

Choices Housing Association Limited

Choices Housing Association Limited - 1 William Street

Inspection report

1 William Street
Fenton
Stoke-on-Trent
ST4 2JG
Tel: 01782 746361
Website: www.choiceshousing.co.uk

Date of inspection visit: 9 September 2015
Date of publication: 29/10/2015

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 

Overall summary

We inspected 1 William Street on 9 September 2015, and it was unannounced.

The service is registered to provide accommodation and personal care for up to six people. People who use the service predominately had a learning disability. At the time of our inspection there were five people who used the service.

The service had 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 and associated Regulations about how the service is run.

Summary of findings

People's risks were assessed in a way that kept them safe whilst promoting their independence. People were kept safe because staff understood people's individual risks and provided support whilst taking action to lower the possible risk of harm to people.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available who were trained to carry out their role. The registered manager made changes to staffing when people's needs changed.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves. People's capacity had been assessed and staff knew how to support people in a way that was in their best interests.

People were supported to remain healthy and had access to health professionals when they needed to.

People told us and we saw staff were kind and compassionate with people. We saw staff treated people with respect, gave choices and listened to what people wanted.

People's preferences in care were recorded throughout the care plans and we saw that people were supported to be involved in hobbies and interests that were important to them.

People knew how to complain and the provider had a complaints procedure that was available to people in a format that they understood.

Staff told us that the registered manager was approachable and supportive. The registered manager and staff all had clear values and were enthusiastic about their role and what their support meant for people.

People, relatives and staff were encouraged to be involved in the improvement of the service and action was taken to make improvements from feedback received. The registered manager had systems in place to assess and monitor the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were kept safe because staff were aware of their responsibilities to protect people from harm. Staff knew people's risks and supported them to remain independent whilst protecting their safety. There were enough suitable staff available to meet people's needs and medicines were managed safely.

Good



Is the service effective?

The service was effective. Staff received training to carry out their role effectively. People were supported to make decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005. People told us that the food was good and they were supported with their dietary and healthcare needs.

Good



Is the service caring?

The service was caring. Staff were caring and kind. Staff showed patience and compassion when they supported people. We observed staff treating people with dignity and respect and respecting people's choices in how their care was provided.

Good



Is the service responsive?

The service was responsive. People were supported to be involved in hobbies and interests that were important to them. People received individual care that met their personal preferences and the provider was responsive to changes in people's individual needs. There was a complaints procedure available in a format people understood.

Good



Is the service well-led?

The service was well led. People and their relatives were asked for feedback about the service and the provider used this to make improvements. Staff and the registered manager had clear values and were committed to providing a good standard of care. There was a registered manager in place who understood their role and responsibilities. Monitoring of the service was in place and we saw that actions had been taken to make improvements.

Good



Choices Housing Association Limited - 1 William Street

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 September 2015 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications that we had received from the provider about events that had happened at the service. For example, serious injuries and safeguarding concerns. We also considered information we had received from commissioners and other professionals involved with the service.

We spoke with two people, two relatives and three care staff and the registered manager. We observed care and support in communal areas and also looked around the service.

We viewed three records about people's care and records that showed how the home was managed. We also viewed three people's medication records.

Is the service safe?

Our findings

People told us they felt safe when being supported by staff. One person said, “Staff treat me nice, if I wasn’t being treated right I would tell the staff or manager”. A relative also told us, “I feel that my relative is safe”. We saw that people were happy and appeared comfortable when staff provided support. Staff explained their actions if they were concerned that a person was at risk of harm and the possible signs that people may display if they were unhappy. The registered manager understood their responsibilities to report alleged abuse and we saw referrals had been made to the local authority where there had been concerns identified. The records we viewed contained an individual safeguarding plan, which contained details of how the person needed to be supported by staff to remain safe.

People were supported to be as independent as possible whilst taking into consideration possible risks to their safety. A relative told us, “The staff promote independence as much as possible, help with mobility and understand when they need a bit more support”. Another relative said, “The environment is safe and this ensures that my relative can move around the service with ease”. We saw that people were able to move freely around the service and the environment was clear of any hazards that could be a risk to people such as trips and falls. Staff explained people’s risks and how they supported people to remain safe from harm. The records we viewed showed that people’s individual risks were detailed with guidance for staff to follow to keep people safe. For example One person was at risk of choking and they needed to be supported at all times whilst they were eating. We saw staff provided constant support at mealtimes for this person which matched what was in their plan of care.

