Choice Support

Choice Support - 2 Endymion Road

Inspection report

2 Endymion Road
Haringey
London
N4 1EE

Tel: 02083413888
Website: www.choicesupport.org.uk

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 22 November 2016 and was unannounced. Prior to this inspection the service was inspected on the 14 November 2013 when all standards inspected were met.

Choice Support - 2 Endymion Road is a residential care home that provides accommodation and personal care for up to six people with learning disabilities. The provider organisation Choice Support is a large organisation that provides residential services for people with learning disabilities nationally. The service is a four story house situated on a residential street near to shops, a park and transport links.

There was not a registered manager in place. 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.

We found three breaches of the regulations during our visit. This was because the service was not always maintaining high levels of cleanliness and was not observing good infection control and good food hygiene practices to ensure people's safety. In addition, although people had individual risk assessments that had been reviewed some hazards had not been appropriately risk assessed to ensure people's safety. These concerns had not been highlighted or addressed by the quality assurance systems in place.

However we found that relatives felt that staff were caring and respectful and they told us that there had been improvements in staff communication and practice during the past years. We saw sensitive interactions from staff who talked with people and checked they were comfortable and had enjoyed their day's activities. There were enough staff on duty to meet the support needs of people when we visited. Staff were familiar with people and could tell us about their support needs. People had person centred plans that highlighted to staff how people communicated and how they wished to be supported and what they liked to do.

People were supported to attend their health care appointments and staff could tell us about people's health requirements to remain well. We saw that people were supported to eat a healthy diet and remain hydrated. People with specific dietary needs were supported to follow the health professional's advice. We saw that medicines administration was undertaken appropriately by trained staff.

The service worked to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff received varied training and supervision sessions to undertake their role and could tell us for example about their responsibilities with regard to MCA and DoLS and safeguarding adults.

Staff described the deputy manager and service manager as supportive and they could approach them at any time to discuss concerns. Staff told us they were supported in their careers and enjoyed their work. There were good lines of communication in the service and staff met individually with people to ascertain

their views. There was a complaints procedure and relatives told us they could raise concerns and these were addressed.

The provider had commissioned an external easy read survey to obtain feedback as to how they might improve the service quality.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation. Regulation 12: Safe care and treatment, Regulation 15 Premises and equipment, and Regulation 17 Good governance.

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

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 always safe. There was a poor standard of cleanliness, food hygiene and infection control in the service.

There were detailed risk assessments in place for people. However some window restrictors were missing from windows which could put people at risk.

There were adequate staff to meet the support needs of people using the service and there were robust recruitment processes in place.

Medicines were administered and stored in an appropriate manner.

Staff knew the safeguarding procedure and demonstrated they could recognise signs of abuse and knew how to report suspected abuse appropriately.

Is the service effective?

Good

The service was effective. Staff had received training and regular supervision to equip them to undertake their role effectively.

The service worked to the Mental Capacity Act 2005 and ensured Deprivation of Liberty Safeguards applications were applied for appropriately.

Staff ensured people were supported to access appropriate health services and were able to tell us about people's health support needs.

People were supported to eat a nutritious diet and to remain hydrated.

Is the service caring?

Good

The service was caring. Staff were described by relatives as caring and respectful.

Some staff had attended Dignity in Care workshops and had shared their learning with the staff team.

People's family members were invited to care planning meetings and had input into people's care plans.

Is the service responsive?

Good

The service was responsive. People had person centred care plans that detailed how they wished to be supported. Care plans contained information with regard to people's likes and dislikes and how staff should support them.

People were supported to undertake a variety of individual activities that they enjoyed both within the service and in the local area.

There was an accessible complaints procedure and complaints were responded to and addressed.

Is the service well-led?

Requires Improvement

The service was not always well- led. Although the service had systems in place to ensure the quality of the service provided, we found significant concerns around cleanliness in some areas of the service and in the maintenance of equipment. In addition there was a lack of risk assessments in some areas.

There was no registered manager in post since March 2016.

There was an open door policy and staff felt able to speak up and spoke highly of the support they received.

Choice Support had undertaken a commissioned survey to ensure they received feedback from people using their services.

Choice Support - 2 Endymion Road

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.

This inspection took place on 22 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our visit we looked at three people's care records and case tracked associated documents such as medicine administration records and daily notes. As people were not able to tell us verbally about their care and support we observed staff interaction with people including the administration of medicines. We also spoke with two people's relatives via the telephone on the day of inspection and one person's relative following our inspection visit. We looked at three staff personnel files and spoke at length with four staff members and the service manager, the deputy manager and the shift leader.

Following the inspection we spoke with the commissioning body to discuss their views about the service.

Requires Improvement

Is the service safe?

