

HF Trust Limited

Choice East Midlands (Supported Living)

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

About the service

Choice East Midlands is a domiciliary care agency. At the time of the inspection they were providing personal care to 20 people with learning disabilities living their own homes and supported living accommodation.

People's experience of using this service

People felt safe and were protected from abuse and avoidable harm. Staff knew when and how to report concerns. Systems and processes were in place to identify and manage risk. Action was taken when things went wrong to reduce the risk of reoccurrence. 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.

There were enough staff with the right skills and experience to meet people's needs. People's medicines were managed in a safe way. Staff supported people to keep their homes' clean and tidy. They 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 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. Staff received the training and support they required to meet people's needs. They had access to ongoing training and opportunities for professional development. People were supported to eat and drink enough and staff promoted a healthy balanced diet. Staff recognized changes in people's health and supported them to access the healthcare services they required.

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 received kind and compassionate care and support. They were supported by staff who knew them well and had developed positive relationships. Staff understood how to meet people's needs and how to provide comfort and reassurance. People were involved in making decisions about their care and support. People had their privacy and dignity protected.

Care and support was person centred and was delivered in the way people preferred and met their individual needs. Staff understood people's needs with regards to the protected characteristics of the Equality Act 2010. Information was available to people in accessible formats and staff communicated with people effectively. People were occupied with activities and were able to pursue their interests and hobbies. People and relatives knew how to make a complaint and said they would feel confident doing so. Complaints were investigated and used as an opportunity to learn and improve.

People's advanced care wishes were explored and recorded. Staff knew about people's individual preferences for end of life care.

People, relatives and staff had confidence in their managers and felt supported. They told us the registered manager was accessible and approachable. There was an effective quality assurance system. Checks were carried out to ensure staff were following policies and procedures and people were safe. Action plans were developed when shortfalls were found and this contributed to continual learning and improvement. The registered manager was supported by a senior manager and departments from within the wider organization.

People, their relatives and staff were asked for their feedback and this was used to develop the service and ensure it was meeting people's needs and preferences. The registered manager and staff worked closely with healthcare professionals and other agencies such as the local authority to make sure people received joined up care and support.

Rating at last inspection

The last rating for this service was 'Good' (published 13 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

Choice East Midlands (Supported Living)

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 team consisted of one inspectors, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Choice East Midlands is a domiciliary care agency providing care and support to people in their own home's. It provides personal care to people living in their own houses and supported living accommodation. It provides this service to people with learning disability and people who are on the autistic spectrum.

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 announced. We gave the service 48 hours notice of the inspection visit because the manager is often out of the office supporting staff. We needed to be sure that they would be in. We carried out the inspection visit on 4 July 2019.

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 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 one person who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, another manager and two support workers. We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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 and relatives said the service was safe. A relative told us staff would take action if they suspected something was wrong.
- Staff knew how to recognise the signs of abuse and how to report it. They knew how to support each person 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.

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.
- People's abilities were taken into account and positive risk taking was promoted. This meant people were supported to stay safe while their freedom was also respected.
- Risk was assessed for the environment and any equipment used. Evacuation plans were in place so that people and staff knew what to do in the event of a fire.
- A relative told us how staff had taken appropriate action when their relative had put themselves at risk in the community.

Staffing and recruitment

- People, relatives and staff said 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 bank 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. People had one to one staff hours and shared hours depending on their needs.
- There were systems and processes in place to make sure staff could not be employed until all necessary checks had been carried out. This meant that so far as possible, only staff with the right character, skills and experience were employed.

Using medicines safely

- Staff managed people's medicines well. They had undertaken training and had their competency checked so that they could give people their prescribed medicines safely.

- There were policies in place about the safe management of medicines and staff knew what to do in the event of a medicine error.
- Records were accurate and up to date and audits were carried out to ensure people had received their prescribed medicines.
- Staff knew what action they should take if there was a medicine error. Improvements had been made to increase safety with regards to medicines. Each person was provided with their own individual medicine cabinet and this had reduced medicine errors.
- Staff and managers were aware of an initiative known as STOMP (stopping over medication of people), This was included in the medicine audit so that over medication would be quickly identified.
- Protocols were in place when medicines were prescribed to be used only when required. This meant staff had clear instructions about in what circumstances the medicine should be given.
- Staff were supporting one person to administer their own medicines.
- People had medicine booklets in an easy read format which helped them to understand the medicines they had been prescribed and what they were for.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible.
 - 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 and hand washing techniques were discussed at the last staff meeting. Managers carried out staff observations to make sure they were following procedures correctly.

