

Community Homes of Intensive Care and Education Limited

Choice Supported Living - West Midlands

Inspection report

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20 September 2019

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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 Supported Living - West Midlands is a supported living service providing the regulated activity of personal care to five people at the time of the inspection.

There were three supported living settings; one setting was shared by three people and two people lived alone. People were supported by staff during the day and night. 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

One person told us they felt safe and we saw other people were at ease around one another and staff. Staff understood how to reduce people's risks and to provide safe care. Systems ensured concerns related to people's safety and potential abuse were appropriately escalated. Relatives and staff told us people received safe support with their medicines however we have made a recommendation about medicines management because systems were not robust. Relatives told us people's homes were kept clean and a home we visited reflected this. Recruitment checks were carried out safely.

People's needs had been assessed and were known to staff including how to safely prepare people's meals. Staff felt they had the support and training needed for their roles. People had been supported to have their homes adapted to meet their needs and to access healthcare support when needed. 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 saw, and relatives told us, people were well supported and treated by staff. The service had taken extra steps to support people when they might be distressed, for example during hospital stays. People were supported to have their views heard and to be involved in decisions about their care. People's privacy and dignity was promoted.

The service reflected 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.

Care was planned to meet people's needs and preferences and to promote good outcomes. This included encouragement to get involved in activities and social events. People's communication needs were understood and met. Complaints had been appropriately responded to.

Relatives and staff described an open, inclusive service centred around meeting people's needs. We found some inconsistencies in staff knowledge and how records and audits were completed. This did not always promote the quality and safety of the service as far as possible. The provider notified us of events and incidents as required although we had to prompt one recent incident which had not yet been shared with us. The registered manager understood their responsibilities to the CQC and took action in response to our inspection findings to help continuously improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published November 2016).

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 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 - West Midlands

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 one inspector.

Service and service type

This service provides care and support to people living in three '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 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. Another manager had recently been recruited and we were told they would likely apply to become registered manager in the future.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We also needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 18 September 2019 and ended on 20 September 2019. We visited the office

location on 19 September 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 looked at any information available from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with three members of staff in addition to the new manager, the registered manager and the deputy manager and a professional involved in one person's care.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records related to the quality and safety of the audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found and continued with phone calls as part of our inspection.

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 now 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 had received safeguarding training and most staff showed a good understanding of the types of abuse people experienced and how to escalate this appropriately. We advised the registered manager where one staff member was less sure about the types of abuse people could experience.
- Concerns about potential abuse had been appropriately escalated to help protect people. This had included sending notifications to the Commission as required.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed with reference to healthcare guidance. People had been supported to access equipment to help safely meet their needs.
- Staff understood people's risks and had been given information to help guide safe support. For example, staff knew how to safely prepare people's foods to prevent choking risks. Staff knew how to help people to become calm if they became distressed and were receiving further training in this area. Medicines were used as a last resort for one person but had not been needed for some time.
- Accessible guidance was made available to people about how to keep safe in the event of a fire. This included video guidance for one person, made by the registered manager and staff.

Staffing and recruitment

- Staff who had joined the service since our last inspection told us recruitment checks had been completed before they started in their roles, which protected people's safety. Records we sampled showed recruitment checks were carried out thoroughly.
- Staff felt they were deployed to safely meet people's needs.

Using medicines safely

- People's medicines had been reviewed by professionals with the support of the service. This had led to the improved outcomes and wellbeing for some people.
- The provider did not have robust systems to always ensure the accuracy of people's medicines records and we brought inconsistencies to the registered manager's attention. This did not promote safe medicines support as far as possible.
- The provider had systems to check people's medicines stock levels and for staff to witness another staff member giving the person their medicines to help promote safe support. Staff told us they supported people with medicines together, but we saw they had not always completed medicines records as planned to demonstrate this.
- Relatives and staff confirmed appropriate medicines storage systems were in place.

We recommend the provider considers and follows current good practice line in relation to medicines management to ensure the safety of the service at all times.

Preventing and controlling infection

- A relative told us, "Whenever we go, [person is] always clean, there are never any smells." The registered manager told us cleaning schedules were in place to help ensure people's homes remained clean and hygienic.

