

## Community Homes of Intensive Care and Education Limited

# Choice Supported Living - West

### Inspection report

Unit 6, Highnam Business Centre  
Newent Road, Highnam  
Gloucester  
Gloucestershire  
GL2 8DN

Tel: 01452768758  
Website: [www.choicecaregroup.com](http://www.choicecaregroup.com)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Choice Support Living West is registered to provide personal care. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection support was provided to one person who required support with their personal care needs.

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 felt safe and were protected from abuse and avoidable harm. Staff knew when and how to report concerns. Where risks to individuals had been identified, measures had been put in place to reduce or eliminate those risks. Safe systems were in place to ensure people got their medicines at the right times.

There were enough staff with the right skills and experience to meet people's needs. People were supported by a team of staff who were happy in their jobs. The registered manager completed a range of regular checks on the quality and safety of the service. Staff supported people to keep their homes' clean and tidy. Staff had access to personal protective equipment such as gloves and aprons and followed infection prevention and control policies to reduce the risk of infection.

People's communication needs were identified, recorded and highlighted in care plans and staff communicated with people effectively to ascertain and respect their wishes. People were routinely asked if they had any problems or concerns and staff knew how to recognise when people were worried even when they may not be able to verbally express this. People were supported to eat and drink enough and staff promoted a healthy balanced diet.

People had their needs and choices assessed before they began using the service. Care and support was delivered in line with evidence based best practice guidance and care needs were clearly identified in their care plans. Staff received the training, support and professional development they required to meet people's needs.

A complaints procedure was in place and had been used to improve the service.

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.

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 8 February 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 reinspection 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.

# Choice Supported Living - West

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team

Our inspection was completed by one inspector.

### Service and service type

Choice Supported Living West provides care and support to people living a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

### Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. 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.

### What we did before the site visit

We reviewed the information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as

part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the site visit

We visited the office location of Choice Support Living West on 17 and 19 September 2019. We spoke with the registered manager. We reviewed a range of records. This included one person's care record, three staff recruitment files and staff training and supervision records. We also reviewed records relating to the management and monitoring of the service. We visited a person using the service in their own home alongside the registered manager on the 19 September to receive feedback from them about the service. We also spoke with two members of staff at the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise the signs of abuse and how to report it. They knew how to support people to understand what keeping safe means. Staff knew how to recognise when people were concerned or anxious even if the person could not verbally express this. They felt confident their managers would listen and take action. They had information and contact numbers for reporting any concerns.
- Managers and staff took safeguarding people from risk and abuse seriously. Staff had received training and risk was discussed during staff meetings, staff supervision, sessions and support plan reviews. A member of staff told us "I have to make sure people are safe. I went to safeguarding training and felt that I do those things automatically now. I know how to do the right thing." Another staff member told us, "I would be confident to Whistle blow, I have previously raised concerns and the senior managers acted very quickly and things had a positive impact."

Assessing risk, safety monitoring and management

- Risk was assessed and management plans were in place to reduce risk. For example, support plans instructed staff about how to make sure people were safe when accessing the community.
- During our visit to a person in their home we saw that risks relating their ongoing health and support needs had been assessed and measures were in place to reduce the risk of harm to the person. For example, the person's risk in relation to eating and drinking had been assessed and reviewed regularly with the input from a dietician.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff had time to spend with people supporting them to do the things they enjoyed.
- People were supported by a consistent team of staff who understood their needs and preferences. Staff shortages were covered by staff who were also familiar to people. The registered manager regularly reviewed staffing numbers and skill mix to make sure this met people's needs.
- There were systems and processes in place to make sure staff could not be employed until all necessary checks had been carried out. Records we reviewed confirmed this. This meant that so far as possible, only staff with the right character, skills and experience were employed.

Using medicines safely

- People's medicines were managed safely. People's care plans contained information in relation to how staff should support people to take the medicines correctly. For example, there was information and guidance for staff on how a change of face might encourage the person to take their medicines.
- Where people were supported to take their medicine, staff completed medicine administration records

(MAR's). The MAR's showed which medicines people were prescribed and when they were given.

- Care workers received training on the safe management of medicines and records showed their competency was regularly checked.

#### Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. A member of staff told us, "Environmental cleaning is built into the role of staff."
- Staff had undertaken training and were fully aware of their responsibilities to respond appropriately to protect people from the spread of infection. They followed good practice guidelines, including food hygiene, washing their hands thoroughly and wearing gloves and aprons appropriately.
- Infection control was discussed at the last staff meeting. Managers carried out staff observations to make sure they were following procedures correctly. There were systems in place to check incidents and these were used as learning opportunities to try and prevent future occurrences.
- The management team reviewed risk assessments and care plans following incidents to help prevent recurrence. Senior managers discussed incidents and accidents with other managers from across the country to ensure they knew about any resulting changes to practice and could cascade this down to staff.
- Changes had been made in response to complaints and concerns raised by relatives and staff. The management structure at the home was changed and staff felt positive about these changes. One member of staff told us "As someone new to care I get so much help and support, without it I wouldn't feel confident."



# 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.

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

- People's physical, mental health and social needs were assessed and included in their support plans which had been reviewed regularly.
- Staff considered people's protected characteristics under the Equality Act and these were respected. A staff member told us, "If you support the person correctly you can have some great experiences."
- Managers and staff kept up to date with changes within the sector through ongoing training and the sharing of information throughout the wider organization.

