Choice Support

Choice Support - 16-18 Dartford Road

Inspection report

16 -18 Dartford Road
Bexley
Kent
DA5 2AZ

Date of inspection visit:
21 June 2017
22 June 2017

Date of publication:
02 August 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 21 and 22 June 2017. This is the first inspection of the service since their registration in September 2015 with a new provider, Choice support.

Choice support – 16 -18 Dartford road, provides accommodation for people who require nursing or personal care for up to five adults who have a range of needs including learning disabilities. There were five people receiving personal care and support at the time of our inspection.

At this inspection, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We found there were not always enough staff on duty to meet people's needs at all times to support them to take part in a range of activities in support of their need for social interaction and stimulation.

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

The provider had systems and processes in place to assess and monitor the quality of services people received, and to make improvements where required. Staff used the results of audits to identify how improvements could be made to the service. However, we found that the audits had not identified the concerns in relation to dependency of people and staff deployment, supporting people in a wide range of activities at all times, and medicines cabinet temperatures were not monitored.

People and their relatives told us they felt safe and that staff and the registered manager treated them well. The service had clear procedures to support staff to recognise and respond to abuse. The registered manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service which were up to date and included detailed guidance for staff to reduce risks.

There was an effective system to manage accidents and incidents, and to prevent them happening again. The service carried out comprehensive background checks of staff before they started working. Staff supported people so that they took their medicines safely.

The service provided an induction and training, and supported staff through regular supervision to help them undertake their role. Staff prepared, reviewed, and updated care plans for every person.

The provider had taken action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Staff assessed people's nutritional needs and supported them to have a balanced diet. Staff supported people to access the healthcare services they required and monitored their healthcare appointments.

People and their relatives where appropriate, were involved in the assessment, planning and review of their

care. Staff considered people's choices, health and social care needs, and their general wellbeing.

Staff supported people in a way which was kind, respectful and encouraged them to maintain their independence. Staff also protected people's privacy and dignity, and human rights.

The service had a clear policy and procedure about managing complaints. People knew how to complain and told us they would do so if necessary.

There was a positive culture at the home where people felt included and consulted. People and their relatives commented positively about staff and the registered manager. Staff felt supported by the registered manager.

There was a registered manager in post. 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. The registered manager was also working in the capacity of an area manager for the provider for 12 weeks.

The provider had initiated the process to change the service from a residential care service to a supported living service and to ensure a smooth transition of the service; an action plan had been developed and consultations with various stakeholders were in progress at the time of the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The service did not have enough staff to support people at all times and the medicines cupboard temperature was not monitored.

People and their relatives told us they felt safe and that staff and the registered manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the staff understood.

Staff completed risk assessments for every person who used the service. Risk assessments were up to date and included guidance for staff on how to reduce identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The provider carried out satisfactory background checks before they started working.

Staff kept the premises clean and safe. They administered medicines to people safely.

Is the service effective?

Good

The service was effective.

The service supported all staff through training and supervision.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

Relatives commented positively about staff and told us they were satisfied with the way their loved ones were looked after.

The registered manager and staff knew the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted according to this legislation.

Staff supported people to access the healthcare services they needed.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us they were happy with the service. They said staff were kind and treated them with respect.

People were involved in making day to day decisions about the care and support they received.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Staff did not meet people's need for stimulation and social interaction at all times and this required improvement.

Staff assessed people's needs and developed care plans which included details of people's views and preferences. Care plans were regularly reviewed and up to date. Staff completed daily care records to show what support and care they provided to each person.

People and their relatives knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Requires Improvement

The service was not well-led consistently.

The service had systems and processes to assess and monitor the quality of the care people received. Staff used learning from audits to identify areas in which the service could improve. However, the concerns we found in relation to people's dependency and staff deployment, medicine cupboard temperature checks, and support with simulation and community interactions activities were not picked up in as part of the quality monitoring of the service, and this required improvement.

People who used the service and their relatives commented positively about the registered manager and staff.

The service had a positive culture. People and staff felt the

service cared about their opinions and included them in decisions about making improvements to the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We also contacted health and social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This inspection took place on 21 and 22 June 2017 and was unannounced. The service was inspected by one inspector.

We spoke with two people who used the service, three relatives, three members of staff, the registered manager, and a visiting healthcare professional. We looked at four people's care records and four staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, Deprivation of Liberty Safeguards, health and safety, and quality assurance and monitoring.

