

Choice Support

Choice Support Bedfordshire, Buckinghamshire and Milton Keynes

Inspection report

26 Shenley Pavilions, Chalkdell Drive
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Tel: 01908787940

Date of inspection visit:

07 January 2020

08 January 2020

09 January 2020

10 January 2020

13 January 2020

14 January 2020

15 January 2020

21 January 2020

22 January 2020

23 January 2020

Date of publication:

25 February 2020

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

About the service

Choice Support Bedfordshire, Buckinghamshire and Milton Keynes is a supported living service. The service is registered with the Care Quality Commission (CQC) to provide the regulated activity personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection 90 people were receiving personal care within the Bedfordshire, Buckinghamshire and Milton Keynes supported living services.

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

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

People received support from staff who appropriately recruited. They were supported by regular, consistent staff who knew about them and their care needs.

Systems were in place to manage medicines and support people to self-administer their medicines. Systems were in place to control and prevent the spread of infection. The provider investigated incidents to ensure lessons were learnt when things went wrong, to continually improve the service people received.

People's needs, and choices were assessed before they received a care package. Staff received induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough to maintain their health and well-being. Staff supported people to live healthier lives and access healthcare services. People were supported to attend healthcare appointments as and when required. Staff worked with other healthcare professionals to provide consistent care and support.

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.

Staff had built up caring and compassionate relationships with the people they provided care to. People and relatives, where appropriate, were involved in the planning of people's care and support. People's privacy and dignity was maintained.

Support plans provided personalised care. There was a complaints procedure in place and systems to deal with complaints effectively. The service provided appropriate end of life care to people when required.

There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required. The service worked in partnership with outside agencies. People, relatives and staff were encouraged to provide feedback, which was analysed and acted upon.

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

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was Good (published 20 December 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Choice Support Bedfordshire, Buckinghamshire and Milton Keynes

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and three assistant inspectors.

Service and service type

This service provides care and support to people living in supported living settings, based in Bedfordshire, Buckinghamshire and Milton Keynes, so people can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had three managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to obtain information towards planning the inspection and arrange dates to visit the head office and people living within some of the supported living settings.

The inspection activity started on 7 January 2020 and ended on 23 January 2020. We visited the office location on 10 and 21 January. We carried telephone interviews with staff on the 7, 8 and 9 January. We visited people in supported living services based in Bedfordshire, Buckinghamshire and Milton Keynes on the 13, 14 and 15 January. We carried out telephone interviews with relatives of people using the service on 22 and 23 January 2020.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals involved in monitoring the care people using the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and in making the judgements in this report.

During the inspection

We met with 10 people using the service and carried out telephone interviews with four relatives about their experience of the care provided. We spoke with 26 staff members, which included support workers, senior support workers, service managers and the three registered managers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at six staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and we observed people were relaxed in the company of others and staff. One relative said, "[Person] is so happy living at [name of service], they get on really well with all the staff." Another relative said, [Person] has limited verbal communication but they are able to express their feelings, I know they would definitely let me know if they were unhappy about anything."
- All safeguarding concerns were taken seriously, and information in accessible formats was made available for people to highlight the importance of speaking up if they felt at risk of being subject to any form of abuse. In November 2019 a national safeguarding week took place and during this the provider hosted awareness sessions with people using the service, care providers and the Police. The sessions highlighted the risks of self-neglect, how to stay safe on-line, risks of cyber bullying and mate crime. This demonstrated the providers commitment to keeping people safe from the risks of abuse.

Assessing risk, safety monitoring and management

- People and their relatives were involved in decisions about how individual risks were to be managed. One member of staff said, "There are risk assessments for each person and they are cross referenced with support plans and kept up to date." We found the assessments identified and responded to areas of individual risk, whilst promoting people's rights. For example, personal safety in the community, and managing distressed behaviours that could place people at risk of harm such as swearing in public. The assessments were reviewed and updated on a regular basis.

