

Choices Housing Association Limited

Choices Housing Association Limited - 40 Stafford Avenue

Inspection report

40 Stafford Avenue, Clayton,
Newcastle-under-Lyme, ST5 3BJ
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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 

Overall summary

This inspection took place on 11 August 2015 and was unannounced. Our last inspection took place in May 2014 and at that time we found that the provider was meeting the regulations that we inspected against.

40 Stafford Avenue is registered to provide care and accommodation for up to five people. People who use the service have a learning disability. At the time of our inspection, five 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. The registered manager was absent at the time of this inspection and the provider had arranged for a manager from another service to manage 40 Stafford Avenue until the registered manager returned.

Summary of findings

People's safety was maintained because people's risks were assessed and plans were in place to minimise risks whilst also promoting people's independence and freedom.

Systems were in place to ensure that people were protected from avoidable harm and abuse. Staff had been trained to understand different types of abuse and how to recognise signs of abuse. They were aware of the safeguarding adults procedures and how to report concerns so that people were protected, and we saw that this had been done when required.

There were sufficient numbers of staff to deliver safe care and support people who used the service. We saw that people were supported to attend appointments and access the community. Medicines were stored, managed and administered safely so that people got their medicines as prescribed.

Staff were supported to develop their knowledge and skills and training was provided to ensure they could support people effectively. Staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the principles of the Act were being followed to make sure that people's rights were respected.

People's health needs were met because they were encouraged to be involved in reviews of their needs and

referrals to healthcare professionals were made promptly when needed. People had enough to eat and drink and were offered choice and flexibility about their food and drinks.

People were treated with kindness and compassion by staff who knew their preferences and goals. People were encouraged to be involved in making decisions about their care and support and staff communicated effectively with each individual to ensure their voice was heard.

People's privacy and dignity was respected and they were encouraged to be independent and participate in the local community.

People received personalised care and were enabled to follow their hobbies and interests. Staff were proactive in supporting people to be involved in work and learning opportunities.

People knew how to complain and there was an accessible easy read complaints procedure available that people knew about. Staff listened to people's comments and were aware of the complaints procedure.

There was a friendly and supportive atmosphere at the home and staff enjoyed working there. Staff felt supported by the managers and were involved in developing the service.

The manager completed quality monitoring and checks and acted upon any issues identified. The manager was aware of the conditions of their registration with us.

Summary of findings

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. There were systems in place to protect people from avoidable harm and abuse and staff knew how to recognise and report concerns.

People's risks were assessed and plans were in place to protect them. Sufficient numbers of staff were in place to meet people's needs and medicines were stored, managed and administered safely.

Good



Is the service effective?

The service was effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected and their consent was sought before support was given.

People had enough to eat and drink to maintain a healthy diet and staff were trained to support people effectively. People had access to healthcare professionals and were involved in reviewing their healthcare needs.

Good



Is the service caring?

The service was caring. People were treated with kindness and compassion by staff who knew their preferences and goals.

People's privacy and dignity was respected and they were encouraged to express their views and be involved in decision making about their care and support.

Good



Is the service responsive?

The service was responsive. People received personalised care to meet their individual needs and were involved in the development and review of their detailed care plans.

People knew how to complain and staff were aware of procedures in place to respond to any complaints or comments.

Good



Is the service well-led?

The service was well-led. Staff felt supported by the manager and involved in developing the service.

Systems were in place to monitor the quality of the service and the management took action when needed.

Good



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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 inspection took place on 11 August 2015 and was unannounced.

The inspection team consisted of one inspector.

Prior to the inspection we looked at the information we held about the service. This included looking at previous

inspection reports and notifications. A notification is information about important events which the provider is required to send us by law. This information was used to form our inspection plan.

We spoke with two people who used the service and three relatives. Because not many people were able to talk to us, we spent time observing how staff offered care and interacted with people who used the service. We spoke with four members of staff and the acting manager.

We looked at three people's care records to see if they were accurate and up to date.

