

Chosen Care Limited

Chosen Court

Inspection report

139 Hucclecote Road
Gloucester
Gloucestershire
GL3 3TX

Tel: 01452616888

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09 November 2018

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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

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Improvement action plan issued following the previous inspection

Where we asked the provider to complete an improvement action plan following the last inspection, include the text below, adapting where necessary:

'Following the last inspection, <we met with the provider to confirm /asked the provider to complete an action plan to show> what they would do and by when to improve the key question(s) <insert relevant key question(s)> to at least good.' Then describe at a high level what you found, adding detail in the detailed findings section for the relevant key question(s).

Focused inspection

'We undertook an announced / unannounced focused inspection of <location> on <date>. This inspection was done to check that improvements to meet legal requirements planned by the provider after our <comprehensive inspection date> inspection had been made. The team inspected the service against <number> of the five questions we ask about services: is the service well led, <key question>, <key question> (more as needed)? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection'

Comprehensive or focused inspection

Where breach topic has moved to a different key question in Next Phase

When we completed our previous inspection on DD/MM/YYYY we found concerns relating to <provide brief details>. At this time this/these topic area(s) was/were included under the key question of <insert KQ name>. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this/these topic area(s) are included under the key question of <insert KQ name>. Therefore, for this inspection, we have inspected this key question and also the previous key question of <insert previous KQ name> to make sure all areas are inspected to validate the ratings.

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

Service Types and descriptions <choose relevant type and description, amending as appropriate>

Care at Home services

Domiciliary care agency

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community [and specialist housing]. It provides a service to [older adults], [younger disabled adults], [children].

Provider of care to people living in specialist housing

Location providing care to people housed under supported living arrangements

This service provides care and support to people living in [a] [insert number of] 'supported living' setting[s], so that they can live in their own home 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.

Location providing care to people living in extra care housing

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is [bought] [or] [rented], and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

Describe the specialist housing setting[s] people live in, there are some examples below:

People using the service lived in...

[number] ordinary flats and bedsits across [town/city/area]

a single 'house in multiple occupation' shared by [number] people

[number] of [bedsits], [flats], [houses], [and] ['houses in multiple occupation'] across [town/city/area]

a large gated community on the outskirts of [city]

Where the service supports people living in houses in multiple occupation (HMOs), add:

Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

Give a summary description of the houses, the facilities that are shared, and either the number or the range of numbers who share them. Include information about any office or sleep in arrangements. Give less detail and more summarised information where larger numbers of HMOs are supported.

Do not provide a detailed, estate agent style description of the premises lived in by people using the service; only an outline summary able to broadly explain the context in which it provides regulated activity

All Care at Home services

Where needed, explain that not everyone using the service receives personal care, for example:

Not everyone using [service name] receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Residential care home

[Care home name] 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.

Describe the care home's premises, for example:

(The care home) accommodates xx people in one adapted building.

(The care home) accommodates xx people across three separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia.

Do not provide a detailed, estate agent style description of the premises; only an outline, broad summary.

Services for people with learning disabilities and autism

'The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy

You will need to reflect where a service does not conform to Building the Right Support and Registering the Right Support guidance. It is very difficult for large services for people with autism to meet the standards.

Complex or multiple service location

If you are inspecting a complex, multiple service type location you will need to adapt and edit the above paragraphs as needed, probably substantially.

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Safe.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service remains Well-led.

Chosen Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 9 November and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services. The registered manager is often out of the office supporting staff or providing care and we wanted to make sure they would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by one inspector.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people using the service who were visiting the site where the provider's office is based. We also spoke with two members of staff and the registered manager. We spoke with two relatives of people and one health and social care professional. We reviewed three people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

The service remained safe. People told us they felt safe. One person said, "Staff keep me safe. They watch me." Another person said, "Yes, I'm safe." One person's relative said, "[Relative] is definitely safe there. My mind is at peace knowing [they're] there. I don't need to worry."

Staff were trained to keep people safe from avoidable abuse and knew how to report any concerns. One member of staff said, "Any bruises for example, I'd document it on a body map first, ask the person where the bruises came from and tell the manager. Also, we get regular updates during handover so I'd ask other staff if they knew about the bruises." Staff were also familiar with the term whistleblowing and knew to report concerns about poor care. One staff member said, "Any worries I'd discuss it with [registered manager], then go higher if I needed to. I know I can report to CQC too."

Risk assessments were in place for areas such as food safety, fire safety and keeping safe when out alone. These focussed on maximising people's independence. For example, one person had been assessed to walk to the local shop on their own. They knew the route and how to call the staff for help if they needed them. A staff member said, "[Person's name] can go to the shop on [their] own. I might suggest walking round the long way and staying on the same pavement because there's roadworks now and the road is quite busy. [They] know our address and phone numbers to call if [they] needs us." People had risk assessments in place for when they were in the kitchen. For example, staff had assessed that some people needed support to use sharp knives or to take hot food out of the oven.

