

Choice Support

Choice Support - 18 Vartry Road

Inspection report

18 Vartry Road
London
N15 6PT

Tel: 02072614100

Date of inspection visit:
16 January 2020

Date of publication:
03 March 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 – 18 Vartry Road is a residential care home providing personal care to three people at the time of the inspection. The service can support up to four people with a learning disability and autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People who could speak to us told us they felt safe. Risks were managed and reviewed to ensure people were safe from the risk of harm and able to live in the least restrictive way. Medicines were managed safely, and staff were trained in their safe administration. Recruitment checks were in place to ensure staff were suitable and safe to work at the home.

The service was clean and free from malodour. The risk of infection was reduced as staff followed safe hygiene practices.

Staff received training to make them effective in their role and regular support from the registered manager.

People's health and well-being was monitored and managed. Staff supported people to attend appointments with health professionals and health screening schemes. People were provided with a varied and healthy diet and were encouraged to make healthy food and drink choices.

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 were kind, understanding, and compassionate. People had good relationships with staff and relatives told us staff were kind and caring. Staff were non-discriminatory towards people in the home and treated them with dignity and respect.

People were supported by a registered manager and staff who knew people's personal and individual needs well. Relatives told us the care was personalised for their family member. People's communication needs were met.

End of life wishes were documented. Complaints and compliments were recorded and used to help improve

the service.

Staff told us they had good support from the registered manager and deputy manager. Quality assurance systems were effective and helped the registered manager and other managers monitor the quality of care people received and make improvements where needed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 requires improvement (published 18 September 2018). Since this rating was awarded the registered provider of the service has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection. This service was registered with us on 28/01/2019 and this is their first inspection as a newly registered service.

Why we inspected

This was a planned inspection based on the previous rating.

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 - 18 Vartry Road

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

The inspection was carried out by one inspector.

Service and service type

Choice Support - 18 Vartry Road a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and observed care for the people who were unable to talk with us. We spoke with four members of staff including the registered manager, deputy manager, and two care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives to seek their feedback on the quality of the service for their family member.

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 who could speak to us told us they were safe. One person said, "Yes I do feel safe."
- We observed staff keep people safe within the home as they were with them at all times. A member of staff said, "We make sure there is nothing lying around for them to trip over, we keep dangerous items locked away and we always check visitors who come to the home."
- Staff completed safeguarding training and knew the different types of abuse. Staff were aware of safeguarding procedures to follow if they witnessed or suspected abuse.
- Staff told us they would inform the registered manager or deputy if they witnessed care that amounted to abuse. A member of staff said, "If [registered manager] does nothing we can report to police, safeguarding, social worker and CQC. I must speak up, some [people using the service] can't speak up, we are here to protect them."

Assessing risk, safety monitoring and management

- People had risk assessments to reduce the risk of them coming to harm.
- Assessed risk covered; self-medicating, managing behaviours, nutrition, staying safe in the community and at home, self-harming and mental health.
- Records showed risk assessments were up to date, regularly reviewed, contained detailed control measures to protect people.
- Staff were aware of people's different behaviours and how to manage them well. For example, staff explained why they stored clothes and personal care items for someone in the main office and not in their bedroom due to their individual needs. Records confirmed staff were following safe practices as described.
- People were supported with positive risk taking so they could fully enjoy life in their local community.
- Records confirmed each person had a personal emergency evacuation plan (PEEP) A PEEP is a document that identifies the evacuation protocol, equipment required and the level of staff assistance necessary to evacuate a person in an emergency safely.
- Regular health and safety checks were completed to ensure people at the home were kept safe. These included temperature checks for water, fridge and freezer checks, cooked food temperature checks, electrical testing and gas safety checks.
- In the event of an emergency staff would call the emergency services and one of the management team if it happened out of hours.

Staffing and recruitment

- Safe recruitment procedures were followed.
- Records showed staff completed an application form, were asked to provide identification, references and

complete a criminal record check with the Disclosure and Barring Service.

- There were enough staff to provide support to people within the service and when people attended activities.
- We viewed the rotas to check shifts were properly covered and during the inspection we observed the rotas matched who was working that day.

