

Choices Housing Association Limited

Choices Housing Association Limited - 63 Hoveringham Drive

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 16 December 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 - 63 Hoveringham Drive is registered to provide accommodation and personal care for up to six people. People who use the service have a learning disability and/or a mental health condition. At the time of our inspection six 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 were enabled to make decisions about their care and support and staff respected the decisions people made. Staff knew how to support people to make decisions in their best interests if they were unable to do this for themselves.

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 were enabled to share concerns 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 - 63 Hoveringham Drive

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 16 December 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 four people who used the service, a visiting relative, two members of care staff, a student nurse 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 at the home and around the staff. One person said, "I feel safe, we don't have any fights here". A relative also told us they felt their relation was safe because the staff were open and honest about the care. They said, "I think [person who used the service] is safe, I know the staff well and I know what goes on as they keep me informed". 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 found that people were protected from the risk of abuse, because they felt able and were enabled to speak to the staff if they felt sad or unsafe. One person said, "I would tell my keyworker or [the registered manager] if I was scared". We saw that pictorial 'feelings' cards were also available to help people with communication difficulties show staff how they felt. The staff and the registered manager told us how they would recognise and report abuse in accordance with the agreed local safeguarding procedures. No recent safeguarding concerns had been identified or reported to the local authority. However, staff had the skills to do this if required.

We saw that risks to people's safety and wellbeing were identified, managed and monitored effectively. For example, people who were identified as being at risk of skin damage, received support to manage this risk. This included regular support to change their position, regular monitoring of the condition of their skin and plans to apply medicinal creams and seek advice from health care professionals if their skin condition deteriorated. Care records showed these plans were reviewed on a regular basis and amended if required.

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 supervision from staff at mealtimes because they were at risk of choking. We saw staff supervised this person whilst they ate their lunch and the person confirmed staff were always present when they ate. They said, "They sit with me at the table". Staff also confirmed how they managed and supported this person with this risk.

People told us that staff were always available to provide them with care and support. One person said, "Staff are always here for me". A relative also confirmed this by saying, "Someone is here 24 hours a day" and, "The staffing numbers seem like they are maintained". 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 could change to enable people to participate in trips in the community.

People told us and we saw they were encouraged and supported to take their medicines as prescribed. We asked one person what happened if they experienced pain. They told us staff gave them medicines to help control their pain in a prompt manner. They said, "They see to me right away". 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 the staff had the skills they needed to meet their needs. One person said, "The staff know how to help me move". Staff told us they received training to provide them with the knowledge and skills they needed to meet people's needs safely and effectively. One staff member told us why they enjoyed the provider's face to face approach to training. They said, "I like to listen and learn from other people's experiences from the other homes (owned by the provider)". Another staff member told us how their training had helped them to manage a person's medical condition in an emergency situation. They said, "I did the rescue medicines training and it's helped me to be able to give the rescue medicine when it has been needed". The registered manager told us and staff records showed that the staffs' training needs were regularly reviewed and met. This showed that the staffs' development needs were effectively managed to ensure they had the skills required to provide safe and effective care.

People told us and we saw they could eat foods that met their individual preferences and choices. One person said, "I had porridge and sultanas this morning. It's my favourite" and, "I say I want chips and I have them". Staff told us a varied and balanced diet and healthy eating was promoted. A staff member said, "Some of the ladies have chosen different toppings with ryvita today. We are trying to help them keep their weight stable". People also told us and we saw they could access drinks at any time. We saw staff encouraging and supporting people to drink 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, "If I'm poorly they take me to the doctors". A relative told us staff supported their relation to attend health monitoring appointments. They said, "We were worried about [a person's medical condition], but they see a doctor every six months now for that". We saw the advice given by healthcare professionals was followed. For example, guidance from a health professional about how to support a person who required a specialist diet was followed by the 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, "We should never assume people can't make decisions for themselves, but we help them when they can't". A relative confirmed they had been involved in a meeting with staff and professionals where a 'best interest' decision was made for their relation as they were unable to make this decision independently. This decision was in relation to a specific invasive medical test. They said, "We discussed it during a meeting and all agreed it wasn't required and didn't need to go ahead". This showed the staff followed the requirements of the MCA

when people could not make decisions for themselves.