Requires Improvement

Is the service safe?

Our findings

There were not always enough staff on duty. For example, one relative told us, "My [loved one] doesn't go out as much as they want to. They stopped going to Church every Sunday because they [the service] have not enough staff." We looked at the daily care record for the period from 9 April 2017 to 18 June 2017 and found that this person was not supported to attend the Church on Sunday's. Another relative said, "I do not think there are enough staff, they [the service] should have more staff to take my [loved one] out and stimulated." Two staff members told us that they need more staff to support people for their activities both indoors and outdoors. On the second day of the inspection we observed there were four people living at the home with two members of staff on duty. One person and a member of the staff went out into the community and there was only one member of staff to attend to three people, of the three people, one person required continuous monitoring and the second person insisted that they needed to go out into the community, but was not able to go due to shortage of staff and they felt restless.

The provider was unable to demonstrate how staffing levels were determined and staff were deployed to reflect people's individual needs, choices and were responsive to changing dependency levels, and how they ensured all people's care needs were met in a timely manner. Improvement was required to ensure people's identified needs and choices were met at all times, and staff deployed in order to meet these needs.

We drew our concerns to the attention of the registered manager who told us they would carry out a dependency assessment by 6 July 2017, for all people to determine staffing levels were adequate and make improvements to staff deployment to meet all people's needs at all times.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

People and their relatives told us they felt safe and that staff and the registered manager treated them well. One person told us, "I like it here." A relative told us, "I feel my [loved one] is safe." Another relative said, "Dartford road [the service] is like a family home." People appeared comfortable with staff and those who could, approached them when they needed something.

The service had a policy and procedure for safeguarding adults from abuse. Staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC). Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to.

The provider maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The registered manager implemented service improvement plans to make sure people's needs were met safely. For example, mobility needs had been reviewed for a person and they

were closely monitored to avoid potential falls. The service worked in cooperation with the local authority in relation to safeguarding investigations, and notified the CQC of any allegations received in line with the requirements of the regulations.

Staff completed risk assessments for every person who used the service. These covered areas including manual handling, falls, eating and drinking, transport, risk of choking, and behaviour. We reviewed four people's risk assessments and all were up to date with detailed guidance for staff on how to reduce identified risks. For example, where one person had been identified as being at risk of falls, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the level of risk. In another example, we saw staff guidance was in place telling how to support one person where their swallowing difficulty had been identified as a risk of choking.

The service had a system to manage accidents and incidents to reduce the risk of them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. We saw examples of changes having been made by staff after incidents occurred to improve safety. For example, we noted staff were given additional training in the management of the medicines following a recent incident. Records also showed that actions to reduce future risks were also discussed in staff meetings.

The service carried out comprehensive background checks of staff before they started work. These checks included details about applicants' qualifications and experience, their employment history and reasons for any gaps in employment, references, a criminal records check, health declaration, and proof of identification. This meant people only received care from staff who were suitable for their roles.

Staff kept the premises clean and safe. The provider had procedures in place in relation to infection control and the cleaning of the home and these were followed by staff. Staff were clear about the infection control procedure in place at the home and explained how they cleaned each bedroom and communal areas to maintain cleanliness standards. Staff and external agencies where necessary, carried out safety checks for environmental and equipment hazards including safety of gas appliances.

The service had arrangements to deal with emergencies. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and provided advice for staff on what to do in a range of possible emergency situations. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Staff supported people to take their prescribed medicines. One relative told us, "My [loved one] gets their medicines on time and they [the service] have a good order." Another relative said, "As far as I'm aware [my loved one] gets their medicine on time. My [loved one] wouldn't be like that if they didn't."

We observed a medicines round and found that staff followed safe procedures of administration of medicines and completed the medicine administration records (MAR) charts. The provider trained and assessed the competency of staff responsible for the administration of people's medicines. People's Medicines Administration Records (MAR) were up to date and accurate. They showed that people had received their medicines as prescribed and remaining medicine stocks were reflective of the information recorded. The service had up to date PRN, (when required), medicines protocols. These advised staff when and under what circumstances individuals should receive their PRN medicine. Staff had a clear understanding of these protocols.

Staff carried out medicine checks at each shift handover to ensure people received their medicines safely.

The registered manager conducted monthly medicine management audits and analysed the findings from the audits and shared any learning outcomes with staff to ensure people received their medicines safely.