Protocols were in place to give staff guidance on the actions required when a person suffered a fall. Staff were aware of these protocols and explained the support they would provide and other professionals that would be contacted. One staff member said, “We have guidance to follow and all unwitnessed falls are referred to emergency services. This is because we can’t be sure what happened and any injuries that may have occurred”. We saw records of incidents that had occurred and these included the actions taken, which matched the protocols in place. The

registered manager had reviewed incidents and we saw that the required actions had been taken. For example, a sensor mat had been put in place because the assessment showed that the person did not always remember to press the call bell and would attempt to get out of bed themselves without staff support.

People told us they always received the support they needed when they needed it. One person said, “Staff always help straight away when I ask them to”. A relative told us, “There are always enough staff available and the staff levels are changed to support my relative to go out when they want to”. Staff we spoke with felt that there were enough staff available and plans were in place to cover shortfalls in staffing numbers. One member of staff said, “We have a good stable staff team here. We use the same member of agency staff if we are short, we all help each other out” and, “There hasn’t been any new staff for some time which is important for the people here, it means they know staff well and vice versa”. Another staff member said, “There are always enough staff available. When we have an agency worker we are asked to give feedback on their performance to the manager who can assess if they use them again”. The manager had a system in place to assess the staffing levels against the dependency needs of people. We saw changes had been made to staffing levels, which ensured there were enough staff available to keep people safe.

People told us they were supported by staff to take their medicines when they needed them. We observed staff administering medicines in a dignified way and explained to the person what each individual medicine was for. Staff chatted and gave encouragement to people when they were administering their medicines. We saw that the service had a protected policy in place and the staff member who was administering medicines wore an apron so they were not distracted. One staff member said, “It is good that when administering medicines we are not distracted because it is very important to ensure people get the right medicine and it is recorded properly”. Staff told us and we saw records that showed staff had received training in medicine administration. We found that the provider had effective monitoring systems in place that ensured medicines were administered, recorded and managed safely.

Is the service effective?

Our findings

People told us they enjoyed the food at mealtimes. One person said, “The food is nice”. Another person said, “I like the food and I help at mealtimes, if I don’t like something I say and get something else”. People told us they were involved in mealtimes which included planning and online shopping. One person explained how they planned the evening meals in advance, but at lunch they could choose what they wanted, which varied from day to day. We observed breakfast and lunch and people were given choices and staff listened to what people wanted. Throughout the mealtimes staff sat with people and talked with them, asking if they were okay and if the meal was enjoyable. We saw support plans were in place that detailed the individual support people needed. For example, one person had difficulties swallowing their food. We saw this person had their food pureed which ensured that their risks were minimised. Regular monitoring was completed for a person who was at risk of weight loss and referrals to appropriate health professionals to seek advice had been undertaken by the registered manager.

People told us they were able to see health professionals when they needed to. One person said, “I see the doctor if I’m not well”. A relative said, “I am always kept informed if there are any issues with my relative’s health. The staff are really good and take them to hospital appointments”. The records we viewed showed that people had accessed health professionals such as; the doctor, dietician, consultants and social workers. We also saw that there were health action plans in place that contained guidance for staff to follow so that people were supported to maintain their health and wellbeing.

We observed staff talking to people in a patient manner and gained consent from people when they carried out support. Some people were unable to understand some decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005. The MCA sets out the requirements that ensure, where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. Staff

explained how they supported people to understand decisions that needed to be made. We saw mental capacity assessments had been carried out when people lacked capacity to make certain decisions. Relatives, advocates and other professionals were involved and support plans were in place, which contained details of how staff needed to support people in their best interests.

We found that some people had a Deprivation of Liberty Safeguards (DoLS) in place which had been authorised after an assessment had been carried out. DoLS are for people who cannot make a decision about the way they are being treated or cared for and where other people need to make this decision for them in their best interests. For example, one person needed a lap belt in place when they were in their wheelchair and constant supervision to lower any risks to their safety. Staff were aware of the restrictions in place and we saw staff supporting people in line with their individual DoLS support plans.

Staff explained how they supported people with behaviour that may challenge and they knew people’s individual triggers that caused their anxieties. One staff member said, “We know the signs if someone is becoming anxious and we can distract and calm people so that their anxieties are reduced”. We saw that clear plans were in place for staff to follow, which contained details of how to recognise physical and emotional signs of anxiety where people had communication difficulties.

Staff told us they received an induction when they were first employed at the service. One staff member said, “The induction was good, I received training and I shadowed another member of staff before I provided support on my own. I felt ready to carry out my role”. Staff also told us that the training was regularly refreshed and updated and they had opportunities to undertake specific training. For example, staff had received epilepsy training to help them understand this condition. The records we viewed confirmed this. Staff received supervision from the registered manager on a regular basis. One member of staff said, “Supervision is good and I find it is helpful to have time to discuss any concerns and my development”.