Learning lessons when things go wrong

- 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 prevent recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.
- Changes had been made in response to an incident at another service. Staff had been unable to access a room using finger print recognition locks when there had been a fire. Changes had been made so that door locks were wired in and would open when the fire alarm was activated and staff were provided with fobs which could also open the door.

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 needs were assessed before they began using the service to ensure the service had the required skills and experience to meet their needs. Where possible, people were matched with existing tenants who shared interests.
- People's physical, mental health and social needs were assessed and included in their risk assessments and support plans. Staff considered people's protected characteristics under the Equality Act and these were respected.
- Managers and staff kept up to date with changes within the sector through ongoing training, through the wider organization and through healthcare professionals. Policies and procedures were updated when changes were required and staff were informed through e mail or at staff meetings.
- The registered manager was booked to attend a two day conference for managers organised by the organisation so managers could share good practice and support each other.

Staff support: induction, training, skills and experience

- People and their relatives said staff were competent and knew how to do their jobs.
- 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 on line. There was a learning and development team within the organisation and a trainer assigned to the service.
- Opportunities to achieve nationally recognised qualifications in care 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.

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

- Staff understood people's nutritional and hydration needs and knew how to support them.
- Nutritional risk and risk of choking was assessed and people were referred to the appropriate healthcare professional when risk was identified.
- People and relatives told us staff supported them to eat and drink by preparing the meals they wanted or supporting them to do so.
- Staff were supporting people to follow a healthy balanced diet. People had managed to achieve a healthy

weight because of this.

Staff working with other agencies to provide consistent, effective, timely care

- 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. The registered manager told us how they had worked together with community nurses and an occupational therapist to make sure a person received the support they required.
- Each person had a 'hospital grab sheet'. This document contained important information to assist paramedics and hospital staff should the person require these services.

Supporting people to live healthier lives, access healthcare services and support

- People had access to the healthcare services they required. Staff supported them to attend appointments with doctors dentists and at hospital.
- Staff knew how to recognise when a person's health was deteriorating and reported this to their managers. The registered manager gave us examples of when staff had reported changes and this had resulted in a medical referral and treatment.
- People were supported by community nursing teams and psychiatrists and staff followed their advice and guidance.
- Each person had a 'health action plan'. This document supported the person and instructed staff about the person's health needs and how these should be met.

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

- People were supported to choose how their accommodation was decorated. One person had recently moved to a larger room and staff had helped them organise the room to suit their needs. A staff member told us they were supporting them to put pictures up and arrange their furniture in the way they wanted to.
- There was an assistive technology department within the organisation and people had access to technology to help keep them safe while maintaining their independence. For example finger recognition locks and door alarms to help people stay independent.
- Checks were carried out to make sure people's accommodation was as safe as it could be.

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

- People were asked for their consent and helped to make choices about the things they did.
- 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 community based services, this is usually through MCA application for a Court of Protection Order.
- Staff had received training and were following the principles of the MCA. They supported people to make decisions and made sure consent was given before providing care and support.

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 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 and their relatives said the staff were caring. A relative told us they had some health problems and staff supported their relative to come and see them and spend the day with them. They appreciated this support so they could maintain their relationship even when they were unwell.
- Another relative told us staff had a caring attitude and were always respectful.
- Senior staff carried out welfare checks to make sure people were well and happy. Staff had identified a person was upset during a welfare check. They made sure additional support was provided to the person.
- A staff member told us they took time to listen to people and get to know them. There was a consistent team of staff so people knew them well.
- Another staff member told us staff and people had formed positive relationships and people often asked for particular members of staff and where possible this was accommodated.

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

- People were asked for their views and involved in making decisions about their care. House meetings were held and people were asked individually for their views. Changes were made as a result of this. People has asked for a bigger TV with more channels and this had been provided.
- People were involved in developing their support plans. They were supported to set goals about improving their health and lifestyle. One person had significantly increased the activities they took part in. Another person had asked for more home alone time and staff were working with the local authority to implement this.
- The provider held 'Voices to be heard' meetings which were held nationally with a representative from each area attending to give people's views. A member of the staff team told us how they had supported a person to attend one of these meetings and had been impressed by the way the person had spoken up and chaired the meeting.

Respecting and promoting people's privacy, dignity and independence

- Staff received training about privacy and dignity and how to promote and protect these. They gave us examples of how they protected people's privacy and dignity when providing personal care.
- Privacy and dignity was discussed at the last team meeting and staff were reminded about how best to support people. Managers carried out 'spot checks' to make sure staff were following the correct policies and procedures.
- information was stored securely and only shared with authorised people. Staff knew and understood their responsibilities to keep information confidential.

