Choice Support

Choice Support Wakefield (DCA)

Inspection report

Unit 5, Clarke Hall Farm
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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

Choice Support is a charity that provides care and support to people living in the community with learning disabilities, mental health needs and physical disabilities. The local office is situated on the outskirts of Wakefield City Centre. The service currently supports 90 people. People are supported in their homes and also supported living services in the surrounding areas in 30 houses.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People told us they felt safe and their health care needs were met. It was evident from our discussions with staff they had an in-depth knowledge of people's care and support needs. Staff knew about people's interests and how they preferred to spend their time and how they would like to be supported. There were sufficient numbers of suitably qualified and competent staff. Care plans were detailed and person centred. There was evidence of checks carried out to assess and monitor the quality of the service provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below

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 Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

In our last inspection report we said, 'We found the provider and staff promoted people's independence in all aspects of their lives. This was evident from our observations as well as people's care records we reviewed. We saw staff recognised and valued people as individuals.' At this inspection we found the service was caring, however we did not see evidence the provider had continued to innovate. We have therefore rated this key question as 'Good'.

Is the service responsive?

Good

At our last inspection we rated this key question 'Requires Improvement'. At this inspection we saw all required actions had been taken, and we were able to improve the rating to Good.

Is the service well-led?

Good

The service remains 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 checked 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 which took place on 07 September 2017 and was announced. We gave the provider 48 hours' notice of our visit to ensure that the registered managers of the service would be available.

The inspection was carried out by four adult social care inspectors and two experts by experience who had experience with supporting people with a learning disability who spoke to people and their relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the day, two inspectors visited the office to look at care records and documentation relating to the care and governance of the people they supported. One inspector visited four supported living houses to look at the support provided by staff and to speak to people and the staff at the homes. One inspector spoke to staff by telephone to ask their view about the service and the support they gave to people. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR 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.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit we spoke with 10 people who used the service, 10 members of support staff including both the registered managers and four managers in the homes. We spent some time observing support given to

people in their home. We also spent some time looking at documents and records that related to people's care and the management of the service. We looked at six people's care plans.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "Yes I feel safe at Choice Support; there are enough staff to look after me properly there. I get my medication on time there and I like it." Another person told us, "I feel safe there yeah." We spoke to relatives who all told us they felt their family member was safe. One relative told us, "My son is safe, absolutely. I'm highly satisfied. Since he's moved there, he's been the happiest he's ever been." Another relative told us, "Everything is fine. I have no issues. My sister is safe there or she wouldn't be there, it's as simple as that. I've no concerns about her welfare when she's at Choice Support."

We saw safeguarding principles were embedded in people's care plans. For example, one person's financial support care plan gave examples of ways in which financial abuse can occur and included guidance for staff to follow if they had any concerns. All of the staff we spoke with said they would report any suspicions of poor or abusive practice by colleagues. One staff member said they had blown the whistle about this previously. All but one staff member said they had received training in safeguarding and said they had access to relevant numbers if they wanted to raise a concern directly.

Risk was well assessed in care plans, and we saw very detailed guidance for staff to follow to ensure any risks were minimised. Areas of risk covered included medicines, swallowing difficulties, personal safety and use of transport.

We saw robust recruitment procedures for new staff were in place at the time of inspection.

High levels of staffing were seen in all four houses. In each person's care record and daily notes staff on duty were recorded to show who had provided support to the person. Managers in all the houses said staffing was organised round people's individual needs and all staff in each house knew each person well so they could support them.

Care plans included clear protocols for the use of as-and-when medicines, also known as 'PRN'. We saw staff had access to guidance to help them understand when these medicines may be needed and what actions they should take before administering medicines. We saw staff asked for GP advice when PRN was used frequently. We observed medicines were stored in each person's room in a secure locker and staff kept the keys secure so no one had unauthorised access. Medicine administration records (MARs) were up to date with no gaps in recording. There was very clear and detailed information in people's care plans about each medicine they needed and how the person liked to be supported to have this. There was information about the effects of each medicine for staff to understand. Staff we spoke with said they had all been trained to give medicine and their competency was checked to make sure they knew what they were doing. Staff told us they always gave people their medicine in pairs to ensure practice was safe.

Staff told us they wore protective clothing when carrying out any personal care tasks. One support worker told us, "We have these provided to us."

Good

Is the service effective?