Is the service caring?

Our findings

People were happy with their care and they told us staff were caring and kind towards them. One person said, "I like it here because I like the staff they treat me nice and we have a laugh. I'm very happy". Relatives told us staff were always caring and showed compassion when they supported their relative. One relative said, "Staff have a vocation they go far beyond the call of duty. They [staff] are lovely and nothing is too much trouble". Staff we spoke with were enthusiastic about the role and explained how they ensured people felt cared for and comfortable. One staff member said, "I ensure people are comfortable with the support I offer and always ask if it is okay for me to help. I have built up positive trusting relationships with people here". Another staff member said, "I have always liked helping people. I feel good when I have helped someone and I am proud that I make a difference to people". We saw that staff gave reassurance when they supported people. For example, staff spoke with people and showed patience when people were communicating with them. We saw a staff member place a hand on a person's shoulder in a caring way to give them reassurance when they were supporting them.

People told us that they were given choices by staff and staff listened to what they wanted. One person said, "I can choose what I want to do, I like going out but sometimes like to stay in and the staff listen to me". Staff told us how they gave people independence to choose what they wanted and gave encouragement and support when people wanted it. One staff member said, "I always ask people what they want and give them time to decide. It is important that people have control over what they want to

do". We observed staff giving people choices throughout the day and staff gave encouragement, showing people the choices on offer such as, clothes and food that was available.

People told us they were treated respectfully by staff. One person told us that they sometimes liked to stay in their bedroom and staff respected their wishes and always knocked before they entered their room. Relatives told us that they were given privacy when they visited and they were able to visit at any time and they saw that staff treated their relative in a respectful, dignified way. One relative said, "The staff always treat my relative with respect and are dignified towards them". Staff explained how they ensured they promoted people's dignity and ensured that people felt comfortable when they were providing support. For example, staff told us they explained the support they were going to provide and ask if it was okay for them to carry this out. We saw staff spoke with people in a way that promoted their understanding and that made people feel that their views and wishes were important.

We saw that the service had celebrated 'dignity in care day' and we saw photos of the day where people, relatives and staff had been involved in a tea party. Relatives told us that both they and their relatives had enjoyed the day. Staff told us that they had supported people to complete messages, which showed what dignity meant to people and these were then released. We also saw that each person had an individual dignity care plan in place that detailed why it was important to respect people's dignity and how this needed to be carried out. For example, One person's plan stated how they liked to be spoken with, given choices and why it was important that their self-esteem was promoted by staff.

Is the service responsive?

Our findings

People we spoke with told us they were involved in various hobbies and interests that were important to them. One person said, “I like going to the cinema and I see my friends and family”. Another person said, “I go to the pub and I like to go to a club where we make things”. Relatives told us that people always had plenty to do. One relative said, “They [person who uses the service] visit us at home regularly and have a really good social life. The staff know what they like to do and help them to go and do certain activities”. Another relative said, “My relative is supported to do things that they like such as theatre trips, live music and museums”. On the day of the inspection we saw people being supported to go out with staff and they told us that they had enjoyed themselves. People were asked on a monthly basis to ‘make a wish’ and this detailed what the person wanted to do in that month, we saw that where people had chosen a certain activity they had been supported to undertake this. Learning logs had been completed by staff that showed what activity a person had undertaken, whether they had enjoyed themselves or not and what improvements could be made. One person had been supported on a shopping trip which they enjoyed but they didn’t like going out in the rain. This person told us that they didn’t go out in bad weather and the staff respected their wishes.

People and their relatives told us that they were involved in the planning of their care. One relative said, “I am kept involved and we all attend the reviews of my relative’s care. We talk about any changes that need to be made and what goals they have for the future”. People had been involved in their care plans and these detailed what was important to them and how they liked to be supported and we saw that this was followed by staff during the inspection. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people’s physical and emotional needs.

We found that staff were responsive to people’s individual needs. We saw that staff had responded to a change in

people’s needs, made referrals to other professionals and purchased specialist equipment. For example, the registered manager had purchased a sensor mat for one person who suffered from seizures. This enabled staff to provide support and comfort when they were in bed as they were unable to alert staff themselves if they became unwell. Staff we spoke with had a good knowledge of this person’s needs and the support they needed when they had a seizure. Staff told us how they recognised what people needed by people’s individual ways of communication. For example, one person displayed physical signs when they were in pain such as, facial grimacing, pacing up and down and touching an area of the body. The records we viewed confirmed what staff told us.