- People's independence was encouraged. Care plans reflected the things people could do for themselves as well as the support required from staff.

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 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

- Staff considered and met people's physical, mental, emotional and social needs. Support plans were detailed and gave clear instructions to staff about the best way to meet the person's needs and how to communicate. They recorded people's social, cultural and religious needs.
- Care and support was personalised and met people's needs and preferences. Review meetings were held so that people could set new goals and make changes to their support plans. Where appropriate, people's relatives were invited to contribute to these review meetings.
- Information about the things that were important to the person were recorded and included in the support plan. For example, one person had requested to go on a particular holiday and staff supported them to do this.
- Staff had received training about equality and diversity and they knew how to protect people's unique characteristics under the Equality Act 2010.
- People were supported to follow their chosen religion.
- Where people expressed a preference for the gender of the carer supporting them, this was respected.

Meeting people's communication needs

- People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. 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.
- Information was available in easy read accessible formats to assist people's understanding of staying safe, making complaints and accessing healthcare services. Some people used specialist communication equipment or sign language. Staff knew people well and knew how to meet people's individual communication needs.

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 able to follow their interests and hobbies and take part in activities they enjoyed. People were supported to access education and day services as well as pursue their hobbies. One person enjoyed swimming and keeping fit and had joined their local gym. Another person enjoyed visits to places of historical interests and were supported to do this.
- Where possible, people were able to access paid work within and outside of the organisation.

- Staff supported people to maintain important relationships. They organised family visits and helped people celebrate important events such as birthdays.
- Relatives told us they were kept informed about any changes and communication was effective.
- Technology was used to help people access the community safely.
- All staff have attended Person Centred Active Support training which focuses on person centred care. This meant people were encouraged to be actively involved in their support and did as much for themselves as possible.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt confident doing so.
- The complaints procedure was given to people when they first began using the service and was available in easy read formats.
- Records showed that complaints were investigated and the complainant was kept informed throughout the process.
- Complaints were used as an opportunity to learn and improve. We saw that a complaint had been used to review a person's support plan and increase their awareness of staying safe in the community.

End of life care and support

- People had opportunities to discuss their end-of-life wishes and these were recorded in people's support plans. The registered manager showed us examples of these and told us how the process had been positive as it had increased staff understanding of people's needs and preferences.

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 requires improvement.

At the last inspection this key question was rated as good. At this inspection this key question 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 and their relatives and staff made positive comments about the service. A relative told us, "(Name of person) is very happy, this is the best service they have ever had."
- Staff told us the values of the service were shared with and understood by staff and managers. They told us managers were accessible and supportive. The provider had developed their own model of care and support which was person centred and designed to give people greater control over their lives.
- There was a staff award system to recognise and encourage good practice and innovation in person centred care.

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 promoted transparency and honesty. They discussed issues with relevant parties if anything went wrong and made changes.
- Relatives told us staff had taken appropriate action when things had gone wrong. Managers had been accessible and arranged meetings to discuss issues and improvements required.

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

- Staff felt supported through staff training and supervision. They said their manager was accessible and approachable.
- There was a clear staff structure and support from the wider organisation.
- Weekly meetings were held for managers and the regional manager and information was shared with the wider staff group.
- Audits were carried out monthly for all areas of the service and this included observations of staff practice. The provider used this information to monitor the quality of the service. There was an ongoing action plan and staff knew who was responsible and when the action must be taken by.
- Audits had identified where improvements were required and changes were made. For example more house meetings and team meetings had been introduced.

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

- Annual satisfaction surveys were sent out. The results were analysed and action was taken in response to people's feedback. For example, changes had been made to people's support plans as a result of survey responses.
- People were involved in developing the service through house meetings, welfare checks and person centred care reviews. Staff use of mobile phones while at work had been reviewed and new guidance issued as a result of people's suggestions.
- Staff were asked for their feedback during staff meetings and managers listened. Action had been taken as a result of staff suggestions regarding healthy eating.

Continuous learning and improving care

- The provider, registered manager and staff were continually striving to improve. They discussed any issues with staff and with the wider organisation and put action plans in place to monitor and drive improvement.
- Improvements had been made to the systems and processes for managing people's medicines and this had resulted in fewer medicine errors.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority to ensure that people received joined-up care.
- All staff attended Commitment to Partnerships training to ensure that they understand the need for partnership working and how this should be achieved.
- Information was shared with appropriate professionals to ensure that people received the care and support that they required.