

Choices Housing Association Limited

Choices Housing Association Limited - 535 High Lane

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 20 November 2015. This was an unannounced inspection. Our last inspection took place in July 2014 and at that time we found the home was meeting the regulations that we checked them against.

Choices Housing Association Limited - 535 High Lane is registered to provide accommodation and personal care for up to eight people. People who use the service have a learning disability and/or a mental health condition. At the time of our inspection seven people were using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People's safety was maintained because risks were assessed and planned for and the staff understood how to keep people safe. People's medicines were managed safely, which meant people received the medicines they needed when they needed them.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People's health and wellbeing needs were met and people were supported to attend health appointments as required. People could access suitable amounts of food and drink that met their individual preferences.

Staff showed they understood and applied the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This ensured decisions would be made in people's best interests if they were unable to make decisions for themselves.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy.

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and participate in activities that were important to them.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere at the home and people and staff were supported by the registered manager.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with us.

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 was safe. Risks to people were assessed and reviewed and staff understood how to keep people safe.

Sufficient numbers of staff were available to keep people safe and people were protected from abuse and avoidable harm. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective. People were supported to maintain a healthy diet. People consented to their care and support and staff knew how to support people to make decisions in their best interests if this was required.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Is the service caring?

Good ●

The service was caring. People were treated with kindness, compassion and respect and their right to make choices about their care was supported and promoted.

People were encouraged to be independent and people's privacy was respected.

Is the service responsive?

Good ●

The service was responsive. People were involved in the assessment and review of their care to ensure that care met their preferences and needs.

Staff supported people to do the things that were important to them. People knew how to complain about their care and systems were in place to respond to any complaints.

Is the service well-led?

Good ●

The service was well-led. Effective systems were in place to regularly assess, monitor and improve the quality of care. Feedback from people, their relatives and the staff was sought to identify areas for improvement in care.

Choices Housing Association Limited - 535 High Lane

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 was 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 inspection took place on 20 November 2015 and was unannounced. Our inspection team consisted of one inspector.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service. We used this information to formulate our inspection plan.

We spoke with all seven people who used the service, three members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Is the service safe?

Our findings

People told us they felt safe around the staff. One person said, "The staff make me feel safe". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

We saw that people were protected from the risk of abuse, because they were enabled to tell staff when they felt sad or unsafe. One person said, "I feel safe because I can speak to the staff". People told us and we saw that pictorial 'feelings' cards were readily accessible for them to use. People said they could take a 'feelings' card to a member of staff to show how they were feeling. We saw that when required, agreed procedures were followed that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team.

People told us and care records confirmed they were regularly involved in the assessment and review of their risks. For example, records showed that one person told staff they felt they were at risk of falling in the shower. Their care records showed staff had discussed this risk with them and they had showed the person how to use the equipment in the shower room to keep them safe. People also told us that the staff supported them to participate in fire drills. We saw the fire drill procedure was displayed in a communal area in a pictorial format. This showed that staff supported people to understand how to stay safe in the event of a fire.

Staff showed they understood people's risks and people told us they were supported in accordance with their risk management plans. For example, one person's care records showed they needed support to access the community. This person confirmed they received support from the staff to do this. They said, "I like that the staff come with me in case I get lost". Staff also confirmed how they managed and supported this person with their risks.

People told us that staff were always available to provide them with care and support. One person said, "The staff are always here for me". The registered manager told us they regularly reviewed staffing levels and staff told us these were adjusted to meet people's individual needs. For example, staff told us that the number of staff on shift at night time had been temporarily increased for a short period of time due to the changing needs of a person that used the service.

People told us and we saw they were encouraged and supported to take their medicines as prescribed. We saw one person who showed signs of pain and discomfort was immediately offered pain relief in accordance with their pain management plan. Our observations and medicines records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Is the service effective?

Our findings

People told us and we saw they could eat foods that met their individual preferences and choices. One person said, "I like a curry. I get to eat curries here". Another person said, "The staff ask us what we want on the menu". People and staff told us a varied and balanced diet and healthy eating was promoted. One person said, "We eat healthy to help us lose weight". A staff member said, "We try and make the meals as healthy as possible". People also told us they could access drinks and snacks at any time. We saw people making drinks and helping themselves to fruit throughout the day.

People told us they were supported to stay healthy and we saw that people's health and wellbeing was consistently monitored. For example, people's weight was monitored and staff took appropriate action in response to any concerns with weight. People told us they had access to health and social care professionals as required. One person told us how they could see the doctor when they needed to. They said, "I go and see [Doctor's name] because they are my doctor". We saw the advice given by healthcare professionals was followed. For example, guidance from health professionals about how to support a person who lived with dementia was followed by staff. This ensured the person received the care and support they needed to help promote their health and wellbeing.