Using medicines safely

- People who required medicine support received it in a safe way and staff were trained in the safe administration of medicines.
- Systems were in place for ordering, storing and returning medicines no longer required.
- Staff told us medicines were administered in people's rooms and kept locked in the office.
- The service followed guidance on when medicines should be administered on an "as a required basis" (PRN). Records confirmed there were appropriate protocols in place to support when this type of medicine should be administered.
- The deputy manager audited medicines weekly to check medicine administration records (MAR) had been completed correctly and people have received their medicines safely.

Preventing and controlling infection

- Systems were in place to reduce the risk of infection.
- We noted hand soap was not present in a bathroom, however, the deputy manager showed us they had hand soap and sanitiser in the office that staff brought to the bathroom for people to use. The deputy manager explained the reason was to reduce the risk of harm to people with behaviours that challenged.
- The home was clean and free of malodours.
- Staff were allocated tasks during each shift to maintain the cleanliness of the home.
- Staff told us they were provided with enough personal protective equipment to reduce the risk of infection.
- There were appropriate disposal systems in place for waste items.

Learning lessons when things go wrong

- There were systems in place to respond and learn after things went wrong.
- Accidents and incidents were recorded with learning points attached on how to reduce their occurrence in the future.
- The deputy manager told us they attended workshops with other managers to discuss learning best practice and improvements after things went wrong.

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

- People received an assessment of their needs before they moved into the service and started to receive care.
- At the time of the inspection there had been no new admissions and people had been living at the home for a number of years.
- People's needs were assessed continuously through observations to ensure people received effective support.
- The registered manager provided assessment documentation to us to demonstrate how they would assess any new admission and fully consider their needs and choices.

Staff support: induction, training, skills and experience

- People were supported by a team of staff who were experienced, trained and well supported.
- Relatives told us they thought staff had the skills to support their family member effectively. A relative said, "Oh of course, I do think they have the skills to look after them."
- Staff completed training which was relevant and made them effective in their role. This included; learning disability, autism, behaviours that challenge, infection control, safeguarding, mental capacity, epilepsy and first aid.
- Staff were happy with the training they received. A member of staff said, "They have booked our training for this year, so everyone knows when it is. The training really helps us with our role. The classroom training is really good."
- Records confirmed staff received regular supervision and an annual appraisal to review their work and discuss ongoing and future development needs.

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

- People were provided with enough to eat and drink at the home and their food preferences were respected.
- People were involved in the planning of their meals and food choices were available in pictorial format to encourage people to choose.
- We observed people being offered drinks of their choice during the inspection.
- Where people decided to eat outside of the service they were encouraged to eat healthily however, staff told us people chose what they wanted to eat.

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

- Records confirmed the service regularly monitored people's health and worked with health professionals to arrange prompt support.
- Records showed people were taken to regular screening appointments and annual health check-ups with their GP.
- Each person had a record of health appointments they had attended with the outcome. People were taken to see the dentist, optician, orthopaedics, physiotherapists, social worker. Where people did not engage with the health professional this was also recorded.

Adapting service, design, decoration to meet people's needs

- The home had recently been redecorated and refurbished throughout.
- One person told us they were happy with the new décor and said, "They decorated in here, it's all nice."
- People's bedrooms were painted in a colour of their choice and people had displayed personal items such as pictures and photographs if they wished.

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).

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.

- Records showed the registered manager had applied to extend people's DoLS at the service.
- The registered manager told us they had not received a response from the local authority to confirm the extension, but they were following this up with the local authority.
- Staff demonstrated their awareness of the MCA and to encourage and support people living at the home to make choices as much as possible.
- Consent to care was sought before staff provided care to people. Staff told us they asked people for their permission before supporting them with personal care.

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 were supported by staff who were kind and caring.
- Relatives gave positive comments about the caring nature of staff. A relative said, "Oh yeah [staff] are kind." Another relative said, "The staff are very nice people."
- Observations showed people were at ease with the staff. We saw staff supporting people to be comfortable.
- Staff told us how they built caring relationships with people living at the home. A member of staff said, "I'm a very patient person who smiles a lot, when a [person using the service] comes to me I sit down with them, talk to them and ask what they need from me." Another member of staff said, "I have a caring heart, I see [people using the service] need care and compassion. I wouldn't want anything to happen to them. I always speak to them and ask how they are."
- Staff had a zero tolerance on discrimination towards people living at the home. A member of staff said, "They are human beings, when we go into the community we show they can be part of it."
- Staff and management living at the service told us people who identify as lesbian, gay, bisexual or transgender were welcome at the service and would not be treated any differently.