Staff support: induction, training, skills and experience

- Staff told us they received the training and support they required. Induction training was provided when staff first began working at the service. There was an ongoing staff training programme and training was delivered face to face and online. There were dedicated staff within the organisation whose role was to train others.
- Opportunities to achieve nationally recognised qualifications such as the care certificate, were available to staff and some staff were working towards this qualification.
- Staff had supervision sessions with their line manager and this provided opportunities to discuss and plan for learning and development needs. A staff member told us "I'm lucky to have such great support."

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

- Staff understood people's nutritional needs and knew how to support them. Staff were supporting people to follow a healthy balanced diet.
- People's nutritional risks were assessed and people were referred to the appropriate healthcare professional when necessary. For example, a healthcare professional had been consulted to help formulate measures to limit risk, such as foods that were safe to eat and food the person should avoid eating and how to prepare food to ensure it was safer for the person to eat.
- People told us staff supported them to eat and drink by preparing the meals they wanted or supporting them to do so. A person told us "'I like toast and jam" and had had this breakfast the morning of the inspection.

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

- Staff worked closely with other agencies such as the local authority and healthcare professionals so that people received the care and support they required when they needed it.
- People had access to the healthcare services they required. Staff supported them to attend appointments

with doctors, dentists and at hospital.

- People were supported by health professionals and followed their advice and guidance. For example, the service had worked closely with a person's consultant to slowly reduce medicines and had valued feedback from staff when this had not worked as well as planned.
- Each person had a 'health action plan'. This document supported the person and instructed staff about the person's health needs in relation to sight, hearing and dental care and how these should be met.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff had received training on the MCA. Staff told us they understood the importance of promoting people's rights and told us how they consulted people and asked for their consent before providing care and support.
- Peoples care records were clear in relation to capacity and there was clear documentation about what decisions people could make as well as those they could not. Where people lacked the capacity to make day to day decisions there were clear assessments in place.
- Court appointed deputies were in place where this had been assessed as required.

# 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 were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. Staff received training which covered equality and diversity and the importance of valuing people's individual backgrounds, cultures and life experiences. A staff member told us "I researched a person's diagnosis, so I could understand them."
- People's care records have been written in a respectful way and included sections in relation to their story and key life events. For example, one person's care plan contained a very detailed explanation of their experiences in life (both positive and negative) and ways in which toys could be used to communicate, calm and reassure them.
- Staff clearly enjoyed the caring aspect of their roles. One member of staff told us, "I like putting a smile on people's faces."

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

- Staff involved people in decisions about their care and supported people to share their views. The registered manager used several methods to gain people's views, including regular service review meetings, spot checks and satisfaction surveys.
- People's care plans included sections in relation to how people could be involved in their care. For example, one person's plan stated, "[name of person] likes to be fully involved in developing all care documents and will inform staff of their likes and dislikes."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's privacy and supported them to maintain their dignity and independence. A member of staff told us "We let the service user choose what activities they want to do. The training taught us to give people choice and not make assumptions."
- Staff told us how appearance was important to one person. The person later told us, "staff do my hair nicely for me."

People were encouraged to be as independent as they could be and help with daily tasks. One person told us, "I help with the washing up."

# 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 received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs before they received a service.
- Staff were matched to people supported by the service, to ensure they had the skills necessary to provide the support people wanted. For example, all care staff working in the home were female in line with the person's preference of gender for care staff.

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.

- People's communication needs were met. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process.
- People's care plans had information available in alternative formats to support people to access information about them. For example, one person's risk assessment in relation to their eating and drinking requirements had been converted to an easy read format to support the person to understand the information contained within it.

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 were supported to avoid social isolation. For example, staff supported people to go to local cafes, to the church and with shopping.
- One person's care plan included information about where they liked to visit and information in relation to any behaviours that might challenge in relation to this and measures to reduce the person's anxiety and ensure they got the best out of each activity.
- Staff within the person's home had taken notice of their individual interest in fish and the sea and had incorporated these interests into plans to redecorate the conservatory of the home. The staff member told us this was important as the person often used this space to relax and calm down when feeling anxious.

Improving care quality in response to complaints or concerns

- The service had ensured that their complaints process was available within the person's home and had large font and pictures to support people to understand how to make a complaint.

- The provider had processes to ensure complaints were dealt with properly. The service had received one complaint since the last inspection. We saw how the service had responded to this complaint and how they had used this as an opportunity to learn and to improve the service.

#### End of life care and support

- The registered manager informed us that the service was not currently supporting anyone with end of life care.
- Records we reviewed in relation to advance planning in the event end of life care was required were clear and concise about the person's wishes.
- The service knew how to involve key professionals and people's relatives in ensuring end of life care was arranged in line with people's wishes. For example, the registered manager explained how a court appointed deputy for finances had been involved in setting up a funeral plan for a person.

# 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.

### Continuous learning and improving care

- The service used a variety of methods to assess, monitor and improve the quality of the service provided. We saw they used feedback from people, their relatives, staff and healthcare professionals to identify areas for improvement and this information was shared with colleagues across the national network of their services.
- The registered manager demonstrated an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture.
- Staff we spoke with said they would recommend the service. They told us they knew the registered manager and spoke very positively about them. Staff comments included, "We need more good care companies like Choice." And "It's a great place to work for someone starting out in care."
- The service had quality assurance systems in place to review and assess how they were performing and set out clear actions to drive improvements within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people.
- Staff all told us the registered manager and care manager were approachable and available when they needed them. A staff member told us "We're like one big family."
- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The management team understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability.
- The registered manager and leaders were experienced, knowledgeable and familiar with the needs of the people they supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people, others acting on their behalf and staff in an inclusive way.
- The service worked in partnership with a range of healthcare professionals to ensure people's needs continued to be met and their wellbeing enhanced.