However, we identified the medicines were not stored safely. For example, staff did not monitor the medicine cabinet temperatures and the thermometer was faulty. We brought this to the attention of the registered manager on the first day of the inspection, they procured a new thermometer, sought advice from the pharmacy and introduced a medicines cabinet temperature monitoring chart on the second day of the inspection and instructed staff to carry out temperature checks regularly. We saw staff recorded medicine cabinet temperatures on the second day of the inspection.

Good

Is the service effective?

Our findings

Staff were supported through regular supervision. Records seen confirmed this and at these supervisions sessions staff discussed topics including progress in their role and any issues relating to the people they supported. Annual appraisals were scheduled for July 2017 for staff that had completed one year in service. Staff told us they felt supported and able to approach their line manager or the registered manager, at any time for support.

People were supported by staff who had the skills and knowledge to meet their needs. One relative told us, "Definitely, staff are well trained to support my [loved one] with hoisting into the bath." We observed staff offered distractions and incentives to ensure people were supported to meet their needs.

Staff completed training relevant to their roles and responsibilities. Staff told us they completed comprehensive induction training in line with the Care Certificate Framework; the recognised qualification set for the induction of new social care workers, when they started work. Staff completed mandatory training, these trainings covered areas from food hygiene, infection control, equality and diversity, health and safety, safeguarding, to moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us the training programmes enabled them to deliver the care and support people needed. The service provided refresher training to staff. Staff training records we saw confirmed this.

Staff asked for people's consent, when they had the capacity to consent to their care. Records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met.

Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their

best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate.

The registered manager knew the conditions under which an application may be required to deprive a person of their liberty in their best interests under DoLS. Records showed that appropriate referrals had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted. The provider had completed the monitoring forms for the 'Supervisory Body' in line with the conditions they had placed on people's DoLS authorisations.

Staff assessed people's nutritional needs and supported them to have a balanced diet. One person told us, "I like the food." Staff recorded people's dietary needs in their care plan to ensure people received the right kind of diet in line with their preferences and needs. We saw a range of dietary needs were met by the service. For example, we noted that staff sought advice from the Speech and Language Team (SALT) where people had been identified as having swallowing difficulties. A member of staff told us, "We always monitor people when they are eating, to ensure that there is no choking."

Staff supported people to access healthcare services. We saw the contact details of external healthcare professionals, such as GP, dentist, dietician, neurologist, hospital, optician, and chiropody in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. One relative told us, "They [staff] will let me know if my [loved one] is not well." Staff completed hospital passports for every person who used the service, which outlined their health needs for healthcare professionals to know when they attended the hospital. The staff attended healthcare appointments with people to support them where needed.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and that staff were kind and treated them with respect. One person told us, "I like the staff." One relative told us, I am happy with my [loved one's] care, staff look after well."

We observed staff treated people with respect and kindness and people were involved in their care. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. This included meal times, administration of medicines, and when people returned to the service from shopping or day centre. In the afternoon we observed one person leading a member of staff to the kitchen for putting utensils for cleaning. Another person returned to the service from weekly shopping with a member of staff, they appeared relaxed and calm. They further said that they liked the home and staff. During lunch staff took time to sit and engage with people in a kind and friendly way.

Staff involved people or their relatives where appropriate in the assessment, planning and review of their care. One relative told us, "I'm involved in everything in relation to my [loved one's] care, including care plan."

People who were able to express their views and their relatives told us they had been involved in making decisions about their care and support and their wishes and preferences had been met. One relative told us, "I attend all meetings of my [loved one's] care and discuss with staff about how to achieve their goals." It was clear from discussions we had with care staff that they knew people's personal histories, preferences and needs well and that people's care was personalised to meet their individual needs. Relatives told us there were no restrictions on visitor times and that all were made welcome.

Staff respected people's privacy and dignity. Training records showed that staff had received training in maintaining people's privacy and dignity. Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, they did this by ensuring curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good communication with people they cared for. There were policies and procedures in place to help guide and remind staff about people's privacy, dignity and ensure that they were respected.

Staff encouraged people to maintain their independence. Staff prompted people where necessary to maintain their personal hygiene, dress and undress, eat and drink, keep their rooms clean, and participate in shopping, washing and laundry. Care records we saw confirmed this.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Staff confirmed that people were supported with their spiritual needs where requested.

Requires Improvement

Is the service responsive?