Staffing and recruitment

- Appropriate pre-employment checks were completed to ensure only suitable staff were employed at the service. The recruitment documentation included references from previous employers, a disclosure and barring service (DBS) check, to include a criminal convictions check, and proof of eligibility to work in the United Kingdom. However, we found some files did not contain a recent photo of the staff member and clearly indicate the date of employment. This was brought to the attention of the three registered managers who all said they would ensure the files would be updated to provide this information.
- People's dependency levels were assessed and regularly reviewed. Staffing arrangements ensured staff were available to accompany people on outings according to their needs and preferences.

Using medicines safely

- People's medicines were managed safely. The staff were provided with training on the safe handling and administration of medicines. Their competency to administer medicines was regularly assessed and regular refresher medicines training was undertaken. One staff member said, "We have medicine training and updates. I had a competency assessment booklet I went through and was supervised until I was signed off."

- The staff were knowledgeable about the way in which people preferred and needed to take their medicines. For example, some people required their medicines to be administered via a percutaneous endoscopic gastrostomy (PEG) feeding tube, which is a tube placed through the abdominal wall and into the stomach. Some people also took responsibility for taking their own medicines with the support of staff.

Preventing and controlling infection

- All staff had completed infection prevention training and infection control procedures were followed. We observed staff use disposable aprons and gloves when assisting with personal care and food handling. Staff confirmed this equipment was always made available for their use.

Learning lessons when things go wrong

- A provider safeguarding steering group met regularly to review all safeguarding concerns, accidents and incidents and near misses to reflect and discuss best practice and any lessons learnt. For example, additional financial account checks had been introduced in response to an incident involving an administration error regarding a person's personal finances.
- The learning from incidents was communicated well to staff through, debriefs, one to one supervision and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments identified people's physical, mental and social needs and the support people required. The staff were very knowledgeable about the needs of the people they supported and described in detail the care and support they provided for individuals.

Staff support: induction, training, skills and experience

- People received support from a staff team that were knowledgeable and skilled in carrying out their roles and responsibilities. Staff told us, and records showed, they received induction training that included the Skills for Care, Care Certificate training programme. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. One staff member said, "I had a really good induction. I shadowed a support worker and introduced to the paperwork slowly. I felt supported the whole way through." However, in comparison, another staff member said their induction to the service was poor. The comments received from this member of staff were brought to the attention of the registered manager for their consideration.
- Refresher training was provided for staff along with specific training to meet the needs of people using the service. For example, supporting people using PEG feeding systems and epilepsy.
- Staff told us they felt well supported and records showed they received one to one supervision to discuss in confidence their work. One member of staff said, "The support is really good, everyone is really friendly and supportive, if I have any questions I only have to ask." Another said, "I feel extremely well supported, the manager and staff team are very approachable, I have never worked in a setting like this before it's fantastic." Another said, "We have a team meeting every month,. It makes sure that everybody is on the same page and up to date."
- One staff member said they had doubts about their confidentiality being maintained of discussions held during their supervision meetings. At the same service a relative said, "I like and get on well with all the staff, but there has been a lot of staff changes, I have some reservations about professional boundaries being maintained, as the staff team seem a very close friendship group." The registered managers said all service managers received line management training that included how to conduct effective supervision. They said they would look into the concerns to ensure staff at all levels were reminded of the importance of maintaining confidentiality at all times.

Supporting people to eat and drink enough to maintain a balanced diet

- Detailed guidance was available within people's support plans regarding the support required to eat and drink, any food allergies and / or other dietary requirements. One staff member said, "Some [people] have communication difficulties. We look at how individuals can cook food. One person has an i-pad and we sit

down and look at recipes on the internet. Another person has severe communication difficulties. They have a flick book, which they like to flick through and choose foods from the pictures for the menu the following week."

