

Chosen Care Limited

Chosen Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Chosen Court is a residential care home providing personal care to up to 11 people. The service provides support to people living with learning disabilities, autistic spectrum disorder or mental health needs. At the time of our inspection there were 9 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: We received mixed feedback from people and their relatives about the opportunities to engage in activities of interest. The registered manager told us that they were supporting people to reengage with activities after the pandemic. We have made a recommendation for the provider to review people's activity preferences to ensure they remain current.

There was evidence of risk assessments for the building and environment. Regular health and safety audits and environmental checks were carried out to monitor the safety of the service

The environment did not meet the principles of Right support, right care, right culture as there were more than 6 people living in one communal home. However, despite the large environment, consideration had been given to the principles. The regional operational director told us, "All of the refurbishment and building work has taken place to personalise people's environment. It has been needs based and we are making more space and a 'break out' area for people."

People had not always been supported to take their medicines in accordance with their individual needs and preferences.

Agency staff had been used to ensure safe staffing levels had been maintained through a high level of staff turnover.

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

Right Care: People's care records did not always contain the necessary detail to evidence the personalised care, support and treatment people received. A high level of staff turnover had meant the service had recently become more reliant on agency staff. Staff were not always able to explain their role in respect of individual people without having to refer to documentation. Therefore, the shortfalls we identified in relation to people's care records meant that we could not always be assured people's wishes and preferences would be met.

Right Culture: We received mixed feedback from people, relatives and professionals about the culture of the home. Some permanent staff told us they believed that, after a period of high staff turnover, things were now improving. The provider had put measures in place to make the necessary improvements and an agreed timeline for improvements had been implemented. More time was needed for this to be achieved.

Quality assurance processes included a variety of audits. These had been operated effectively at provider level, but internal home audits had not identified the concerns we found on inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 May 2021).

Why we inspected

We received concerns in relation to the management of finances, diet and nutrition and people's personal care needs. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chosen Court on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Chosen Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chosen Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chosen Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service about their experience of the care provided. We spoke with 8 members of staff including the registered manager, regional operational manager, regional operational director, 2 agency staff and 3 support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included a sample of 3 people's care records, a variety of records relating to the management of the service, including a review of some policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policy and quality assurance records. We sought feedback from 5 relatives and 2 professionals about their experience of the care provided.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely, Learning lessons when things go wrong

- Staff did not have access to up-to-date and accurate information to provide safe care and support. People had been supported to manage their diabetes. However, their care plans did not always reflect the action staff needed to take when a blood glucose reading fell outside of a person's personalised range to ensure they remained safe. Two people's care plans also contained contradictory information about their safe blood glucose range which staff could find confusing.
- People might not receive their PRN ("when required") medicines when needed. Staff did not have information on exactly when and how they should be administered.
- People's creams might not be applied as prescribed. Some prescribed topical creams had no clear guidance for staff on how to use this cream, where it was needing to be applied and how often. For some people we found medicines with no clear record so we were unsure whether it was still currently in use.
- Staff had not always signed people's Medicine Administration Records (MAR) when they had administered people's medicines. We saw no evidence that people had been harmed, but incomplete medicine records increased the risk of medicine errors occurring.
- At the time of our inspection, building work and refurbishment were ongoing. People's individual fire evacuation plans contained primary and secondary exit plans but had not been updated to take into account the changes in the environment. They did not always direct staff to the nearest available primary exit in the event of a fire. This could delay emergency evacuation.
- Cleaning records were not always in place as we found equipment had not always been maintained as required. For example, we found one person who received their respiratory medicines via a holding chamber. On the day of our inspection we found this was not clean and contained residue from previous usage. The registered manager told us staff routinely cleaned this chamber prior to use, however there was no record to assure us this was taking place. The registered manager took immediate action to implement a cleaning schedule in response to the feedback shared.
- The Resuscitation Council UK do not support suction-based airway clearance devices for the treatment of choking as there is insufficient research and evidence on the safety or effectiveness of these devices. We

found an airway clearing device in the service. Although the registered manager and the provider representative told us this equipment was no longer in use immediate action had not been taken to remove the device prior to our inspection. This increased the risk of the equipment being used if a choking incident was to occur.

Systems were not always operated effectively to ensure people's safety. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence of risk assessments for the building and environment. Regular health and safety audits and environmental checks were carried out to monitor the safety of the service.
- People's medicines had been reviewed to monitor the effects on their health and wellbeing. The registered manager adhered to the principles of Stopping Over-Medication of People with a Learning Disability (STOMP), and we saw how they had engaged with professionals to ensure people only received psychotropic medication for the right reasons and in the right amount.
- Staff were trained to handle medicines in a safe way. They completed appropriate training and had their competencies assessed to make sure their practice was safe. One staff member said, "We have competency checks for medicines. These are done by the manager or team leader and are in addition to our training."