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

- People were enabled to make decisions about their care with staff support.
- People had regular meetings with their key worker to discuss their care needs. A key worker is someone responsible for coordinating and planning people's care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff and their independence promoted.
- We observed staff speak to people in a kind manner and protect the privacy and dignity while supporting them with personal care by keeping bathroom and toilet doors closed.
- A relative said, "Staff are always respectful to [people] and polite when I have been at the house."
- Records confirmed staff were to encourage people to continue doing as much as they could for themselves and to set targets to achieve areas of independence. People's support plans were clear in identifying what people could do, for example, brushing their teeth, getting dressed and make a cup of tea without staff support.

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

- People received care that was planned to meet their individual needs and goals.
- People's care plans provided information about people's preferences in care what they liked and disliked, goals they had and how the service would support people to achieve them. For example, one person's goal was to peel a potato independently, records showed they working towards meeting this goal with staff support.
- Relatives told us they were happy with the care and that it had been designed to meet their family members individual needs.
- Staff told us care plans were very clear in telling them how to support people. A member of staff said, "When we started we don't know them [people using the service] so we read the care plan, when started working with them everything you see and read in care plan is correct." This meant care was organised to meet individual needs.

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 clearly documented in their care plan.
- Communication passports were present in people's care plans. Communication passports provided useful and practical information about a person's different communication methods to help staff and other professionals meet their needs.
- Some people used objects of reference to communicate with staff. For example, a member of staff said "We have a picture cards and will show [person] taxi. They will grab their coat meaning they want to go. If they don't want to go they will sit down."

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

- People had activity plans and were supported to attend daily activities of their choice.
- Records confirmed, and staff told us people had visited tourist attractions and attended concerts community groups.
- People were supported to maintain contact with people important to them. The registered manager said, "I'm a strong believer in accessing family." A relative told us staff brought their family member to visit them every week. The relative said, "Oh, they bring [person] to visit me every week. It's been lovely seeing [person]."

- People who wanted to observe their faith were supported in this. Records confirmed staff took people to a church concert they wanted to attend.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available.
- At the time of the inspection, the home had not received any complaints.
- Relatives told us they knew how to make a complaint. A relative said they had no reason to complain but knew how to raise a concern to the registered and deputy manager.

End of life care and support

- At the time of the inspection no one required end of life support.
- End of life care plans were in place and people with support had plans for how they wanted to be looked after at the end of the life and funeral plans.

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

- The culture at home was person centred and staff enjoyed working with people to achieve the best outcomes for them.
- Staff told us the management team were always available to provide support and advice when needed. A member of staff said, "I've never worked for an establishment with such a supportive manager."
- The registered manager was committed to providing an environment for people to feel included at all times and a place for staff to develop their skills and grow with the organisation.
- The registered manager told us they promoted a positive culture by always being accessible and having an open-door policy where staff could approach them and by including people and staff's individual culture such as cooking culturally appropriate foods for each person using the service.
- The registered manager said, "We all work together to support them [people using the service]. We show them respect and empower them by broadening their activities. My mantra is they have every right to do everything I can do and more."

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

- There was an effective quality assurance system in place to monitor the home and make improvements.
- A number of audits were performed by the management at the home which included finance, support plans, care review risk plans, medicines and staff supervisions. Senior managers and the providers quality department supported the quality audit process and visited the home to check the quality of the home was being maintained through spot checks.
- The registered manager understood their responsibility to be open and transparent when things went wrong. They said, "I have to say sorry, be open and honest with stakeholders and inform the CQC about incidents."

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

- Feedback was requested from people in an accessible format and during key work sessions with staff.
- Staff we spoke told us they had not completed a survey since joining the service. The provider had sent surveys to all staff and were waiting for them to be returned so they could be analysed.
- Relatives were pleased with the level of communication from management at the service and made them

feel confident their family member was being fully supported. A relative said, "They seem to have everything under control, it's been perfect for a while. [Registered manager] does keep me informed about things that happen."

- The registered manager was committed to continually learning to improve the service.
- The registered manager said, "I do get supervision and if I need additional support it is there for me. I can ask for advice to get the service to be the best it can be."
- The registered manager told us they were fully engaged with provider forums in their local borough and had established good links with services in the local community. During these they discussed best practice amongst other things, with other services.