Learning lessons when things go wrong

- Records showed appropriate action had been taken in response to incidents.
- The provider had taken appropriate response to medication errors which included contacting healthcare professionals and providing additional support and guidance to reduce future errors. However, further potential improvements had not been identified to ensure systems were robust.

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 individual needs had been assessed and identified, including their health, social needs and how staff should support them. Current good guidance had been shared with staff for example about mental health conditions and from professionals involved in people's care.
- A relative told us, "You can tell [person is] settled. [Person] is really happy with the carers and I feel content to know [person] is okay. They're really good, they know [person] and what they want."

Staff support: induction, training, skills and experience

- Staff told us they felt supported and had enough training. Records showed staff training was either up to date or refresher training was planned.
- Staff told us they had regular supervision and feedback about their roles. The registered manager told us they regularly visited people's homes to see how people were and to check staff practice. Spot check records were being introduced to monitor this.

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

- Staff knew how to prepare people's meals and drinks safely.
- People were offered choices and staff knew what people liked.

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

- One person's room had sensory items and lighting to match their interests. Another person had been supported to access equipment to help maintain their independence.
- Relatives told us people's bedrooms were decorated to people's preferences. A relative told us, "It matches what [person] likes. They made [person's] room nice with the colours they like."

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

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

- A relative told us, "They couldn't have been quicker on the mark," supporting a person to access healthcare support when they were unwell. Other relatives confirmed, and records showed people were supported to access healthcare support when needed.
- People's health histories were gathered where available to help build a picture of people's support needs.
- People had information in their care plans to help inform health professionals of their support needs and preferences.

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.

- The service promoted people's rights and recognised where some decisions needed to be taken in people's best interests involving relevant others.
- The service had made applications to the Court of Protection for some people where they considered this was appropriate to keep people safe.
- Most staff told us how they involved people in their own decisions as far as possible. Staff did not all show clear understanding of the MCA; training was planned for the following week.
- Relatives told us they were supported to be involved in person's care as appropriate and that people's choices were promoted.
- In response to our feedback the registered manager told us they would ensure all best interests decisions and their reviews were clearly recorded.

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

- We visited three people and saw they were comfortable around staff. We saw staff had a caring and affectionate approach with people. A staff member told us, "It's nice when you make [person] laugh, it's nice to see smiles on other people's faces, you know you're doing something good."
- People looked comfortable and well-presented. They asked for staff support when they needed it and were well responded to.
- Staff stayed with people during hospital stays as this was recognised as important for people's wellbeing, to reassure people and prevent social isolation. A relative told us that during one person's hospital stay: "They were so so good, they were brilliant, they stayed with us night and day. The registered manager kept us informed all the time."
- A relative told us, "[Person] has had some anxiety problems and they've always taken the time with [person] to reassure [person] they're okay."
- Relatives spoke positively about staff and the registered manager and described the service as caring. One relative told us, "I can tell when I go how they react to people, all the staff are caring. Staff seem relaxed, not tense or anything there's a relaxed atmosphere. That comes across to [person] as well that there's nothing to worry about."

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

- Staff knew and had been given guidance about how to involve people in decisions about their care and to understand how people expressed their wishes if people could not do so verbally.
- The service had helped one person to access advocacy support to ensure the person's views were always sought and respected.

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples of how they achieved this. One staff member told us, "Speaking respectfully, being nice to them and they know everything that's going on."
- Another staff member told us, "It's the extra thing. [Person] likes flowers so we try to ensure there are fresh flowers each week... Once [person] is outside, they start to like it after a bit so we try to encourage [person] to come outside."

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 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's care plans reflected people's identifies, preferences and backgrounds well. A staff member told us, "I follow the care plans as they are tailored to needs but it's about building trust and getting to know people." Staff often knew people's individual interests and preferences for their care.
- A relative told us, "[Person] has been very very happy... I wouldn't hesitate to recommend the service."
- We saw positive outcomes and goals had been achieved with and for people and there were plans to continue achieving this. This included medication reductions for some people to promote a better quality of life. One person had been supported to get their passport so they could go abroad. We saw a photo of the person happily kissing their passport when it arrived.
- One person had expressed an interest in going to church and did so with 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.