We also looked at records relating to the management of the service. These included quality checks, two staff recruitment files, staff rosters and other documents to help us to see how care was being delivered, monitored and maintained.

Is the service safe?

Our findings

People we spoke with us told us they felt safe. One person said, “I feel safe here because I’m happy.” A relative said, “I feel happy that [person who used the service] is safe there, there’s no better place.” Measures were in place to protect people from avoidable harm and abuse. Staff knew how to recognise signs of abuse and how to report any concerns. One staff member said, “I would definitely report any concerns to the manager.” Safeguarding adults procedures were clearly displayed in the staff office and staff told us they would follow a flowchart to report abuse in the absence of the manager. We saw that protocols had been followed when needed so that concerns were shared with the local authority, in line with local safeguarding adult’s procedures.

People’s risks were assessed in a way that protected their rights and freedom. For example, one person told us they went out into the community independently but sometimes staff went with them and they were happy with this. The risk assessment included the person’s wishes and encouraged independence. They were able to access the local community without support, but for difficult to reach locations, the person was offered support. They signed their risk assessment and were given the opportunity to refuse staff support having had the risks explained to them by staff. People were supported to understand risks and they were given support to make choices to increase their freedom and independence whilst keeping safe.

Policies and procedures were in place for managing risk and staff understood how to use them to keep people safe. For example, fire instructions were displayed clearly and

staff demonstrated they knew what to do in case of a fire. Each person who used the service had their own personal evacuation plan which was based on their needs and risks and staff knew what specific support people needed.

Some people presented with behaviours that challenged the staff and others. Staff told us they had received training in how to manage people’s behaviours and they described how they applied this training. We saw that people had plans in place specific to their needs to help support them in the least restrictive way. When restriction was needed, we saw this was documented and reviewed by the manager to make sure it was safe and appropriate. Staff told us and we saw in people’s plans that restriction was used as a final option to keep people safe and this was not used excessively.

The acting manager told us that staffing levels were reviewed to check they were suitable to meet people’s needs. We saw that there were enough staff to respond to people’s needs and that people were supported to go out to appointments and to access the community. Staff told us and we saw that recruitment checks were in place to make sure that people were suitable to work at the service.

Medicines were stored, managed and administered safely so that people received them as prescribed. We observed people being supported to take their medicines. People were reminded what their medication was for and were given the choice of taking the medication, we saw that people chose to take their medication from staff. Accurate records were kept of medicines given and there was guidance for staff to follow for people who needed medication as and when required. This helped to ensure that people received medicines consistently and safely.

Is the service effective?

Our findings

People felt that staff had the necessary skills to support them. One person said, “Staff know how to support me, yes they do.” Staff told us and records showed that regular training was provided. One staff member said, “We do lots of training, recently I’ve done first aid and MAPA (Management of Actual or Potential Aggression). It’s a helpful refresher of my knowledge.” Staff were able to demonstrate how training had helped them to better support the people who used the service. For example, one staff member described how they used recent training to support someone successfully when they were upset.

The Mental Capacity Act 2005 sets out requirements that ensure where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. Staff demonstrated that they understood the requirements of the act and told us that people were able to make decisions about their day to day care. We saw that each person’s mental capacity had been assessed and each had a decision making matrix to show what decisions they were able to make independently and what decisions may need to be made in their best interests. No best interests decisions had been made, people made their own decisions but staff were aware of the need to consider making a best interests decision for more major decisions. We saw that people were asked for their consent before they were supported.

The Deprivation of Liberty Safeguards (DoLS) are for people who are unable to make a decision about where or how they are supported and they need someone else to make this decision for them. Staff understood their role in relation to DoLS for people who did not have capacity. One staff member said, “Some people here have DoLS authorisations because they are not free to leave.” We saw that referrals for DoLS authorisations had been made for people who needed them, which is a legal requirement. Four people were subject to DoLS authorisations and we saw that they were encouraged to have as much choice and control as they were able to, to ensure that their legal and human rights were respected.