People told us the staff respected their abilities to make decisions about their day to day care and support. For example, one person told us staff did not force them to participate in exercises if they chose not to do so. They said, "They help me do my exercises when I let them. I'm the boss, I don't have to do them". 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 and were being followed.

Is the service caring?

Our findings

People told us they were happy living at 63 Hoveringham Drive because the staff were kind and caring. One person said, "I'm happy. I like all the ladies and the staff. The staff look after me and help me". A relative also told us the staff were caring. They said, "The staff all love [person who used the service] and know them. You can tell with the affection they show them when they speak with them". They also told us staff acknowledged and embraced their relations' personality traits. They said, "[Person who used the service] has always been bossy and they are able to be a bit bossy here".

People told us they were enabled to make choices about their care. One person told us, "I picked the colour for my bedroom". People also told us the staff respected the choices people made. For example, one person told us they did not like the sensory equipment in the bathroom, so they did not have to bathe with this equipment turned on. They said, "I had a lovely bath this morning" "I don't like all the lights, so I don't have them on".

People told us they were enabled to be as independent as they could be. One person told us how everyone had been involved in preparing the home for Christmas. They said, "We all helped put the decorations on the tree for Christmas". A relative told us how staff supported and enabled their relative to participate in domestic tasks that they enjoyed. They said, "[Person who used the service] likes domestic work. The staff give them little jobs to do, they really enjoy helping". We saw this person being supported by staff to do some cleaning. They smiled during the activity, which showed they enjoyed it.

People told us and we saw they were supported to keep in contact and maintain relationships with their family and friends. A relative told us how staff supported them to take their relation on trips in the community. They explained staff attended these trips so their relation's personal care and safety needs could be met. They told us the staff helped to make these trips feel as relaxed, family focussed and dignified as possible. They said, "It's been nice getting to know the staff. [Person who used the service] keyworker is coming out to lunch with us today".

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 Michael Jackson. The conversation made the person laugh and dance which showed they enjoyed the conversation. This person showed us their Michael Jackson DVD which confirmed this was one of their interests. Systems were in place to support people with communication difficulties participate in meaningful conversations. Records of the activities people enjoyed and participated in were kept, in the form of scrap books. We spent time with one person going through their scrap book. The person responded positively to this by laughing and pointing at the pictures. This showed consideration had been given to the needs of people with communication difficulties to ensure staff could engage in meaningful conversations with them.

We saw people had positive and interactions with the staff. For example, we saw a staff member spend time reassuring one person about our presence at the service. This helped the person understand why we had visited so they could participate in the inspection. We also observed staff promoting people's dignity and

right to privacy. For example, we saw a staff member knock on the bathroom door and wait for a response from the person before they entered the room to provide care and support.

Is the service responsive?

Our findings

Before people moved to 63 Hoveringham Drive they participated in an assessment to check the home was suitable for their needs and to meet the people who used the service. 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 told us they liked to take one of their medicines mixed in their drink to help it taste more pleasant. This person's care records showed this was their preference and that staff had checked it was safe to administer the medicine in this manner. A relative told us how they were involved in the planning of their relations care because of their communication difficulties. They said, "There are annual meetings where we all discuss [person who used the service's] likes, dislikes, holidays and activities. We are asked if we have any requests and we plan around [person who used the service]". Care records contained information about people's individual likes, dislikes and care preferences and we saw this information was reviewed on a regular basis to check if there had been any changes in people's preferences.

People told us and we saw their care preferences were met. A relative said, "I know [person who used the service] does the things they enjoy. They like shopping and we know staff take them out to buy clothes as we see them when we visit". One person's care records showed they liked having their nails painted. This person confirmed this when we spoke with them and we saw their nails were painted.

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 shopping every week and go to the village for a drink and a chat. I have friends at the village" and, "I like jigsaws, the staff help me do them". We saw staff supported this person to finish a jigsaw they had been working on. This showed the staff supported the person to participate in activities that met their individual preferences.

