check-up was clear in terms of the dentist's advice about how to support a person with their oral hygiene. This information had then been included in their support plan. The advice from health professionals was included in people's support plans appropriately. In another instance, a physiotherapist had given advice for staff to help them to support a person to remain independent with their mobility. We observed staff supported the person to use their walking frame in line with this guidance.

Is the service caring?

Our findings

People received support from staff who treated them with kindness and respected them as individuals. A person's relative told us, "The staff really have shown understanding and patience with [my relative]. They have brought them out of their shell. When I go there the staff come across as caring and friendly people. From what I have seen they take their time to look after the residents as individuals." During the inspection we observed that staff used humour, smiled and looked into people's eyes as they explained to them how they were going to be supported. For example, a support worker said, "[Person's name] I am putting the foot plates on your wheelchair now so you don't bang your feet."

When people came back from an activity they were greeted in turn by the registered manager who crouched down so he was on the same level as people who used wheelchairs. He demonstrated his interest in each person by asking them about their morning. People were asked by a support worker if they wanted a drink when they came back into the service.

People's care records included a lot of information about people's background and their preferences. Support workers we spoke with had a good knowledge of this information and were able to explain how it was used to ensure people received care that reflected their needs. For example, they said that one person was anxious when trying new activities and in social situations so the staff team made sure they were supported to develop their confidence. This had involved staff gradually introducing new activities in a way that they were comfortable with. A social care professional told us, "People's key workers have been very consistent for the last few years and that makes a difference because they know people so well and know how to meet their complex needs and understand how to communicate with them."

People's cultural needs were clarified. Records showed that staff had contacted people's relatives to clarify their cultural needs. Changes were then made to planned and delivered support to reflect their background.. During the inspection two people who used the service attended a lunch club for people of their ethnic background. We saw their care plans included details of how their cultural needs were met in relation to their diet. Staff explained to us how they supported people by the use of pictures to choose from a range of culturally appropriate foods.

People's dignity was respected. For example, we observed that staff asked people discreetly if they would like to go to the bathroom. Staff explained to us how they ensured each person's privacy when undertaking their personal care in the person's bedroom or in a bathroom with the door locked.

Throughout the inspection we observed that people received one to one attention from staff who demonstrated their concern and interest in them. For example, a support worker asked a person, "Would you like to go to your room for a rest now?" The person was assisted to use their mobility aid to go to their room. Afterwards, the support worker told us they had understood from the person's body language what they wanted to do.

Staff we spoke with said they felt knew the people who use the service well because they had supported them for several years. A support worker said, "I like to find out what people like and don't like so that they are happy and can develop their hobbies." Records showed people were supported to keep in contact with their relatives and friends. Birthday parties were held to which friends and family were invited.

Is the service responsive?

Our findings

People received support that reflected their individual needs and preferences. A person's keyworker said, "[Person's name] likes to go out a lot. I ask what they would like to do - whether they want to go to the park or the shops. They are able to indicate by signs and body language what they want to do."

Staff explained to us how the provider had appropriately worked in partnership with health and social care professionals and people's relatives to make 'best interests' decisions about care and treatment on behalf of people who lacked the mental capacity to make decisions for themselves. A relative confirmed that they had been involved in discussions about a person's dental examinations and treatment.

Each person who used the service had their own weekly personalised activities chart. Daily records showed each person had attended these activities over the previous week to reflect their interests. People had been out for meals, on shopping trips, and to organised art and music groups.

Each person in the service had a communication passport which set out how staff supported them to express their views about their support. We observed during the inspection that staff followed these guidelines when supporting people. For example, an 'object of reference' (a person's shoes) were shown to them in order for them to indicate whether they wanted to go out or not. Each person had a photo book which staff told us they used to help explain to people what was happening. For example, there was a picture of the GP surgery which was used to explain that the person was going to see their GP.

During the inspection we observed that people were supported to make decisions about how they spent their time. For example, a person indicated to staff by their actions that they wanted to go to their own room to listen to music of their choice. A support worker walked with them to their room at their pace and supported them to choose music to listen to. Each person had their own memory stick on to which they had been supported to copy music and videos of their choice. A person's relative said, "[My relative] follows their interests, they have a selection of videos that they like to watch and they really enjoy this. It is much better than just having the TV on which they are not really interested in."

The service had a formal complaints procedure in place but no complaints had been received in the past year. Support workers we spoke with were aware of it and the provider's incident reporting procedures. Compliments from health care professionals and a relative had been received.

A person's relative told us, "Over the years I have been very satisfied with the service and have found all the staff easy to talk to about what is going on with [my relative]." A social worker told us "People who live in the service would not be able to express an in-depth view of it but they seem very happy. I think it is a very responsive service that deals effectively with issues as they come up." The provider had a system to document incidents and ensure lessons were learnt which had been used to report issues such as emergency hospital admissions related to people's health conditions. The registered manager told us that handover meetings and team meetings were used to discuss any issues that had arisen and to people's needs were met. Notes of these meetings confirmed this.

Is the service well-led?

Our findings

The provider ensured the service was well run and people received high quality care. A local authority contract monitoring report dated January 2014 stated, "Staff work in unity to deliver person centred activities and support for the residents. The manager is extremely client focused."

The registered manager had been in post since 2011. He said he had a commitment to the people who use the service as he had known them for many years through his previous work roles with the provider. He told us that he aimed to ensure the provider's values were put into practice at the service and each person's full potential was realised and they were as happy and comfortable as possible. He said the provider had encouraged him to develop his leadership skills in order to develop the staff team and improve the quality of the service. Staff told us that they understood their work role and supported people to lead a fulfilling life whilst treating them with respect.

Staff told us the registered manager had promoted their development as workers and said they enjoyed working at 5 Bowley Close. They told us that they were encouraged by the management team to make suggestions about how to improve the service. A support worker said, "The senior

managers do come round to see what is going on. I think they do listen to what we say. For example, arrangements for getting bank staff have improved. Now we always use bank staff who know the people who use the service." Notes of staff meetings showed that the registered manager gave staff the opportunity to raise any issues of concern and discussions took place about how to improve each person's experience of the service.

The provider had good arrangements in place to check the quality of support people received and ensure that areas for improvement were identified. The provider's quality team had visited the service in October 2013 and produced a report of their findings and recommendations. The report was very detailed and looked in depth at people's individual support planning and delivery, people's behaviour and wellbeing, the involvement of external people in the service and staff skills. Areas for improvement were identified and the registered manager told us he was responsible for the implementation of the required changes. For example, a recommendation of the audit had been that staff worked more inclusively with people when undertaking financial transactions. During the inspection we saw that staff now undertook this task in the lounge whilst interacting with people, rather than on their own in the staff office as they had done previously.