There was a flexible and relaxed approach to meal times. People told us and we saw that they were able to have food and drinks at any time and people were able to access the kitchen independently. One person said, “I can have a drink whenever I want one.” We saw that one person helped themselves to cereal for breakfast and people made themselves hot and cold drinks throughout the day.

People were offered choices of food and drinks. One person said, “I’ve had cereal for my breakfast, I choose what I want.” Staff told us and people confirmed that they met each week to plan the weekly menu and shopping list. We saw that a menu board was displayed in the kitchen using pictures to help people choose from their options. One person was supported to make an omelette when they chose not to have either option on their menu. People were actively involved in planning and choosing their meals and were happy with the quality of the food. One person said, “I like the food, it’s nice.”

People were assessed to see whether they were at risk of malnutrition or swallowing difficulties. One person’s doctor had advised that their drinks should be monitored and recorded and we saw that up to date records were kept and information was shared with the person’s doctor to help manage their health needs.

People felt informed about and involved their healthcare. One person said, “They help me to see the doctor when I need to, I’ve been this morning.” One relative said, “They take [person who used the service] to see the doctor whenever they need it.” Four people had health action plans in place and one person’s plan was being developed. Each person had a meeting each month to evaluate their plan. This gave people the opportunity to talk about their health and review any changes. We saw that referrals were made to health professionals when needed following the evaluations. For example, we saw that one person went to an appointment with an occupational therapist and we saw that a referral to a counselling service had been agreed and made for another person.

Is the service caring?

Our findings

People told us and we saw that people were treated with kindness and compassion. One person said, “Staff are always kind to me, they are helping me to make a table outside because I like doing that.” Without exception, relatives said that staff were kind and caring. One relative said, “The care is great, the staff are so kind and caring.” Another relative said, “[Person who used the service’s] key worker is great, they have a great connection. The staff are honest and I trust them. They care for [Person who used the service] so well.” Staff knew people’s preferences and hopes and they told us how they helped people to achieve their goals. For example, a staff member told us how one person liked gardening and they were supported to grow their own plants in the service’s allotment as well as contributing to the communal gardens.

People were supported to maintain relationships that mattered to them. One person said, “My relative comes to see me and I go and visit them.” One relative said, “They help [person who used the service] to remember family birthdays and support them to buy presents and cards, that’s really important to them.”

We saw that staff offered choice and control to people who used the service. One person had a communication board that used pictures to help them understand their choices and to plan the activities they wanted to do. Staff told us how they involved a speech and language therapist to help them communicate effectively with the person when they first moved to the service. One person had an advocate who visited them regularly and supported them to share their views.

Staff spent time with people to help them say how they felt and were caring in their approach.

People told us and we saw that their privacy and dignity was respected. One person said, “They leave me if I ask for some time on my own.” Another person said, “They always knock on the door and wait for me to answer.” One person needed support to have a bath. We heard staff offered to leave them to have some privacy in the bathroom and the person used the call bell to alert staff when they wanted to be supported.

Is the service responsive?

Our findings

People's preferences were clearly recorded and staff knew how to provide personalised care to each person. One person said, "Oh yes, they know me and what I like." Staff told us and we saw that they asked people's preferences and provided support accordingly. For example, it was recorded in one person's care plan that they like baking. We saw a staff member ask if they would like to bake or would prefer to rest. The person chose to bake and we saw them supported by staff to make cakes for everyone to eat at tea time.

People were supported to follow their interests and take part in social activities. One person said, "I'm going out to the disco tonight, tomorrow I go riding and on Thursday I go to work in the voluntary shop." We saw that one person was supported to go out walking and another person was supported to go to the train station to pursue their hobby of watching trains. Each person had an individual weekly activities plan. Staff told us these were developed with each person. The plans were flexible and we saw staff ask people if they wanted to do the planned activity or something else. Each person was supported to work if they chose to, we saw that one person had a number of voluntary jobs and one person accessed a college course.

Each person who used the service had a detailed plan of care that was individual to them. People told us and we saw that they were involved in creating their plans and their views were recorded in regular reviews with their keyworkers and the registered manager. One person said, "I know what's in my plan, I've looked at it." Care plans

included people's goals and achievements. For example, we saw that one person was interested in cookery and they had been supported to enrol and attend a cookery course at a local college. Staff were proactive to encourage independence and involvement in the community.