There was a 'my wish for the week' initiative at the home where people were supported to identify and achieve a weekly goal. People told us and records showed they were supported to achieve these goals. For example, we saw one person's goal to be supported by staff to purchase Christmas presents had been achieved.

We saw that staff responded to changes in people's care needs. One person's ability to access the bath had deteriorated following a change in their health. We saw that the registered manager sought advice and support from health and social care professionals, which resulted in the person being prescribed specialist equipment to enable them to bathe. The person's care records showed their agreed care had been adjusted to meet their changing needs.

People were supported to share concerns about their care through regular meetings. Pictorial cards were also available to enable people with communication difficulties to tell staff if they were unhappy with their care. A relative told us they understood the complaints process. They said, "We haven't needed to complain

for a long time, but we know how to if we needed to". The complaints process was clearly displayed in an easy read format. No recent complaints had been received.

Is the service well-led?

Our findings

People told us and we saw that there was a positive and homely atmosphere at the service. One person said, "It's always nice here" and, "I like living here". A relative said, "The staff stay here a long time, which is a good sign". Staff told us they enjoyed working at the home because they like the people and staff team. One staff member said, "I love working here. I love the ladies and the staff are amazing to work with". Another staff member said, "I love interacting with the ladies, they are like family".

People knew who the registered manager was and we saw they were comfortable around her. One person said, "She's a nice lady". Staff told us the registered manager was supportive. Comments included, "She's fabulous and very supportive" and, "I think she's brilliant and supportive. She's supported me a lot". Staff also told us there was an effective on call manager system in place that ensured they had access to ongoing management support 24 hours a day.

The registered manager assessed and monitored the staffs' learning and development needs through regular meetings with the staff. One staff member said, "Supervision is good. We go through the person's file who I am the keyworker for to check everything is okay and right". Another staff member said, "We regularly discuss my job role and any issues or problems". The registered manager told us and we saw that regular staff meetings were held to keep staff updated with changes at the home. They also told us staff meetings were used to check and expand the staffs knowledge and skills. For example, minutes of the last staff meeting showed the registered manager had checked the staffs' understanding of the Mental Capacity Act 2005. We saw this had been effective as staff showed us they had a good understanding of the Act. The minutes showed and staff confirmed that a health professional had also attended the last meeting to provide the staff with some training in visual impairment. Staff told us this had been beneficial as it had helped them appreciate what it was like to be visually impaired.

Staff told us they felt valued by the registered manager and provider because they invested in them. They told us the registered manager had recently asked staff to take on 'champion' roles at the service. Champion roles in adult social care aim to raise people's awareness and understanding of specific topics, such as dignity or dementia. One staff member told us how they were looking forward to taking on the responsibility of their champion role. They said, "We have champion roles now. It's very new, so I'm learning about it" and, "I already have some ideas of what I'm going to do, it should be good".

Frequent quality checks were completed by the registered manager and provider. 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, a fire drill had identified improvements were needed to ensure staff unlocked the home's main in the event of a fire to ensure the fire service could access the home promptly. Staff had been informed about this and were aware of the need to ensure this was done.

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 latest questionnaires had been analysed and

were found to be overwhelmingly positive. Therefore no further action was required on this occasion.

Staff told us they were encouraged to share their ideas for improvement. One staff member told us how an idea they had suggested had been acted upon. They said, "I suggested some equipment for the kettle might help the ladies make their own drinks, and we got one". This showed the registered manager listened to staffs' ideas and acted upon these to improve people's care experiences.

The registered manager was committed to providing high quality care. The home accredited with the Gold Standards Framework (GSF) centre which showed they had demonstrated they had reached a high standard in the planning/provision of end of life care. The registered manager told us how they worked with people, relatives and health and social care professionals to ensure people's end of life preferences were assessed and planned for. The registered manager had worked with another staff member to design their own recording template for this. People's records contained detailed end of life care preferences that were individual to each person. This showed they had designed and implemented an effective tool to plan for end of life care at the home.

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.