

## Community Homes of Intensive Care and Education Limited

# Choice Supported Living - Salisbury

### Inspection report

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Date of inspection visit:  
10 June 2021

Date of publication:  
21 July 2021

### 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 Supported Living - Salisbury is a supported living service providing personal care to autistic people and people with a learning disability, in their own homes. The service was supporting 10 people in six locations at the time of the inspection.

Not everyone who used the service received personal care. 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.

### People's experience of using this service and what we found

People received kind and compassionate care from staff who were committed to promoting their human rights.

The registered manager led by example and encouraged a culture of person centred care and empowering people to make their own choices.

Staff recognised the importance of individualised care and people's care plans included this approach throughout.

People received safe care and treatment. Risks were assessed and reviewed. Staff managed people's risks well, balancing safety and freedom.

The service was well-led. The provider's quality assurance systems and processes were effective and there was a focus on continuous improvement.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

### Right support:

- People were supported to make menu plans and shopping lists. People were encouraged to prepare their

meals where able. One person told us how much they enjoyed cooking for themselves.

- Right care:

- People's care plans were written from a positive 'can do' perspective. The emphasis was on what the person could do for themselves and contained specific goals they wanted to reach.

Right culture:

- Staff told us they came to work to focus on the people they supported to have a fulfilling and meaningful life.

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

This service was registered with us on 1/7/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Choice Supported Living - Salisbury

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, an assistant inspector 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

This service provides care and support to people living in six 'supported living' settings, 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 the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure the provider or the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since they were registered. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager and the regional area manager and support staff.

We reviewed a range of records. This included two people's care records and medication records. We looked at three 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who work alongside the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe.
- The service had effective safeguarding processes in place and the registered manager had notified the relevant authorities appropriately.
- Staff had a good understanding of what to do to make sure people were protected from harm and they had received regular training in safeguarding issues.
- Systems were in place to help people manage their finances safely.

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

- People's risks had been assessed.
- Risk assessments balanced protecting people and supporting them to maintain their independence. Examples included support for people to access the community safely and mobility.
- People had positive behaviour support plans in place where needed. These set out the support people required to manage behaviours that challenged staff and other people. The plans included clear, person-centred information for staff to identify and respond to triggers and actions needed to de-escalate situations.
- People had individual risk assessments in place for their home environment including emergency evacuation procedures.
- Whilst risk assessments were in place, they required a matrix to show how the provider assessed the level of risk. A risk matrix shows the likelihood and severity of the risk identified. We discussed this with the registered manager at the time of the inspection, who acted immediately to make the necessary changes.

Staffing and recruitment

- Staff were recruited safely. Checks included a Disclosure and Barring Service (DBS) check, references and identity checks. A DBS allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.
- Enough staff were recruited to meet people's needs. Recruitment was on-going and the service had a supply of permanent bank staff. Staff teams for individuals were consistent.
- People and their families were satisfied with the level of staffing. One person told us, "The staff is nearly always the same staff, although sometimes it is different ones". A family member said, "The staffing is good and consistent although I know it can be difficult at times."

Using medicines safely

- Medicines were administered and managed safely.

- There were effective systems in place for staff to check medicines accurately. Where there had been errors, these were identified in a timely manner through daily audits. Staff were re-trained and had their competency checked.
- Protocols were in place for 'as required' medicines and body charts to show where specific creams should be applied.
- People had their own medicines profile which detailed how they liked to take their medicines and any known allergies.
- One person told us, "I always get my medication on time" and a family member confirmed, "Yes always on time."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and choices were assessed by a multi-disciplinary team of professionals to identify the right support, appropriate to their needs.
- Care plans reflected the need for staff to empower people with choice and control. For example, supporting people to make choices using different approaches such as photos, or items to choose from.

Staff support: induction, training, skills and experience

- Staff received regular training to equip them with the skills and knowledge to support people's needs.
- On-line training was fully up to date for all staff. Due to the pandemic, face to face training was limited to staff who required training for specific individual need, for example manual handling.
- Staff we spoke with told us they were happy with the training and felt confident and skilled. One staff member said, "The training is good, I have had a good experience", another said, "The training gave me a solid foundation, a good start."

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

- People were supported to plan, shop and prepare meals, where able, to meet their individual tastes and needs.
- One person told us how much they enjoyed cooking, they had attended a cookery course and had the support they needed.
- For people who required specialist enteral feeding (the intake of food via a tube directly into the abdomen), there were guidelines to follow and specific training for staff.