Our findings

The registered provider had a training programme in place. We saw staff had received training in mandatory topics, such as first aid and fire safety. All of the staff we spoke with confirmed they received lots of training. Staff had face to face training at Clarke Hall and some e-learning. One staff member said they found it easier to do e-learning when they were working the night shift. Staff had also completed training in epilepsy and any required training needed to support people. In addition some staff were in the process of completing or had completed National Vocational Qualifications. We spoke to the registered managers regarding a member of staff who had completed training required as they had been away from the service for some time. The registered managers dealt with this straight away and arranged this training to take effect immediately. This was sent to the inspector after the inspection. All staff said they were well supported by their immediate manager and received two monthly supervision and annual appraisals. However, some of these differed in each house dependent on the manager. This was discussed with the registered managers who told us this would be dealt with accordingly. One staff member also told us about how their manager checked their competency in areas such as moving and handling. We observed this at the time of inspection.

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. One staff member told us how best interest decisions were made. They told us how they would involve people's advocates and, where appropriate, health care professionals.

We saw evidence of capacity assessments in care plans. We saw these were decision specific, and showed what support people needed to ensure decisions were made in their best interests. For example, we saw the provider had recognised one person had fluctuating capacity, and the guidance with the assessment made clear when the person may be best able to make an independent decision. Although we did not always see people's signed consent, staff we spoke with were very clear in their understanding of how to gain people's consent and support their right to make decisions.

Care plans contained detail to show what people liked to eat, including flavour, strength and texture. We saw very detailed guidance in place to ensure people with sensory impairments were offered food and drink in ways which helped stimulate their appetite and enabled them to make choices about their meals and drinks.

Staff we spoke with told us about how they would involve healthcare professionals such as the GP or dietician if they had concerns about people's nutrition.

Good

Is the service caring?

Our findings

People and their relatives told us they were well cared for. One person told us, "The staff respect my dignity and privacy. I think they are very caring." A relative told us, "My daughter is helped to keep independent. She is on holiday at the moment. They do look after her. She has a nice room and it is all working out well for her at the moment."

At the last inspection we saw people actively involved in recruiting staff. This included being supported by staff and managers to develop individualised job descriptions and also involvement in the recruitment process for which they received payment. This involvement varied from asking questions, observing candidates and providing feedback with the panel on their observations of the candidates. At this inspection this was still in place.

All the staff we spoke with told us how much they enjoyed their jobs. They described how they supported people in making choices in their lives and supporting them in engaging in activities of their choice. Staff we spoke with were very enthusiastic and animated when telling us about their work with people. Staff comments included, "I absolutely love this job", "I feel it's a privilege to work here", "I never wake up and think I don't want to go to work" and, "It's people's home." All staff unanimously said the care provided would be good enough for themselves or a relative of theirs. One member of staff said, "Oh I could certainly live here, it's fantastic."

We saw people were spontaneously affectionate with staff and staff responded warmly.

People's care plans included a document referring to a 'Circle of support'. This had detailed information about family and friends, how they knew the person, how staff could support people to stay in contact and significant dates such as birthdays and anniversaries. We saw people's cultural and spiritual needs were considered and supported, with detailed plans in place showing the support they needed from staff. For example; one person had a clear support plan in place to show how staff could enable them to practice their religion, and in another plan we saw clear guidance for staff for maintaining the person's preferred hairstyle in relation to their ethnic background.

Staff involved people extensively with their care and support and demonstrated the utmost respect. The managers in each house spoke about an ethos of 'don't just do for me, but do with me' and it was clear this was happening in practice. For example; we saw staff respectfully asked people before carrying out any care and support and where people were unable to communicate verbally staff gave a running commentary on what was happening in the home, carefully observing body language and facial expressions and mirroring their responses to acknowledge people's feelings.

Staff gave examples of how they made sure people's privacy and dignity needs were met. This included knocking on people's doors, making sure bathing was supported with as much privacy as possible and not discussing people in front of others.

People's cultural needs were respected in all areas of their care plans, for example, in identifying the gender of staff that provided personal care and general support. People's preferred routines were presented in detail, meaning staff had access to information to ensure care and support was delivered in ways which the person preferred. Where people did not communicate their wishes directly we saw plans had evolved over time based on observing what the person enjoyed or did not enjoy about their day to day routine.

There were very detailed care plans in place to ensure people with sensory impairments received care and support which ensured their needs were met in a caring way. This included very clear guidance for staff to ensure they understood how to communicate with people in ways which ensured they offered clear choices and could understand the person's wishes.