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 MCA 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.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely. All required checks were made before new staff began working at the home. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Interview records were in place to support managers' decisions to employ staff. The records provided evidence that managers had explored the previous employment histories of staff and their suitability to work at the home.
- Agency staff had been used to ensure safe staffing levels had been maintained through a high level of staff turnover. The registered manager told us they were recruiting to minimise agency usage and positively impact on the continuity of care. In the interim they told us they had block booked agency staff where possible to provide greater consistency.
- Management operated an established duty system to ensure that leadership and support for people and staff was available outside of office hours.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they felt comfortable to raise concerns with the leadership team to safeguard people from the risk of abuse. One staff member said, "I feel very confident to raise safeguarding concerns. If I wasn't happy, I wouldn't hesitate to go further."
- One person raised a safeguarding concern during our inspection. The registered manager took effective action to share information with all relevant parties and safeguard the individual.
- The Oliver McGowan Training on Learning Disability and Autism had been implemented as part of the mandatory training for all staff. This is the standardised training that was developed to enable the health and social care workforce to better support people with a learning disability and autistic people.

Preventing and controlling infection

- We were not assured that the provider was supporting people living at the service to minimise the spread of infection. People's personal COVID-19 risk assessments had not been reviewed in line with updated government guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider's policies around visiting ensured they supported visiting in line with the latest guidance. People's care records showed us that visiting was enabled. The service supported visits for people living in the home in line with current guidance.



Our findings

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback from people and their relatives about the opportunities available to people to engage in activities they liked and enjoyed.
- People's care plans showed prior to the Covid-19 pandemic people used to attend a variety of activities in the community as well as at home. The registered manager told us that they were still supporting people to reengage with activities in the community after the pandemic.
- People's care plans did not provide staff with information on how activities were to be reintroduced for each person and how they were to be supported in the interim to prevent boredom and isolation.

We recommend the provider review all people's activity and engagement preferences and goals and clearly record them for staff to follow.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There were visual structures, including symbols which helped people predict what was going to happen during the day. These visual aids were not always reflective of people's current level of activity and engagement.

Improving care quality in response to complaints or concerns

- The provider had, through their own systems, identified that people needed more involvement in their care and support plans, where possible. The registered manager told us they were reviewing people's care documentation to ensure people were now central to the care planning process. Time was needed for these reviews to be completed.

- Whilst the registered manager was able to discuss complaints and complaints were recorded, there was not always a clear record of the outcome of the complaint and action taken to resolve the issues raised and learning. It was therefore not possible for the provider to monitor whether complaints had been investigated and responded to appropriately in line with their procedures and policy.
- People and their relatives told us they knew how to complain if they were not happy with the care they received.

End of life care and support

- People and their relatives had been supported to engage in Advance Care planning (ACP) to express their end of life preferences.

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Quality monitoring took place but was not always effective in driving improvements when shortfalls were identified. Whilst the provider had identified people's medicine administration records required improvement, they had not taken effective action to monitor and address the issues on a day-to-day basis to reduce the risk to people of not receiving their medicines as prescribed.
- The provider's systems to return out-of-date or unused medicines to the pharmacy had not been effectively followed and stock had been allowed to build up. Whilst we saw no evidence that people had been harmed, timely action had not been taken when a provider audit had identified the risk presented."
- People's medicine cabinets, on occasion, contained out of date medicines. This had not been identified through the provider's own medicine management or auditing processes. We saw no evidence that people had been harmed as these medicines had not been administered.
- The provider had not identified prior to the inspection that a potentially harmful airway clearing device was still available in the service and had not been removed in accordance with their policy.
- The outcome of the provider's audit did not correspond with the findings of the registered manager's audits in relation to medicines. The provider was working with the registered manager to resolve. Inconsistent audit findings increase the risk of concerns not being identified promptly.

The provider had failed to ensure their systems to monitor and improve the quality and safety of the service were operating effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had identified that improvements were needed to the care recording systems and was

considering an electronic care planning system.

- The registered manager told us they were taking action to improve the culture of the home, after a high staff turnover. We spoke to a permanent member of staff who told us, "Many staff have left but I think now we are happy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had been consulted about their living environment in response to the refurbishment and building work. The regional operational director told us, "People were able to choose right down to the colours of their rooms and bathrooms. We are replacing furniture...to make it more homely."
- The provider sought feedback from staff, professionals, people and those important to them. A colleague satisfaction survey had recently taken place and the data was being reviewed to inform and develop practice.
- The provider engaged in local and national forums to work with other organisations to improve care outcomes where possible for people using the service and the wider system.

Continuous learning and improving care

- The provider shared lessons learned across the region and more widely to an external source to review themes and trends and identify improvements to the services and care provided.
- A peer review system was being implemented by the provider so regional operational managers could attend different services outside of their area to complete their monthly audit. The regional operational director told us this would help to upskill staff and management, identify learning as well as share good practice more widely.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to operate systems effectively to ensure people's safety.</p> <p>Regulation 12 (1)(2)(a)(b)(c)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure their systems to assess the quality and safety of the service were operating effectively.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(e)</p>