We saw that staff supported people to make decisions about their care and support in accordance with the law. 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. Staff showed they understood the MCA. One staff member said, "When people can't make decisions for themselves we get other people to help make the right decision for them".

People told us the staff respected their abilities to make decisions about their day to day care and support. One person told us they could decide what activities they wanted to participate in on a daily basis. They said, "It's up to me if I want to go out or not". People's care records contained the information staff needed to ensure the MCA was followed. For example, the decisions that people might need support to make had been identified, and the professionals and other people who needed to be consulted with to make decisions in people's best interests had been identified.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA, and authorisations to deprive people of their liberty had been appropriately made.

Staff told us they had the skills they needed to meet people's needs. One staff member said, "Personally, it's the best company I've worked for in regards to training. The training is very in depth". One staff member told us how their training had helped them to manage people's behaviours that challenged in an effective manner. They said, "It's shown me different ways of getting out of difficult situations. We can manage

situations without using restraint". We saw this training had been successful as the number of incidents that were managed with restraint had significantly reduced. Staff told us they had recently received training to prepare them to be able to help manage a medical condition that a person who was due to be admitted to the service had. This showed a proactive approach to training was used to ensure staff were ready to meet this person's needs on their admission to the home.

Staff also confirmed they had regular meetings with the registered manager to discuss their development needs. One staff member told us they could request additional training during these meetings.

Is the service caring?

Our findings

People told us they were happy living at 535 High Lane because the staff were kind and caring. One person said, "The staff are very friendly with me. I like people being friendly with me, it's important to have friends". Another person said, "The staff are nice to me and help me when I need help". People told us and we saw they had positive interactions with the staff. We saw one person talking to staff about a recent shopping trip they had been on. The staff member showed interest by asking the person what they had purchased and the person proudly showed the staff member their new purchases.

People told us they were enabled to make choices about their care. One person told us they chose the decor for their bedroom. They said, "I picked cream wallpaper and cream curtains for my bedroom". We saw that staff respected the choices people made. For example, one person told us they liked a lie in every morning. We saw this person was able to wake at a time that suited them.

People told us they were enabled to be as independent as they could be. One person said, "The staff ask me to lay the tables and sometimes they ask me to help with the cooking". Staff told us and we saw that independence was promoted. One staff member said, "We encourage people to do as much for themselves as they can, but we help people when they need it". We saw that this staff member promoted people to be as independent as they could be. For example, they supported one person to help cook dinner.

People told us and we saw their privacy and dignity was promoted. One person said, "I can go to my room anytime". We saw that people could move around the home to access private areas when they wished to do so. We also saw staff promoting a person's dignity by closing the bathroom door when they noticed the person was using the bathroom with the door open.

People told us and we saw they were supported to keep in contact and maintain relationships with their family and friends. One person said, "I get to see all my family". Another person said, "I see my friends a lot. One of my friends lives at another house, I sometimes go for tea there". The registered manager produced a newsletter for people and their families to keep them updated about what was happening at the home. The newsletter we looked at showed photos of a friends and family tea party that had been held during the summer. One person told us they enjoyed the party because their family had attended.

We saw that staff knew people's likes and dislikes which enabled them to have meaningful conversations with them. For example, we saw one staff member talk to a person about trains. The conversation made the person smile and laugh which showed they enjoyed the conversation. This person's care records clearly showed trains was one of their interests.

We saw that information was presented to people in a manner that reflected their skills and understanding. For example, house rules that had been set by the people who used the service had been recorded in an easy to read format. This format contained pictures to help people to remember what the house rules were.

Is the service responsive?

Our findings

Before people moved to 535 High Lane they visited the home to check it was suitable for their needs and to meet the people who used the service. We were told a person was imminently due to move in, had visited the service to check they got on with the people and staff. Records showed the registered manager had worked with the person, their relatives and appropriate health and social care professionals to agree a plan of care. This showed the registered manager ensured systems were in place to ensure new people received care that met their needs and preferences as soon as they started to use the service.

People told us they were involved in the planning of their care. One person said, "We have meetings where we talk about what makes me happy". A staff member told us these meetings were used to agree people's care. They said, "We talk to people about what's important to them and the things that are important for them to stay well. For example, family is important for [person who used the service] so we do what we can to make sure they have regular contact with their family. And a healthy diet is an important thing for them to follow to keep their weight down. They've agreed with us that they should try and eat healthy". Care records also showed that people were involved in the planning of care. For example, care records were signed by people who used the service to show they agreed with their planned care.

One person told us that one staff member took on a keyworker role to coordinate their care. They said, "I have a keyworker. They go through my file with me and we go out on trips together. I like my keyworker". Staff told us the keyworker role was important in ensuring people's needs were regularly met and reviewed. One staff member said, "I'm [person who used the service] keyworker. It's my job to make sure they are okay and have everything they need. I sat with them last night to make a Christmas card list so we know how many cards to buy. It's really important to them to send cards to all of their family as their family is very important to them". This person confirmed the staff member had done this with them the previous evening.