- Some people required their nutrition and hydration to be given through a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube (PEG feeds are used where people are unable to take food and drink orally, to maintain adequate nutrition). The staff were very knowledgeable of the different levels of support people needed to eat and drink and accommodated their needs. One staff member said, "We have had training around speech and language (SALT) where we sat and fed each other. We circulated information around about how best to support someone with swallowing difficulties." The staff worked closely with other healthcare professionals and the guidance and advice from the healthcare professionals was in people's support plans, available to staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked in partnership with other agencies and health and social care professionals to maintain people's health. For example, with other care providers, GP's, district nurses and learning disability professionals.
- Each person had a 'health passport' that contained important information about their healthcare needs. They told us they took their health passports with them when they attended GP and hospital appointments.
- People's support plans contained information about their medical history, current needs, and the relevant healthcare professionals to contact should relatives or staff have any concerns about people's health.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) All staff received training on positive behaviour support and staff interventions followed the best practice guidance. Where people did not have capacity to make decisions relatives / representatives were involved in making best interests' decisions on the person's behalf. Regular care review meetings took place to ensure the best interest decisions remained relevant to the person's current situation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People valued the service they received. One person said, "I am very happy. I get on well with all the staff." Other people smiled and nodded when asked if they were happy with the care they received. A thank you card from a person using the service read 'A special big thank you for all you do for me and the special help you give me, thank you with all my heart and all that is within me.'
- We observed good interactions between people using the service; the atmosphere was light hearted with laughter and good humour. The staff were very perceptive in responding to non-verbal communication, such as gestures and sounds. It was evident people felt comfortable with the staff and had good relationships with them. Relatives told us they always found the staff to be warm, caring and friendly.
- Staff said they enjoyed working for the service and they had developed caring and trusting relationships with people and their relatives. One member of staff said, "God gave me these hands to help other people, I find my job very rewarding. It's great to feel I can make a positive difference to people's lives."
- Staff completed training in relation to equality and diversity and understood the importance of promoting these values. For example, staff could support people to attend local places of worship, if they wanted to, and follow their chosen religion and beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People were involved and made decisions about their care. One staff member said, "We give people the opportunity to choose clothing of their choice. We give them the opportunity to do things themselves." We also observed people were offered choices, such as what they wanted to wear, what they want to eat and drink and their preferred daily activities.
- People and relatives were involved in putting together the support plans and in the care reviews. Relatives confirmed that staff kept them informed of any changes in their family members health or support needs.
- The support plans gave information about the person, the things they liked and disliked, how they communicated with others and how they wanted their care to be provided.
- Staff told us they were kept informed about any changes to people's care needs swiftly and they read through relevant care plans to ensure they provided care people required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. One staff member said, "I always keep curtains closed and pull the door shut to ensure people have privacy." Another said, "The best thing about my job is enabling people to live independently."
- People were supported to take control of information that was held about them and had given their consent to personal care records being made available only to people who had permission to see them. One

person said they liked to keep their confidential care records in their room and they wrote up their own daily diary. Staff understood their responsibility to maintain confidentiality at all times and they ensured all records relating to people's care were stored securely away.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The support plans were developed with people and, where relevant, their relatives / representatives.
- People received person centred care from regular reliable and consistent staff, which helped to build trust and support.
- The support plans were personalised and focused on what people could do for themselves, to promote and maintain independence. For example, preparing meals and snacks, light housework and laundry chores.
- Information was available in care plans of specialist support people required to meet their healthcare needs. We found one support plan was in need of review to reflect the current needs of the person. This was brought to the attention of the registered manager who immediately arranged for the plan to be updated.