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

- The service worked closely with health and social care professionals to develop personalised care plans.
- There was input from the Dietician, Occupational Therapists and Advanced Nurse Specialists from the Learning Disabilities Team. We also saw comprehensive and regularly reviewed Positive Behaviour Support Plans which were devised by the multi-disciplinary team.
- People had access to community health and social services such as their GP, chiropody and dentistry.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw easy read versions of consent documents in peoples care plans covering areas such as consent to share information and data protection.
- The registered manager had provided appropriate information to the local authority, to identify people who may be referred to the Court of Protection for lawful arrangements to be made. A tracker was in place to monitor the progression of these cases.
- Mental capacity assessments had been carried out to determine whether people had capacity to make certain decisions, for example around their tenancy agreement, finances and medicines.
- Where people were assessed as lacking capacity we saw an accompanying best interest decisions had been made with people involved in their care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People benefited from staff who had a kind and compassionate approach to their work. A relative told us, "I think the staff are nice and kind."
- Staff were committed to delivering person centred individualised support and high quality care. They told us person centred care was central to their work and the registered manager was passionate about this being the focus.
- Staff told us they enjoyed their work and found it rewarding. One staff member told us, "I would give it 10/10 for reward" another said, "I love my work, I always enjoy my job."
- People's care plans were written from a positive 'can do' perspective. The emphasis was on what the person could do for themselves, for example, '[Person] can read and likes to write out their menu on a daily basis.'
- People's care plans contained the goals they wanted to achieve. For example managing new personal care tasks independently. People had a monthly well-being meeting where goals were reflected on, progress and upcoming wishes were recorded. One person wanted to go on a particular outing, which had taken place. This meant the service was proactive to people's needs and wishes, ensuring people had choice, influence and control over their daily lives.
- Care plans and daily records were written using respectful language.
- Staff teams were consistent in supporting people, this meant relationships and bonds were built between people and staff. Staff we spoke with knew the person they were supporting well and were able to understand people's body language and facial expressions.
- There were systems in place to ensure people were treated with compassion. This included discussion during supervision, regular staff training and spot checks of staff performance.
- The registered manager told us they expect all staff to be open and honest to one another, point things out to each other keep each other in check. She told us, "We come to work to focus on the service users to have a fulfilling and meaningful life."
- Staff we spoke with told us they were also well supported and their mental health and well being was regularly addressed by the management team. They had access to self help services as well as 'as and when' chats with the managers. One staff member told us, "This last year has been very challenging but we have stuck together and there has been a big onus on our well being how we are coping."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans were personalised and regularly reviewed. They were very detailed and well written, and included tasks decisions and areas of care the person was able to manage independently.
- People's positive behaviour support plans gave staff the skills to keep people settled and comfortable and in control of their choices and actions.

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 carer's.

- Staff we spoke with told us they had trained in communication methods including specific types of sign language.
- Other methods of communication used were, photos to choose from, now and next boards, social stories and daily boards of events and information in people's homes.
- Important information such as how to complain and consent to care were written in easy read formats for people.

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

- During the pandemic, many community activities had ceased or reduced. Peoples social relationships were encouraged through video and within their home setting.
- Alternative activities were tried such as, using a gym ball at home with specific instructions from the physiotherapist to exercise and promote a sense of well-being. Entering the local garden competition and craft.
- People were encouraged to maintain contact with family and friends via video and visits when legally permitted.

Improving care quality in response to complaints or concerns

- The service had a policy and system in place to deal with complaints or concerns appropriately. This included an easy read format for people using the service.
- The service had not received any complaints since registering with CQC.

End of life care and support

- The service had a policy in place to support people at the end of their lives.
- People had an 'End of Life book' completed in their care plans which was reviewed annually. These included, their wishes after death, a specific care plan and a mental capacity assessment and best interest decision document.
- At the time of the inspection, no-one was receiving end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager was passionate about providing person centred care for people using the service. Her ethos, vision and values encouraged this which was fed down to the staff group making the culture positive and empowering for people.
- The registered manager understood the value of equality, diversity and promoting human rights. This was promoted within the service during team meetings, spot checks, supervision and training.

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

- There was a clear staffing structure in place and senior team who had good oversight of the service.
- Regular and accurate audits were taken of the running of the service, care planning and day to day activities. These were analysed, themes and trends identifies and internal action plans put in place to improve where any shortfalls had been found.
- The registered manager was fully aware of their responsibility under the duty of candour.

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

- The service had staff meeting 4-6 weekly which always included culture and professional boundaries.
- The staff we spoke with told us they felt at ease with managements and were able to ask questions, give feedback or raise any ideas or concerns.
- Annual surveys were taken from people using the service and their relatives. Suggestions and feedback helped to improve the support provided.

Continuous learning and improving care

- The registered manager had started her working life as a support worker and risen through the ranks to registered manager. She believed this enabled her to have a good oversight of how the service should be run, the quality of care and continually asked herself and staff, "Would you be happy for your family member to live here?"

Working in partnership with others

- There was clear evidence of the service working closely with health and social care professionals with

regard to people's care.

- The service also worked collaboratively with the local authority and public health England in relation to the recent pandemic and the safe delivery of services and keeping staff safe.
- We received positive feedback from professionals working alongside the service. A speech and language therapist told us, "They were keen to develop their understanding and knowledge of Speech, Language and Communication needs, and learn new skills. The team accepted advice and guidance willingly, and demonstrated a really empathetic, caring and individualistic approach for all their service users."