

Choice Support

Choice Support - 5 Bowley Close

Inspection report

5 Bowley Close
London
SE19 1SZ

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Choice Support - 5 Bowley Close is a residential care home providing personal care that accommodates up to four people. The service specialises in supporting people with learning disabilities and those with autistic spectrum disorders. At the time of our inspection there were two people receiving care and support.

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

The provider had appropriate risk assessments in place with guidance for staff about how to mitigate risks. The provider supported people to take their medicines safely. People were supported to maintain a clean and tidy home.

The provider met people's nutritional needs and supported them to make healthy food choices. People were supported with their physical and mental health needs and care records contained good information on these. People were supported to attend all necessary healthcare appointments.

People told us the staff were kind and caring and knew people using the service well. Staff supported people to be active and involved in every day choices. People's privacy and dignity was maintained.

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.

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.

There were quality monitoring systems in place, however due to changes in the management we found these systems were not always effective and actions were not always achieved. A new manager had just

started, and an action plan was in place for all the issues to be addressed.

We have made a recommendation about the effectiveness of their quality monitoring.

The service responded to serious allegations appropriately and took immediate action to ensure people were kept safe. However, the service did not always complete investigations into allegations and ensure agreed actions were completed in good time.

We have made a recommendation about how the service conducts and completes investigations.

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 23 March 2017). Since this rating was awarded, the registered provider of this service merged with another provider and altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Choice Support - 5 Bowley Close

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

Choice Support – 5 Bowley Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and 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. However, the registered manager had been on maternity leave since January 2019 and had resigned during this period of leave, with their last day scheduled for 22 July 2019. An interim manager had been in place but was no longer in post at the time of the inspection. A new manager had only recently been recruited and it was their second day of employment on the day we visited.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to meet and speak with us. As there was no registered manager in post, we also wanted to be sure that the provider or a senior member of the management team would be available to support the inspection.

What we did before the inspection

We spoke with one relative of a person receiving care and support. 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. We reviewed information we held about the service, such as the last inspection report and notifications of significant events that the provider is required to tell us about. We used all of this information to plan our inspection.

During the inspection

Due to the conditions and disabilities of people using the service people were not able to give an account of their experiences of care. We carried out observations of people's support and interactions with support workers. We spoke with the deputy area manager, the newly appointed manager and two support workers.

We reviewed a range of records. This included two people's care and medicines records. We looked at three staff files in relation to recruitment and supervision. We also looked at policies and procedures and records related to the management of the service.

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 one relative of a person using the service and received feedback from three health and social care professionals who worked with people who used 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe.

Staffing and recruitment

- The provider did not always follow safe recruitment processes to ensure that staff employed were suitable to work with vulnerable people.
- The provider had a recruitment policy which set out all the checks that were required before new staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions. However, this policy was not always followed correctly. We found that references obtained were not always from the most recent or most appropriate previous employer and were not sufficient evidence of good conduct working in a similar role. We discussed this with the deputy area manager and they have acknowledged this shortfall and are taking steps to resolve these issues.
- Staffing levels were appropriate to ensure people's needs were safely met. There was at least one member of staff on duty at all times and enough staff to ensure people had the appropriate one-to-one support when they needed.

Learning lessons when things go wrong

- There was a clear process for reporting all accidents and incidents. Staff understood their responsibility to report all accidents and incidents and a senior member of staff reviewed all incidents and ensured all necessary steps were taken to maintain safety after incidents including updating support plans and risk assessments.
- However, we found issues with how the service responded to and investigated some incidents. Thorough investigations were not always done in a timely manner and agreed actions not always completed in good time. We were informed of a safeguarding allegation that occurred on 19 June 2019. The service had taken all necessary steps to report the incident and make the situation safe and they had been asked to complete an investigation by a local authority social worker on 24 June. They had not started an investigation until 2 July and the investigation report was not completed and sent to the local authority until 12 July 2019.

We recommend the service reviews the way they investigate serious incidents and complete actions from investigations reports.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. A relative we spoke with said they were confident that the service was keeping their family member safe.
- Policies in relation to safeguarding were in place and staff received regular training in this area. Staff showed a good understanding of safeguarding procedures when we spoke with them, they knew who to

inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously. One staff member told us they were due to do a presentation to the team on female genital mutilation so that their colleagues would be more informed about this type of abuse.

- There were regular audits of people's money to mitigate the risk of financial abuse.