Safe recruitment procedures were followed. These included inviting potential staff for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with adults.

There were enough staff on duty to meet people's needs. There was a small staff team in place to support people. The service did not use agency staff. The registered manager said they helped if there were staff shortages. One member of staff said, "We have a set team to provide support to the three people. People get lots of continuity and routine which they need." The registered manager said, "The continuity of care is one of our core things. We know these people inside out."

Medicines were managed safely. People's preferences for how they liked to take their medicines had been recorded and staff supported people to receive their medicines as prescribed. Medicine administration records were checked to ensure staff had signed them and stock balances of medicines were checked regularly.

There was a procedure in place for reporting incidents and accidents. Incidents were shared with staff during handover and discussed in order to prevent recurrence. One staff member said, "We have a handover. We discuss what people have done each day and if anything's happened."

Is the service effective?

Our findings

The service remained effective. People's needs and choices were assessed and regularly reviewed. One member of staff said, "We do regular reviews with people. We discuss changes to the plans if needed." Some people chose to participate in these and others declined.

Staff were trained to carry out their roles. Records showed the registered manager monitored which training staff had completed and when refresher training was due. Staff said they felt trained and competent. One staff member said, "I've done quite a bit [of training]. Medicines management, first aid, etc. I do feel trained to do the job."

Although staff had regular opportunities for one to one support from the line manager, these sessions had not been documented. The registered manager said there was new supervision documentation in place and that they planned to get formal structured supervisions completed and recorded. Despite this, staff said they felt well supported in their roles. One staff member said, "We get it [supervision] every four to six weeks. But we do talk to [registered manager] daily so we can get support if we need it in between." Another member of staff said, "I have regular supervisions. I feel well supported and the [registered manager] tells me I'm doing a good job." One health and social care professional said, "I believe [registered manager] supports the staff as much as [they] support the clients."

People using the service were supported to shop for their own food and to plan their menus. People's care plans detailed their food and drink preferences. One person said, "Staff make the main meal. I do make my own coffee though. I lay the table and get people a drink at mealtimes." Another person said, "Staff cook most of it. I make my own drinks though. I asked staff to make some Caribbean food. My daughter came along and did it with them, it was nice." One member of staff said, "People get a choice. Like today, I asked what they wanted for tea, and they chose lasagne. I asked what veg they wanted with it. Sometimes people help us [staff] prepare the meals, but mainly they're happy to sit and watch and chat. They might help with small things, like buttering the bread." Another member of staff said, "I always give people options at mealtimes. One person prefers certain food because of their culture, so we try and cater to that." This person's relative told us, "It would be good if they could do more Caribbean cooking. [Relative] does contribute to the household shopping budget so I think it would be nice if at least once a week they cooked food that [they] like and are used to." We discussed this with the registered manager who told us they had recently sourced some food items for the person to try with the aim of buying them regularly. People's weights were monitored. We saw the plan for one person who staff had supported to eat healthily and take part in exercise to lose weight.

People had access to ongoing healthcare. Hospital Passports and Health Action Plans were in place. These are documents that state what is needed for a person to remain healthy, including the support which a person may require if they need to go to hospital. When needed, staff supported people to make appointments such as going to see the GP, nurse or dentist.

Staff remained knowledgeable about the principles of the Mental Capacity Act. People were asked if they

were happy for us to visit them at their home and staff respected their decision when one person declined. People who did choose to speak with us were asked first by staff if they were happy to do this and whether they wanted a member of staff to support them.

Is the service caring?

Our findings

The service remained caring. One person told us, "The staff are good. They sometimes make me laugh. They're kind to me. They're taking me to visit my parents graves next week." Another person laughed and said, "The staff are ok."

We saw that people were relaxed around staff. They were chatting with them and laughing and joking. When one person started to tell us about a meal they'd had recently, the registered manager reminded them that part of the meal had been burnt and the person and the registered manager were laughing as they recounted the story to us.

Staff spoke highly of their roles. One staff member said, "I enjoy the job. It's nice making people's day. One person's family often tell us their relative looks so well. I'm making a difference to people's lives." Another member of staff said, "I love my job. I like it because we work to keep people independent."

People's relatives spoke highly of the care and support provided by staff. Comments included, "Staff are lovely, it's the best home [person's name] has ever lived in. The care is well over 100%" and "Yes, the staff are very good." One relative said, "Whenever I visit, the people seem happy. I often turn up unexpected and I'm always made to feel welcome. Staff always say, come in, have a cup of tea."

One health and social care professional told us, "I do think they genuinely care. Chosen Court are up there for high standards of care. They're really good. My client has a good rapport with all staff. There is no other placement that is as good with my client as they are."

There was no formal process to seek people's feedback on the service. However, the service was small and the manager told us they regularly saw people. They said, "Two people regularly come over to [provider's other service] so I see them most days. People can call me, they all have my mobile number and can call anytime. One person called the other evening. I'm there regularly so see people a lot."