People told us they knew how to complain if they needed to. One person said, “I would tell staff if I was unhappy. If I don’t like something I say and staff sort it for me”. Relatives had also been provided with information on how to complain if they had concerns. One relative said, “I would know how to complain, not that I’ve needed to. We were given a complaints policy and I have it at home”. Another relative said, “We have never had any problems but we would see the manager if we were unhappy about the care”. The provider had a complaints policy in place which was also available in an easy to read format for people who used the service. We saw that complaints had been logged and investigated by the manager. Feedback was provided to the complainant and included the outcome of the investigation and actions had been put in place to make improvements.

We viewed compliments that the service had received from people, relatives and professionals that had visited the home. The comments we saw included, “Patience and understanding”, “Staff are warm and caring” and “It was clear that staff understood people’s needs well”. These compliments were on display and were available to staff. The registered manager told us that it was important that staff knew when they had been given compliments about the support they provided.

Is the service well-led?

Our findings

People told us that they were involved in weekly meetings and we saw there were quarterly meetings held which included discussions about people's safety, how people were feeling, suggestions for change and organising trips out. One person had been involved in the review of the provider safeguarding protocol to ensure that this met people's needs. People and their relatives had completed questionnaires so that the provider could gain feedback and make improvements to the service. We saw that these were available in a format that people could understand. The questionnaires had been analysed and suggestions had been made were acted on to make the improvements.

Relatives told us that they were involved in meetings with the provider. One relative told us that they attended meetings with the provider and they had been provided with updates in care practice and any suggestions they made the provider listened and made improvements. They said, "The provider has supplied a copy of the duty of candour and we get updates of any new practices. I attend a family forum on a monthly basis and we have minutes so we can see where anything has been raised and the actions taken". We saw minutes of the meetings that contained a detailed account of the discussions held.

Relatives told us the registered manager was approachable. One relative said, "The manager is very good. I can always raise any concerns and know they will be dealt with". The registered manager was enthusiastic about their role and that they had clear values and visions. They told us, "I pride myself in having high standards and people are always at the heart of what I do. I feel I am approachable and I trust that the staff have the same values as I do" and, "I encourage staff to make suggestions and I am always clear about the standards I expect from staff". The manager told us and we saw that the provider produced a newsletter that contained updates in practice and staff were nominated for recognition awards where staff had excelled in a certain area. Staff knew about the newsletter and awards scheme that the provider had in place.

Staff were positive about their role and how they made a difference to people's lives. One staff member said, "I get satisfaction from helping people and making people feel comfortable". Another member of staff said, "I love my job, I like to help people have a good quality of life". All the staff

we spoke with told us that they were a good team and the registered manager was approachable and supportive. They said, "The registered manager is brilliant. They listen to me and tell me if I need to improve. I have always felt comfortable approaching the registered manager and when I have raised an issue it has always been dealt with" and, "The registered manager very good. I respect them and I have learnt a lot from their knowledge".

Staff told us they were encouraged to give feedback and were able to suggest where improvements may be needed. One staff member said, "I have completed a survey, but I don't have any concerns. If I did I would bring them up straight away". Another staff member said, "We have team meetings regularly, which are good as we can discuss any changes to the way we support people". We saw records of team meetings which included updates in care practice and discussions about the care standards expected from staff.

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people. Weekly monitoring was undertaken by the registered manager of people's significant changes so that they could monitor and take immediate action if required. We saw that any concerns or changes in people's support needs had been discussed at staff handovers. We saw there were also monthly audits in place which contained action plans that had been implemented where improvements were needed at the service. For example, the registered manager had identified some gaps in recording medicines and we saw this was discussed with staff at the team meeting. We saw there was an improvement plan in place and assessments of the quality of care provided had been undertaken. Action plans had been put in place from the outcome of the assessments. For example, the registered manager had identified that there was not a system to gain staff feedback. Staff told us and we saw that staff questionnaires were implemented to gain staff voice.

The registered manager told us that the quality manager visited the service on a monthly basis. They said, "The quality manager comes to ensure that I am carrying out my role effectively. I also attend quarterly leadership meeting with the chief executive and managers from other services in the group. These meetings look at areas of learning and development across all the services". For example, the registered manager was involved in a falls

Is the service well-led?

focus group to ensure that improvements were made to the way falls were managed across all the services that the provider was responsible for. This meant that the provider had taken action to make improvements to the quality of the service people received.