Assessing risk, safety monitoring and management

- The service identified, assessed, and regularly reviewed risks to people and had developed strategies to mitigate these. For example, there were risks identified from the routine use of moving and handling equipment such as hoists and wheelchairs and clear guidelines in place for staff to follow to ensure people with low mobility were supported safely. One professional who worked with the service told us, "The staff in the house do address any concerns of risks by making prompt referrals, as required."
- The service had developed emergency plans including personal evacuation plans to give staff guidance on how to deal with a range of emergency situations including a fire in the service. However, one person did not have a personal evacuation plan in place. We discussed this with the deputy area manager and they resolved this immediately.
- There were regular health and safety checks of the service and actions taken when issues were identified. Staff understood their role was to maintain people's safety at all times. One staff member told us, "We always check people's rooms to make sure they are free from clutter, which might cause them to trip over. We also check the equipment to make sure it is in good working order."

Using medicines safely

- People's medicines were managed well. Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area. Staff we spoke with demonstrated a good understanding of safe medicines administration and knew what to do if there were any errors or concerns with people's medicines.
- People's medicines were checked regularly by a senior member of staff and any issues were investigated. We checked the medicines and found the records were accurate and matched the stock check and audit record.

Preventing and controlling infection

- The provider ensured people were protected against the risk of infection. The service had an infection control policy and staff we spoke with understood how to put this into practice. Staff told us they had access to personal protective equipment to prevent the spread of infection such as gloves and aprons. We saw that the service had a large stock of these.
- We saw infection control was an agenda item at recent staff meetings, and the interim manager had reminded staff of the importance of maintaining high standards of cleanliness.
- The kitchen had acquired a rating of five (the highest rating) at the recent Food Standards inspection.

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 had an initial assessment which covered all aspects of their care and support needs and plans had been developed to meet these. Staff made daily records of the care and support they delivered so the management team could monitor progress and review support plans when people's needs changed.
- The service had devised a positive behaviour support plan for a person who had behaviours that could challenge the service. The plan contained detailed information on what situations or events might trigger behaviours and guidelines for staff to follow to reduce the risk of behaviours escalating.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support for people with learning disabilities. One staff member told us, "During the induction we got to know the service users and their needs and all the health and safety of the building including the fire procedures."
- The service offered a range of ongoing training to ensure staff continued to develop their skills and knowledge. The service had systems in place to ensure that training was refreshed regularly so staff would be kept up to date with best practice and guidelines.
- Due to the changes in management we found some staff had not had supervision in some time, but we could see that this had been identified in the quality audit and there were plans in place to resolve this.

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

- People were supported to prepare and cook food they liked and maintain a balanced diet. Staff received training on food safety and nutrition, fluids and wellbeing. Staff recorded people's food and fluid intake daily to ensure it was sufficient and well balanced.
- There were written eating and drinking guidelines in place devised by a speech and language therapist for a person who was at risk of choking and we saw these being followed during our visit.

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

- People had been supported to access appropriate healthcare services when needed and have a regular annual health check.
- Hospital passports had been developed for people using the service. Hospital passports contained detailed personal and health information about people which could be shared with hospital staff if they were admitted to hospital.
- The service had devised epilepsy profiles for people with epilepsy. These included details of the type and nature of people's seizures, what medication was being used and guidance for staff on when to call an

ambulance or seek further medical assistance.

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

- The service worked with other professionals to help people achieve positive outcomes. This included working with the local learning disability team, psychology and psychiatry when people required additional support with their mental health or behaviours that challenged. One professional told us, "The service is quite good at contacting and making referrals to the Community Learning Disabilities Team when they have concerns about any of their residents."

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

- The service ensured that the physical environment met people's needs. The building was entirely wheelchair accessible and there were appropriate mobility aids and adaptations.
- People's rooms were personalised to suit their personal taste. However, aspects of the interior and exterior of the service needed updating. The bathrooms and kitchen were old and needed upgrading and the garden area was extremely overgrown which meant people could not use this area as they wanted. The service had raised these maintenance issues with the landlord and asked for them to be addressed.

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. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- The service had carried out mental capacity assessments when there were indications that people lacked the capacity to make some decisions about their care and support.
- The service had made all the necessary DoLS applications when safety measures meant restricting some parts of people's lives. We could see that all conditions were currently being met.
- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff we spoke with could demonstrate examples of how they put this into practice. One staff member told us, "We must not assume that people cannot make decisions for themselves. We need to help them and give them the tools they need to help them choose. If they do not have capacity, we have best interests meetings."
- We saw evidence of a range of best interests meetings that had been convened when people were unable to make key decisions for themselves. These included decisions around finances or the use of safety equipment such as bedrails.

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

- Relatives told us that staff were kind and caring and understood their family member's likes and dislikes. One relative said, "I know [my family member] likes it there and the staff have built up trust with them."
- We observed positive interactions between people using the service and the staff and this was confirmed by a health and social care professional who worked with the service. They told us, "The residents are respected and communicated with, with care and compassion. The service knows the residents well. There is consistency, which makes residents feel secure."
- Support plans contained information about people's religious, spiritual and cultural wishes. People were supported to celebrate their spiritual and cultural heritage by attending church when they wanted and making food from their cultural background.