People told us they were encouraged to participate in leisure and social based activities of their choice. These took place at the home and in the community. One person said, "I go into town every Saturday, and I go MAC club (Multiple abilities club) every week". Another person told us they like flowers and art. The staff told us how they supported this person to purchase flowers from the local florist every week, visit a local art club and participate in art based activities at home. This person showed us the flowers they had purchased and some of their art work. This showed people were supported to do the things that were important to them.

There was a 'make a wish' initiative at the home where people were supported to identify and achieve a dream goal. People told us and their photo albums showed they had been supported to achieve these goals. For example, we saw two people had participated in a VIP tour at a local football ground.

We saw that staff responded to changes in people's care needs. One person's mental health had recently deteriorated. We saw that the registered manager was working with the person and staff to identify the best way to meet the person's needs. The person's care records showed their agreed care had been adjusted to meet their changing needs. We also saw that people received the care and support they required when they

needed it. We saw one person ask if they could phone their sister. The staff immediately enabled the person to do this, which was important to their wellbeing.

People knew how to complain and they told us they would inform the staff if they were unhappy with their care. One person said, "If I have got any problems I can always turn to the staff". The complaints process was clearly displayed in an easy read format and we saw that complaints had been managed in accordance with the provider's policy.

We saw that people were supported to access advocates to help them express their views, opinion or concerns. Examples we saw showed this ensured people's views were sought and considered when important decisions about their health and wellbeing needed to be made.

Is the service well-led?

Our findings

People and staff told us, and we saw that there was a positive and homely atmosphere at the service. One person said, "It's a very nice house". Staff members said, "It's a nice relaxed home" and, "There is a very friendly atmosphere which is nice". Staff also told us they enjoyed working at the home. One staff member said, "I love being able to interact with the residents and the staff are great too".

People knew who the registered manager was and we saw they were comfortable around her. One person said, "She's very nice". People and staff told us the registered manager had a strong presence at the home. The registered manager showed they knew people's needs well and we saw them interacting with people in a caring and manner. For example, we observed one person telling the registered manager, "I like you". The registered manager replied, "I like you too".

Frequent quality checks were completed by the registered manager and provider. Some audits were completed by managers of other local homes owned by the provider to ensure they were completed objectively. The registered manager told us they welcomed this approach. They said, "It's a good thing as an external person can share what's working well for them so we can learn from them". Quality checks included; checks of medicines management, care records, nutrition, finances and health and safety. Where concerns were identified, action was taken to improve quality. For example, one audit had showed the finance policy was not being followed consistently. We saw that staff were reminded of the importance of following the policy and compliance with this had improved.

The registered manager was committed to improving people's care experiences by reducing the use of restraint at the service and within the other local services owned by the provider. They had signed the 'Restraint Network Pledge' to show their commitment to this. The Restraint Reduction Network (RRN) is an independent network which brings together committed organisations providing education, health and social care services for people who may challenge. The network has a vision to deliver restraint-free care and support and make a real difference in the lives of people who use services. The registered manager delivered training to staff who worked for the provider that focussed on the reduction of the use of restraint. We saw this had been effective as the use of restraint at the service had significantly reduced.

The registered manager sought feedback about the care from people who used the service and the staff. This was via a satisfaction questionnaire. The results of the questionnaires were analysed and we saw that the registered manager approached people for further feedback when a concern had been raised.

The registered manager assessed and monitored the staffs' learning and development needs through regular meetings with the staff. One staff member said, "In supervision we get feedback about the way we've been interacting with people. It can be good and bad, so we can learn from it". Staff told us they were supported by the registered manager. One staff member described the registered manager as, "Lovely and very easy to talk to". Another staff member said, "She's very nice, I could go to her anytime". Staff also told us there was an effective on call manager system in place that ensured they had access to management support 24 hours a day.

Staff were encouraged to share their ideas for improvement. An innovations folder had been developed for staff to share their ideas in addition to being given the opportunity to do this via regular meetings. Staff told us and we saw they had all been asked to think about how they could improve the service for people. This had led to the staff agreeing 'staff pledges' to help improve the quality of care. An example of this was for staff to improve people's life books with written information about people's photos and memories. One person showed us the work they were completing with the staff to improve and expand their life books. This showed the staff were following their pledges.

The registered manager told us they worked in partnership with health and social care professionals and other agencies to improve people's care experiences. For example, they told us they had requested and attended meetings with healthcare professionals at the doctors' surgery because they were having problems accessing some of the services that were needed in order to meet people's complex care needs. They told us, "As a result the service they provide has become much more person centred and effective", and "The doctors know us now, know individual service users and their needs, respect our views, and are more willing to make the referrals we request".

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.