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

- The service worked with people following the principles of the 'Reach' standards; these are standards that people with learning disabilities should expect from supported living services. To ensure they have the same rights and responsibilities as other citizens, such as, the right to choose where to live, who to live with, who to provide their support, to choose friends and relationships, to be part of the community and to lead a healthy and safe lifestyle.
- People were supported to follow their interests and hobbies and be part of the community. Staff supported people to attend social groups, clubs, discos, to go on holidays, shopping trips, for meals out and visits to see friends and family. One staff member said, "We give family members space with their relative. Some people had their own car and others were supported to use public transport."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were in support plans. They described in detail how people communicated, and the best ways for staff to offer choices and provide support.
- Information was made available for people and others in easy read picture formats. For example, the provider used 'Quality Checkers' who visited the service to assess the quality of care people received. They produced easy read reports, stating what they found was good and any improvements needed. Based on the findings the registered managers provided feedback. However, we noted their response was not

produced in an easy read format. This was brought to the attention of the registered managers for their consideration.

Improving care quality in response to complaints or concerns

- The complaints policy was available in an accessible format for people to understand.
 - People were treated compassionately and given the help and support needed to raise any concerns or complaints.
 - The registered managers said all complaints were reviewed as part of the ongoing management systems and viewed as learning opportunities to continually develop the service.
- Records showed the registered managers had dealt with complaints in line with the complaint's procedure.

End of life care and support

- The service had provided care to people at the end of their lives although at the time of the inspection no people required specific end of life care.
- An end of life policy was in place and some people had discussed end of life care and their funeral arrangements.

Is the service well-led?

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All registered managers shared the same vision and values of the service and promoted a positive culture throughout. People and their relatives were overall pleased with the way the service was managed.
- Staff spoke positively about the leadership and management of the service. Saying they felt listened to, valued and confident to approach their respective registered manager, service manager and senior staff at any time. One staff member said, "The on-call support from the managers is good, 24 hrs a day. I used it a lot before, but not too much now. I feel well supported." Another said, "This is a very good company to work for."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care. Most relatives commented the communication between them and staff was good. However, one relative said the supported service had experienced a lot of staff changes, that had resulted in some interruption in the quality of communication. This was brought to the attention of the registered manager for their consideration.
- Staff meetings and one to one supervision sessions took place to ensure staff were kept up to date with information regarding the service. They had opportunities to discuss their work.
- People, relatives and staff felt the service was well-led. They all knew their respective registered manager by name and who to contact in their absence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers all understood their legal responsibilities. They submitted statutory notifications to the Care Quality Commission as required by law.
- Records of incidents and accidents were analysed at a local and corporate level. Information and learning from incidents were shared to raise awareness and to reduce the likelihood of reoccurrences.
- The registered managers understood the duty of candour requirements and ensured information was shared when concerns were identified. They were responsive to the feedback we had received during this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Policies and procedures were in place and updated regularly to ensure information was current and based on best practice.

- There was a systematic approach to the quality monitoring of the service. Routine audits and checks were carried out on people's care records to ensure people continued to receive safe and appropriate care.
- Staff were supervised and well trained. Refresher training, observations and assessment's took place to ensure staff continually had the knowledge and skills to carry out their roles and responsibilities.
- Policies and procedures were reviewed and updated regularly. These were shared with the staff team to ensure they were aware of and understood any changes.
- People and relatives were routinely asked for their views about their care individually and during reviews of their care. One person said, "I am asked about my care and whether I'm happy with it." All responses were positive about the service and the care people received.
- Staff confirmed they had regular staff meetings. Minutes of staff meetings showed staff were informed about changes to the service and their views and ideas were sought on how to improve people's quality of life.
- We saw cards and letters from relatives complimenting the staff for the care and support they had provided for people. The provider rewarded staff in recognition for long service giving awards and vouchers.

Continuous learning and improving care

- Systems were in place to continually reflect and analyse complaints, safeguarding concerns, accidents, incidents and near misses. Any learning from these was shared with staff to continually improve the quality of care provided.
- The three registered managers kept themselves up to date with changes in best practice by keeping updated on changes in legislation and industry best practice guidance. Any learning from these was shared with the staff team.

Working in partnership with others

- The registered managers and staff team worked in partnership with specialists, GP's, community nursing staff, the learning disability team and the local authority to ensure people received consistent care and support.