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

- People and their representatives were involved in the planning of their care. Staff told us how they regularly consulted people and their family members on day-to-day aspects of their care where necessary and relatives we spoke with confirmed this. One relative told us, "I go to the service regularly and I am consulted about [my family member's] care."
- Support plans had clear directions for staff on how to support people to make every day decisions about their care and support. Staff told us how they supported people to choose how to spend their time, what activities they wanted to do and what meals they wanted to prepare.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was maintained, and their dignity and independence promoted. Staff we spoke with explained how they maintained people's privacy and dignity when carrying out personal care tasks. This included always knocking before entering people's rooms and being mindful to ensure the door was closed when helping people bathe or get dressed.
- The service focused on supporting people to remain as independent as possible and retain key skills in daily living. One relative told us, "What I like is they [staff] maintain [my family member's] independence around certain things like preparing food. I don't want them to lose their skills."

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;

- Support plans contained detailed information about people's history, likes and dislikes in all aspects of their care and support.
- Most staff had been working at the service for a long time which meant they knew people very well. Staff we spoke with could demonstrate a very good knowledge of people and this was confirmed by comments from visiting professionals. One professional told us, "The service is good at meeting personalised needs. Activities are tailored such that they are person centred in order to bring out the best in the residents."

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 provider did not always provide sufficient opportunities for one person to engage in community based activities that were relevant to them. The person had been attending a day centre for people from the Greek Cypriot expatriate community. However, this was the only regular activity for this person as their previous regular activities had stopped and had not been replaced. We discussed this with the staff team and they told us they were in the process of looking for other regular activities to ensure the person was engaging in community life.
- Staff ensured that people were occupied and stimulated with activities of their choice when they were at home.

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 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 not always fully met. Support plans contained good information about people's communication needs so staff could understand and communicate with them better. However, staff did not always use all this information consistently. For example, one person's support plan contained a list of words and phrases in their first language for staff to use, but we did not see evidence that all staff were using them consistently to communicate with the person.
- We saw examples of easy read letters which explained a recent change in the housing management of the service. However key documents such as support plans were not in a format that people could easily understand. We discussed these observations with the deputy area manager and they have made plans to make improvements in making information more accessible and ensure communication strategies are used fully by all staff.

- The service had also arranged intensive interaction training for staff to build on their skills and competencies. Intensive interaction is a practical approach for staff to use to increase engagement and communication for people who do not find it easy to communicate.

Improving care quality in response to complaints or concerns

- The service had an accessible complaints policy which explained how people could complain and what would happen if they did. Relatives told us they knew who to contact if they had any concerns about their relatives care and support. There were not any recent complaints, so we could not see if the provider used complaints to improve the quality of care and support.

End of life care and support

- The service was not providing end of life care at the time of our inspection.
- The service had consulted people using the service and their relatives to support them to devise a funeral plan which fulfilled their spiritual and cultural wishes.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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

- Staff understood when they would need to seek guidance and support from their manager. One staff member told us, "I have raised issues in the past and the manager listened and sorted things out."
- There were regular shift handovers which covered areas such as medicines, finances, recent health updates and any other significant information such as appointments and activities.
- Senior managers and quality assurance team members did quality monitoring checks of the service to ensure people were receiving good quality care and support. The service acknowledged that due to the absence of the registered manager many actions from the checks had not been completed despite several deadlines being set. The service had identified the lack of progress and had taken steps to resolve this by employing a new manager to oversee the completion of the detailed action plan.

We recommend the provider reviews their monitoring processes to ensure any identified issues are followed up and actioned within their agreed timeframes.

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

- We did not find sufficient evidence to show that people's views and experiences were gathered and acted on to improve services. The service had conducted satisfaction surveys, but these were done several years ago.
- The most recent quality audit identified the need to seek feedback from people and their representatives and contained plans to improve this. Plans included the introduction of a suggestion box and convening meetings with families and external professionals. However, these plans had not been actioned at the time of our inspection. We will check that they have made the necessary improvements in this area at our next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service worked to achieve positive outcomes for people. Staff told us the vision of the service was to ensure people "had a good quality life" and they were supported to be as "independent as possible."
- Many of the staff had been working at the service for many years and were positive about how management supported them and ensured there were ongoing opportunities for learning and development.

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 service understood their responsibility to be open and honest and give all relevant people information when things go wrong. Relatives told us they were satisfied the service communicated with them when they needed to. One relative told us, "I'm happy that they [staff] keep in touch with me and let me know what's happening."

Working in partnership with others

- The service worked in partnership with other professionals such as social workers, psychologists, speech and language therapists and physiotherapists to achieve positive outcomes for people. One professional told us, "The service follows set out guidelines as provided by health professionals. They get in touch if the guidelines are not effective anymore or if they need more support."