- A relative told us, "If [person] didn't like anything, they'll know as [person] says no. [Person] has limited communication but lets them know."
- Staff confirmed this and showed awareness of people's communication styles, and how each person gestured and showed for example that they were happy, unwell and their choices. There was detailed guidance about this in people's care plans.

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

- The service had identified important dates for people such as birthdays and festive events to celebrate.
- People were supported to follow interests and activities they enjoyed, for example going to a day centre and a disco. We saw one person enjoyed spending time and playing a board game with staff.
- Staff told us one person enjoyed music and sensory objects they had enjoyed when they were younger. Another person enjoyed their daily routine of going to the shop for a drink and magazines.

Improving care quality in response to complaints or concerns

- Relatives told us they would feel comfortable complaining. Two complaints made since the last inspection had been resolved; one complainant had thanked the registered manager for their prompt action in response to their concerns.

- A relative told us, "We could always raise and have issues addressed before," but felt that this had changed recently. The provider was taking appropriate steps to help resolve current concerns and had kept relevant partner agencies updated.
- People had access to accessible guidance about how to complain.
- After our inspection, the registered manager told us they had introduced a record to monitor any action and learning taken from complaints.

End of life care and support

- We saw a well-developed end of life care plan which was tailored to the person's individual preferences and personality, for example including the person's favourite music, clothing and who would be involved in care planning.
- The registered manager told us care plans were being developed with and for other people using the service as appropriate.

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 this inspection this key question has improved to 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;

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

- A relative told us they had been informed when a medicines error had occurred. Healthcare professionals were called to ensure the person was not adversely affected.
- The registered manager understood their responsibilities related to the Duty of Candour.
- The CQC rating awarded at the last inspection was displayed as required.
- Relatives told us the registered manager was open, supportive and keen to continue to promote good experiences for people.
- The registered manager led a person-centred approach and was focused on continuing to promote positive outcomes for people.

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

Working in partnership with others

- One person told us they liked all the staff. The person told us they knew who the manager was and liked them.
- Staff told us they felt supported in their roles and with any personal issues. A staff member told us, "They listen if you have concerns. They always try their best to help us."
- People were supported to have links with the community of interest to them. Relatives felt able to approach the registered manager and felt involved with the service.
- People had detailed care plans related to their needs and with healthcare advice where this was available. The service had referred to current good practice guidance from the NHS and relevant organisations to help inform staff practice.
- All staff told us they would recommend the service. One staff member told us this was because people's needs were met and people were supported to enjoy their lives.

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

Continuous learning and improving care

- As at our last inspection, the registered manager responded positively to the inspection process and immediately addressed areas of improvement we identified, however the provider's own systems were not

always effective to identify where improvements were needed.

- We found the provider notified us of events and incidents as required and the registered manager understood their responsibilities to do so.
- The registered manager was able to give examples of how concerns about people's health and/or incidents had been appropriately responded to. Records did not always demonstrate these positive outcomes for people.
- The provider completed checks such as mock inspections to help monitor the quality and safety of the service.
- All people who were supported had a choking risk. Staff knew how to reduce these risks and there had been no choking incidents. Although staff had been given guidance and training about how to respond to emergencies, staff did not always give us clear answers on action they would take to keep people safe at all times. In another example, staff gave mixed responses as to how soon they would call emergency services when needed to support a person with epilepsy. We shared these examples and inconsistencies with the registered manager who took immediate action to address this and to give further guidance and reminders to staff. The registered manager assured us they would continue to monitor and support staff understanding of how to respond to emergencies.
- Although the registered manager told us they had improved medicines audits since the last inspection, we saw recent audits had not picked up inconsistencies and errors in some medicines records we sampled. We have made a recommendation about medicines management as systems did not always promote people's safety as far as possible.
- A staff member told us they had started a year ago but still not completed their Care Certificate induction or observed practices. The registered manager agreed this should have been done.