Our findings

The service did not always maintain a high level of cleanliness and was not observing good infection control and good food hygiene practices to ensure people's safety.

We were told one of the two fridges in the kitchen had been defrosted the day before our visit but had been found to be broken when the shift leader came on duty. We found a box inside the fridge that contained ointments; it was full of dirty water indicating the box had not been removed whilst the fridge was defrosted. We therefore questioned if the fridge had been cleaned effectively with items still in it. The ointments were discarded and replaced by the end of our visit.

Both fridge temperatures had been recorded each day including the morning of our visit. The thermometer inside the working fridge was displaying at 50 degrees and was clearly broken. The recorded fridge temperature for the fridge that was broken was clearly not accurate stating 4 degrees at 6:00AM when the fridge was not working. There were still food items, and the ointments stored inside the broken fridge, and items were warm to the touch. There was a concern therefore that both fridge's temperatures might not have been at an appropriate temperature to store food safely for people's consumption. We brought this to the attention of the deputy manager who confirmed our findings, replaced the thermometers by the end of our visit, and made arrangements to replace the broken fridge. The deputy manager agreed to address the issue of accurately recording fridge temperatures with the support staff.

Some food stored in the fridges was not dated to show when it was opened or put in the fridge. There were two plastic bags of unidentified food in the working fridge and a bag that contained cooked food and a pack of opened cheese undated in the broken fridge. We were told this was staff's food however this should also be dated to avoid being out of date and contaminating other food stuffs.

The service did not employ cleaning staff, as such, the care staff undertook cleaning duties as part of their role. Whilst we found that most areas of the home were clean some cleaning tasks had remained unaddressed for some while. In particular the kitchen required greater cleaning to maintain a good level of food hygiene and infection control. We found the kitchen cabinets were dusty and sticky inside, the microwave had previously spilt dried food had not been cleaned after use. Elsewhere in the service we found in one person's bedroom the area behind their bedhead was extremely dusty and covered with debris indicating that although the easily accessible areas of floor had been cleaned other areas had not been cleaned for a number of months. The deputy manager ensured these concerns were addressed by the end of our visit.

In another person's room the bed had been made after use but the bottom sheet was soiled and needed changing. We brought this to the attention of deputy manager who told us the sheet was usually washed each day and ensured the bed was changed.

The communal lounge although comfortably furnished had damaged furniture. The sofa fabric was peeling off and the armchair fabric had split in places. The deputy manager explained the furniture was only two

years old, they had complained to the manufacturer who had visited and they were trying to obtain a replacement. They showed us evidence this was so. However it remained an infection control hazard as it could not be cleaned effectively.

The above concerns are a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the service had not risk assessed robustly to ensure the safety of people using the service. People had risk assessments for example moving and handling and staff told us they were fully involved in assessing the risks to people living in the service. People had individual risk assessments that were updated on a regular basis and in response to changing circumstance. For example one person had slipped when using the stairs prior to our inspection and their risk assessment had been updated accordingly to reflect the measures that were now required to keep them safe when they used the stairs. "I am supported by staff members." "I like to look down the gap when descending (the stairs) and use the bannister rails to give me additional support. This could pose potential risk as I have lost my footing. Stating as a measure "Staff to ensure [X] is supported robustly when negotiating the stairs as this is a potential risk." Other risk assessments seen had been reviewed updated on a regular basis.

Although some measures had been taken to ensure people's safety in their bedrooms. For example one person's television was fitted high up and out of reach as the person liked to "fix things" and could cause harm to them self if they had access to the TV. They had the TV remote control by their bed and could switch channels and choose what they watched. One person had demonstrated a behaviour that involved going to their bedroom and opening their windows very wide. This person had lived in the service for many years without incident, however we asked the service to ensure they considered the safety of these windows not having restrictors and to risk assess and put in place any measures they deemed fit to ensure the safety of the person.

We observed that whilst some windows had window restrictors to prevent people from falling from the windows we noted others did not. The communal lounge windows did not have restrictors and there was a considerable drop from the windows into the basement area below. In addition we noted that although there were restrictors on the lower windows on the stairway there was none on the large top two windows which would be also accessible to people. Therefore risk to people with regard to window restrictors had not been robustly assessed by the service.

In addition in one communal bathroom there were broken fittings that had not been made safe. One broken towel rail had two sharp edges that jutted out and could cause injury to someone using the bathroom. The hand soap dispenser was also broken with sharp edges and covered with old soap residue and dust. We brought this to the attention of the team leader who agreed to ensure the removal of these items for people's safety.