Our findings

The service was not consistently responsive to people's needs and required improvement. Whilst staff supported people to follow their interests and take part in activities they enjoyed, staff shortages meant that two people were not being supported to engage in activities that they liked. During the inspection, we also observed one person become restless as a result of not being able to engage in their activity in a timely way. Two relatives also told us that the service did not have enough activities for their loved ones due to staff shortages. We reported the details under Safe section of this report, and this required improvement.

Each person had an activity planner, which included day care centre, visiting places of worship, accessing community, meeting family and friends, shopping and household chores. Staff maintained a daily activity record for each person to demonstrate what activity they participated in.

Staff carried out an assessment of each person and where appropriate they involved relatives in this assessment. Staff used this information as a basis for developing tailored care plans to meet each person's needs. These contained information about their personal life and social history, their physical and mental health needs, allergies, family and friends, preferred activities and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. The registered manager updated care plans when people's needs changed and included clear guidance for staff.

However, one of the four care plans we saw found that the cultural and religious section was not up to date. Following the feedback, the registered manager updated this care plan to reflect the same. They further told us that they would undertake a full review of all the care plans in six weeks' time and ensure that they were all up to date to reflect people's current needs.

Staff completed daily care records to show what support and care they provided to each person. Staff discussed any changes to people's needs during the daily shift handover meeting, to ensure continuity of care. They used a communication log to record key events such as health and safety, maintenance of the premises, and healthcare appointments for people.

People and their relatives told us they knew how to complain and would do so if necessary. For example, one relative told us, "I have no complaints, but know how to make a complaint and who to address it." The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The registered manager told us they had not received any complaints since their registration in September 2015 and the records we saw confirmed this.

Requires Improvement

Is the service well-led?

Our findings

The service had systems and process to assess and monitor the quality of the care people received. This included audits covering areas such as, health and safety, accidents and incidents, house maintenance, care plans, risk assessments, food and nutrition, infection control, and staff training and supervision. We noted that some improvements had been made in response to audit findings. These included the review and update of risk assessments and care plans, and staff completed training as required.

However, the systems and processes to monitor the quality of care had not picked up concerns we found in relation to dependency and staff deployment, activities and stimulation for people and medicine cabinet temperature checks.

Relatives of people who used the service commented positively about staff and the service. One relative told us how staff ensured any changes to the care needs of their loved one was made available to them and that there was always a point of contact at the service. Another relative said, their loved one has been with the service for several years and they had been doing well, and the service was managed well. We saw meaningful interactions between staff and people and the atmosphere in the home was calm and friendly.

There was a registered manager in post. They had detailed knowledge about all of the people who used the service and ensured staff were kept updated about any changes to people's care needs. We saw the registered manager and the shift leader interacted with staff in a positive and supportive manner. Staff described the leadership of the service positively. One member of staff told us, "The registered manager is easy to talk to, and is ready to advise when required." Another member of staff said, "The registered manager is supportive."

Regular staff team meetings helped share learning and best practice so staff understood what was expected of them at all levels. Minutes included people's needs and views, and guidance to staff about the day to day running of the service. For example, these were in relation to any changes in people's needs, activities, servicing and maintenance of equipment, and staff training needs.

The registered manager told us that the service values and philosophy were clearly explained to staff through their induction and training. For example, there was a positive culture at the service where people felt included and consulted. We observed people were comfortable approaching the registered manager and other staff and conversations were friendly and open.

The service worked effectively with health and social care professionals and commissioners. We saw the service had made improvements following recommendations from these professionals. For example, the advice sought from the Speech and Language Therapist (SALT) and the GP. Feedback from health and social care professionals also stated that the standards and quality of care delivered by the service to people was good. For example, a visiting healthcare professional told us, that the service was well run, and they had never come across an issue with people's feet. They further said that staff had good attitudes towards people and they were well looked after.

The registered manager told us that the provider had initiated the process to change the service from a residential care service to a supported living service and to try ensuring a smooth transition of the service, an action plan had been developed. Records confirmed that the provider had planned a series of actions, including consultations with various stakeholders and meetings with people and their relatives. These were in progress at the time of the inspection. The registered manager further said that once the service is recognised as a potential supported living service, they envisaged making further improvements to the service in the best interest of the people. For example, staff deployment would be improved and a wide range of new activities would also be offered to people. A relative told us, "I do hope if the service goes to become a supported living service, then the service would have more staff and my [loved one] could have more activities."

This section is primarily information for the provider

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	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always enough staff on duty to meet people's needs at all times to support them to take part in a range of activities in support of their need for social interaction and stimulation.