People told us they had residents meetings and we saw these were planned bi-monthly. People were encouraged at the meetings to give their views about what they would like to do and advocates supported people who needed it. We saw that people were asked to make a wish for the following month. It was recorded in the minutes of the meeting that one person had made a wish to go to Chester Zoo and another person requested support to go to Coronation Street. People and staff told us they had been to these places so they were receiving individualised support to meet their specific needs and preferences.

People's preferences were listened to and acted upon. For example, we saw that one person preferred to be supported in the community, by a male member of staff. The acting manager told us that this was facilitated by ensuring the staff roster always had a male staff member on in the morning. We saw the staff rota reflected this and the person was supported to go out by a male staff member.

People told us they knew how to complain if they needed to. One person said, "I can speak to any of the staff about anything." There was an accessible easy read complaints procedure in place and details of this were displayed clearly in the service. Staff demonstrated that they understood the provider's complaints procedure. No complaints had been recently received.

Is the service well-led?

Our findings

The service had a registered manager; however they were not working at the time of our inspection. The provider had arranged for a manager from another service to manage 40 Stafford Avenue whilst the registered manager was away. We saw that the acting manager had a good understanding of the needs of people who used the service and how to communicate with them. One person said “I like [the acting manager]; [they] listen to me.” The acting manager encouraged open communication with people who used the service by spending time with them and supporting them in order to build up good relationships.

Staff were aware of the values and visions of the service. One staff member said, “We make sure every individual reaches their potential and we support them to do it with dignity and respect. We work hard as a team to make sure we do that for all the people who live here.”

There was a friendly and homely atmosphere. One person said, “I’m happy.” Staff told us and we saw they were happy in their work and understood their role in supporting people. One staff member said, “I absolutely love working here. The people who live here are great, they can get out and about when they want to, there’s no restriction on them and all the staff are great too.” Another staff member said, “I love getting to know the people as individuals, what they like to do and supporting them to do it.”

Staff felt well supported by the registered manager and the acting manager in their absence. One staff member said, “The registered manager is really approachable, I can talk to them about anything.” Staff were aware of whistleblowing procedures and felt they would be able to raise concerns if they needed to. Staff told us about and we saw records of staff meetings. One staff member said, “Staff meetings are good, we get feedback about how we are doing and it’s a good team building exercise. We get the chance to air any concerns and things are always acted on completely.” Staff felt they were listened to and involved in

developing the service. One staff member said, “I told the registered manager I was interested in foot care and they are looking into opportunities for me to do more training and take the lead to get the best for the people here.”

The registered manager delegated tasks to the care staff to improve people’s care and increase efficiency. For example, staff were given key worker roles which meant everybody who used the service had an allocated staff member who was responsible for coordinating their care. Additionally, more experienced staff were encouraged to support new staff to develop. One staff member said, “I’m supporting a new staff member to develop in the role of keyworker.” This meant that staff felt more involved in developing the service and encouraged a positive culture of team work.

People told us they were involved in the service and asked for their feedback. One person said, “We have meetings with staff.” We saw that surveys were sent to people who used the service, relatives and staff and that feedback was used to make improvements. One relative said, “We have surveys sent to us. Comments and suggestions are always responded to. I’ve never needed to complain.” One staff member gave an example of how cleaning standards had been an issue. Staff told us and we saw that it was raised at a staff meeting and the staff team worked together to develop a checklist which has improved the working systems at the service.

The acting manager was aware of the conditions of registration with us. We had been notified about incidents that are a requirement of registration.

The registered manager, and acting manager in their absence, completed monthly audits to monitor the quality of the service and we saw that they had analysed incidents and accidents to look for trends. Action was taken following review of incidents, for example we saw that there had been an incident of missed medication. We saw that actions had been taken to ensure the safety of the person and that staff had been given additional training and support to help prevent future incidents occurring.