Care plans showed the provider discussed people's wishes for care at the end of their lives. We saw these included information about who would help support the person, including family, friends and advocates. This is important in ensuring any decisions were made in the person's best interests.

Good

Is the service responsive?

Our findings

People told us the care provided by Choice Support (Wakefield) was person centred care. Most people said they were involved in their care plan and the care delivered met their needs and preferences. One person told us, "I don't know if I have a care plan or not really." Another person told us, "The staff know what I like. They spent time getting to know me, and staff who I've bonded well with are really good in knowing my likes and dislikes." A relative told us, "They take my sister for her hair to be done, to meet her old friends, they take her out to lunch, and they are good at providing things for my sister to do." Another relative told us, "We're fully involved with our son's care plan."

Care was extremely person centred and staff had a superb understanding of how to respond to people expressed preferences. Particularly it was noted where people were unable to verbalise their needs staff gave visual choices and watched for people's reactions. Staff told us it was the tiny nuances of people's facial expressions and body language that informed them of how to provide care and we saw these were detailed in step by step instructions of how to provide every aspect of a person's care, within the care and support plans.

Care records showed in detail how each person should be supported and what staff should do if they indicated or said they did not want the support. For example, one person was resistive to personal care and this made them distressed, so their care plan detailed every single thing staff could do to minimise the person's distress. For example, by entering their room a while before doing personal care, putting on the person's favourite music to help them feel relaxed and happy and how to talk the person through each step of the process.

One person who could not speak with us was very expressive and showed us ways in which they had chosen their colour scheme for their room, by buying match pots at B&Q; photos were seen of them at B&Q and testing them on the walls. They indicated for us to go to their room with them where they proudly showed us a roll of wallpaper they had chosen, which staff were going to paper their wall with. They showed us catalogues and pointed to the things they wanted – staff told us they gave the person as much visual resources as possible to support their choices.

Care plans were regularly reviewed, with any changes highlighted in the review section. One care plan we looked at made clear the person was to be told about reviews even though they usually chose not to participate in them. We concluded the significant level of personalised detail in care plans meant staff regularly spoke with people about their preferences or made observations about the ways in which people responded to care and support.

There was a process in place to ensure complaints were recorded and responded to. We saw there was an overview of the concerns raised, actions taken and outcomes which enabled the registered managers to identify any themes or trends. The service had also received a number of compliments. Comments included, 'All the staff work exceptionally as a team, for which I am grateful. I feel confident [name of person] is being well cared for,' and 'I have peace of mind knowing [name of person] is in good hands.' Some relatives had

nominated staff members for the provider's award scheme.

Good

Is the service well-led?

Our findings

There was two registered managers in post when we inspected. 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 systems and processes in place to ensure the quality of the service was kept under review, and improvements put in place where necessary. The registered managers had good systems in place to maintain and drive standards. People who used the service were asked for their opinions, and we saw the provider's analysis of responses to surveys showed people were happy with the service. Where people had given any examples of improvements to be made, we saw action had been taken as a result.

We saw the registered managers had regular contact with individual house managers. They told us each house manager spent at least one day per week in the office, and we found the registered managers had good knowledge of the people who used the service.

The registered managers held regular meetings with the house managers. We looked at minutes of these and saw a number of operational issues were discussed, with any actions required clearly documented. These showed who would be involved and by when actions should be completed. In addition we saw the registered managers also met regularly with relatives. Minutes of these meetings showed people were able to raise questions and receive answers, and we saw the registered managers shared updates about planned improvements to the service.

There was a staff survey carried out by the provider. We saw staff were asked about a range of aspects of their experience including management of the service and working for the provider (average – about 70% felt valued), whether they understood the provider's objectives (88% agreement) and the care and support people received (74% positive).

All staff we spoke with and all house managers considered the service was very well led, with input from senior managers. Staff we spoke with said managers empowered them to do their job and they were clear about their roles and responsibilities. Staff all said they felt valued and important to the service.

We saw the provider produced a monthly staff newsletter which highlighted good practice in offering people choice and promoting their independence. There were prompts in place to show registered managers how they could drive and evidence quality in their own services.

A relative that we spoke with said, "Yes, I know the managers. They are very approachable. They keep on top of things. We fill in forms and questionnaires that they send us, I've just realised, I sound too good to be true don't I but it's the truth, it's very well run and we've absolutely no complaints."