People's privacy and dignity was respected. One member of staff said, "We all like our own space sometimes. [Person's name] sometimes just wants to be in his bedroom and I respect that." One person's relative said, "[Relative] always looks clean and smart. Although I would like it if they encouraged [them] to see the hairdresser regularly."

Is the service responsive?

Our findings

The service remained responsive. Care plans were personalised and contained details of people's preferences and choices for how they wanted staff to support them. For example, in one person's plan it was written that they wanted staff to help them reach their target weight and to communicate more about how they felt. In another person's plan it was written that they wanted staff to support them to be as independent as possible with a future goal of moving to accommodation on their own.

Some people needed staff to support them with personal hygiene. In these instances, the level of detail in the plans included information such as what toiletries people preferred, how often they liked to wash their hair and whether the gentlemen needed assistance to have a wet or dry shave.

Plans in relation to people's emotional needs were detailed and provided staff with clear guidance on how to support people when they were upset or anxious. One member of staff discussed one person's support needs in relation to some behaviour they sometimes displayed. Communication plans described how people communicated and how staff should support them, such as speaking slowly and clearly, not rushing people and giving them time to process what was being said to them.

Staff spoke to us about people's support needs and demonstrated they knew people well. There was a clear focus on maximising people's independence. One member of staff said, "I've known [person's name] since they first came to live here. I taught [them] to do their shoelaces, put on a belt and how to use the phone. I've seen lots of changes for the good in people." Another member of staff said, "Sometimes people might need a bit of encouragement. So, I might suggest walking into town for breakfast with one person, and then suggest we get the bus back. That way they get some exercise." One person's relative said, "They [staff] do try to promote independence." Another relative said, "I can't fault them to be honest. They understand [person's name]." A health and social care professional told us, "My client has come on in leaps and bounds. [They've] lost weight, gained new skills. It's lovely to see that transformation. It's always a pleasure to go there."

People were supported to take part in activities of their choice. For example, in one person's plan it was written that they enjoyed playing pool, going to the cinema and visiting the pub. This person told us, "I enjoy watching football, match of the day, any sport. We have popcorn with it. We've got a pool table so we play that too." Another person told us staff had supported them to decide what colour to redecorate their bedroom. They said, "I can't decide between two colours."

People were supported by staff to carry out household chores. One person said, "I do all the hoovering at home because I like it. Staff do my washing for me." Another person said, "I clean my bedroom on Mondays. I strip the bed, and staff do the washing and make it again for me. I dust and polish my own room."

There was a 'resident charter of rights' document in place in easy read format. This included information for people such as their right to be called by the name of their choice and the right to independence.

There was a complaints policy in place and this was available in easy read format for people. No complaints had been received in the past year. One relative we spoke to said, "I can contact [registered manager] any time. Any concerns I ring or text. [They're] very good and will always sort things if I ask. [They're] open to feedback."

There were end of life plans in place. These are plans which inform staff of people's choices for how they want to be cared for at the end of their lives, including where they would like to be cared for. Some people had chosen to contribute to their plans and others had declined.

Care plans had been regularly reviewed and people had taken part in these. For example, in one person's plan staff had written the person's comments following the review as, "I have been happy", "I don't want to change anything, I like living here and have staff who know me."

Is the service well-led?

Our findings

The service remained well-led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were quality assurance processes in place. The registered manager undertook regular health and safety checks, checks of medicines and observations of staff. We saw records of previous audits that had been carried out. No issues had been raised.

The registered manager also managed one of the provider's other services and was overseeing another service until a new manager was appointed. People from this service often visited the other service to socialise with people they knew. The registered manager said this meant they regularly saw people as well as visiting people at their home. They told us, "I know people are safe and well cared for. I'm on the end of the phone if needed. I still really enjoy the job. I'm happy to roll my sleeves up, I did a shift on Sunday when someone went off sick."

The registered manager told us about the positive impact they and their team had on people. They said, "One person struggled to settle in previous settings. To have lived here so long is amazing and is testament to the support they've had. I've got nothing but praise for the staff." They also told us about another person who was worried they might have to move. They said, "We fought for [person's name] to stay here rather than be moved on. [They] struggled for a while worrying [they'd] have to move but we managed to keep [them]. People living here see us as family. We stand up for them."

People's relatives told us the registered manager was approachable and easy to contact. One relative told us, "[Registered manager] is wonderful. [Person's name] loves [them]." Another relative said, "[Registered manager] is very good."

Regular staff meetings took place. We saw minutes from these. All of the staff we spoke with said they felt well supported in their role and were encouraged to suggest improvements that could be made.

The service had good links with the local community. People were supported to socialise and access the community when they wanted to. The registered manager said, "Staff go on holidays with people if they want to. One person didn't want to go away this year. Some people will go and stay with families over Christmas. One wont, so we will stay here with [them]."

The service had recently been acquired by a new provider. The registered manager said they felt well supported in their role. They told us, "I feel well supported by my line manager, peers and my staff. The new provider has good ideas I think."