There was a fire risk assessment that had been signed as read by all staff in 2016. There was also a fire action plan in the event of fire to evacuate however people did not have their own personal evacuation plans to specify what support they may need on an individual basis but were included in the general plan. We brought this to the attention of the service manager who agreed to address this.

The above concerns are a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of our visit we saw there were adequate staff on duty to meet the support needs of the people using the service. For example one person had an activity on their time table of one to one support from a staff member to go out shopping and to go to a café. This took place at the correct time and the person who remained in the service had adequate staff support. Staff on duty were as named on the rota. We saw that there were permanent established staff on duty that knew the people using the service and were a familiar presence to them. This was important as people in the service required a continuity of care to feel settled in their home. The service manager explained that if staff are absent they use bank staff that are familiar with the service or offer overtime to existing staff. However they limit the amount of extra shifts staff can do each month and monitor closely via the payroll department that staff are having breaks and not working long consecutive hours.

We saw that most staff had received medicines training and would only administer medicines had they received the training. All the staff we spoke who administered medicines confirmed they had received training to administer medicines and undertaken competency training as well. We observed medicine administration for three people, this was done appropriately, and the staff member could tell us what medicines were used to treat. Medicines administration records were completed without error or gaps. Medicines were stored appropriately and were kept secured.

One person's family member told us they felt their relative "was safe" and they was overall happy with the service. "They understand [X] needs". There was a safeguarding adult's policy and procedure and a poster displayed to prompt staff to report abuse. Staff members we spoke with all told us they "knew about safeguarding adults and had had training" and confirmed if they would report concerns to their manager. Explaining they "knew the procedure if the manager did not deal with it appropriately." All staff had received safeguarding adult training and a refresher was offered every two years. Staff spoken with could describe how they would recognise and report abuse. We saw that there had been one referral in two years. The service manager explained clearly his responsibility to report any safeguarding concern to the appropriate body.

Good

Is the service effective?

Our findings

Staff were knowledgeable about the people they cared for. Staff confirmed they received an induction when commencing their role. One staff member told us "The team is good; when I came here they helped me to understand the service users". They described how they undertook two weeks of shadowing experienced staff before working alone. Explaining that although they had worked with people with autism and learning disabilities before they felt this was necessary as it was "important to get it right."

We saw from the training matrix that staff had received training to manage behaviours that challenge the service in August and October 2016. Staff confirmed this had taken place and that they had found it useful in their role. One staff member told us how the staff team had found a way to reduce one person's anxiety at meal times that might result in behaviours that are difficult to manage. Describing staff now involve the person in preparing an aspect of the meal such as making a sandwich with staff support. We saw this was referenced in their care plan and risk assessment. Staff also described to us their techniques of talking calmly and listening or interacting with people also reduced the risk of people becoming upset. We noted that most staff had received training in understanding autism and epilepsy however three staff had not. The service manager confirmed that these staff were scheduled to receive training.

Staff had also received training in areas such as medicines administration, health and safety, first aid, safeguarding adults, moving and handling, food safety, equality and diversity, fire safety awareness, MCA and DoLS and support planning. Refresher training was repeated for core topics such as medicine competency and administration, and safeguarding adults. In addition several staff attended communication and dignity in care workshops and shared their learning with their other team members. Staff spoken with told us they enjoyed the training they received and found it very helpful.

Staff received supervision to support them in their caring role once every two to three months. Supervision was one to one with two practical supervision observations to ensure good practice. One staff member told us "In supervision we talk about our training needs and what you think about the service and what the service users need." Staff confirmed they had yearly reviews of their progress.

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. We found that Choice Support – 2 Endymion Road as the managing authority had applied for DoLS from the statutory body appropriately, having taken into account the mental capacity of people at the service to consent to their care and

treatment. All DoLS authorisations seen were valid and staff had reapplied when a review was due. People who did not have a family member to be their representative had applications made to an advocacy service to provide an independent mental capacity advocate. All staff had received mental capacity and DoLS training. There was evidence that mental capacity assessments and best interest meetings had enabled decisions to be taken on behalf of people who lacked capacity. People required support with their finances and had an appointee.

Staff told us why it was important to work to the MCA and were aware of restrictions made through DoLS to people's liberty. People's care plans described how they made decisions and staff told us how they gave people choices and care plans and described how people made their day to day choices in line with their care plan for example "Offer two choices" and "I usually tap my finger on what I want."

People's family members told us they were given information regarding their relative and were kept informed. "If I had a concern, for example, that [X] should go to the doctor; it is done and reported back to me". Staff were able to tell us about people's medical health conditions. People had a 'Health Care Action Plan' for staff reference that contained relevant information regarding allergies, health and social care professionals contact details. The plan contained a 'grab sheet' for use in the event of emergency that gave details people's health conditions, support requirements and medicines. There were for example guidelines in place for staff to follow in the event of a seizure. Health files also described how people communicated and how they showed they were in pain. We saw that people were supported to regular health checks with their GP for conditions such as high blood pressure, to the dentist, optician and chiropodist. Where people had specific health needs such as epilepsy they were supported to attend clinic appointments. Some people had received assessment from the occupational therapist following staff requests for a referral.

Staff ensured people had a nutritious diet and remained hydrated. People's care plans described what people liked to eat for example "I like cornflakes, oats, porridge and a cooked breakfast. "There was a good choice of produce including plenty of vegetables in the fridge and fruit in a bowl for people to help themselves. There was a picture on the fridge door to show people what was for dinner that night. We saw people eating freshly prepared meals and when people arrived home from the day centre all people in the service were encouraged into the kitchen and offered tea and biscuits. We saw that staff knew what each resident liked and as well as biscuits encouraged people to eat fruit. Where people had dietary restrictions this was referenced in their care plan and there was a reminder on the kitchen wall of foods to avoid. For example due to irritable bowel syndrome one person was supported to avoid certain foods such as "Oven chips and fried rice."

The service is a four story house situated on a residential street near to shops, the park and transport links. Access to all four floors was by stairs only and hand rails had been provided to ensure people's safety. Each person in the service had a bedroom with wash basin. There were communal bathrooms and toilets. There was a comfortable communal lounge with television and kitchen area with a large dining table where people ate together. In addition there was a large activity room in the basement and there was a garden people could access with staff support.

Good

Is the service caring?

Our findings

People's family members were complimentary about the caring attitude of the staff and told us "[X] seems to be well cared for, the staff keep me informed and send me emails. They seem caring and they satisfy [X] needs, as far as I can see …it seems like home away from home"

Staff spoken with were enthusiastic about their work supporting people; one staff member told us "I feel good when I support the residents well."

One staff member told us they were the Dignity Champion and had attended workshops to support them to promote dignity in care in the service. "I attend the culture for care workshops and the dignity in care work shop is excellent". They told us in a work shop they had heard a poem that was called "Ask me how I feel". They described this had provoked in depth discussion in the staff group and raised awareness of the need to communicate effectively.

Staff demonstrated they understood the need be positive and encouraging when working with people "I understand my mood affects the service user as small things matter, so I come in smiling and cheerful."

We saw that people were supported to dress in a dignified manner in clean and comfortable clothes appropriate to the weather. Staff complimented people on how they looked. We saw and heard pleasant and respectful interactions by staff for example when people returned home from their day centre they were greeted in a caring manner by staff who asked "Did you have a good time" and "How was it" before going ahead with tasks and asking "Do you want tea and biscuits".

People's care plans contained details about how people communicated this could be by using specific words or objects of reference or by Makaton, a communication system that uses signs and symbols to help people communicate. Each person had a keyworker that is a staff member who is allocated the person and works closely with them and is responsible for reviewing their care plans and liaising with family members. The keyworker had individual sessions with their person to find out how they were and to feedback any concerns to the staff group. Sometimes easy read symbols were used to support the person to point to show if they are happy or sad. Staff knew people well and watched for changes in behaviour and for positive changes if something new had been introduced that the person enjoyed. Keyworkers also liaised with day centres to obtain feedback about the person and if there had been any changes of behaviour to show if they were unhappy about anything or if a new initiative had been successful.

Some people living in the service liked to have their own space without staff presence. One person in particular liked to spend time in their room and staff monitored in a sensitive manner describing how they knocked at the door and waited for the person to show that they could come in. When we inspected we were made aware by staff of this person's need for privacy so did not visit them in their room as they found new people in their home difficult to tolerate. We heard staff knocking on people's doors before they entered. People's records were kept in a confidential manner in a locked office.

Care plans detailed people's 'circle of support' that is people important in their lives. Family members we spoke with all said they were kept well informed by the service and had had some input into their relatives care planning and were invited to review meetings. However one relative said they would like more notice of when meetings were taking place. We advised the service manager of this who said they would plan further ahead in future.

People's care plans contained details of their diversity support needs and specified for example people's ethnicity, cultural and religious needs. "I like foods from my own culture and I like English foods" and "I am Roman Catholic and celebrate Christmas and Easter." People's preferences were documented and respected such as "I like going out with male staff." Although people's plans contained end of life wishes most of those seen had not been completed, however in most instances family had asked to be consulted in the eventuality and plans stated "Funeral plans to be discussed with family."

Good

Is the service responsive?

Our findings

People had person centred care plans 'It's all about me' that detailed how they wished to be supported by staff. There was a good use of photos in some plans that showed for example "My home 2 Endymion Road" and the people the person lived with so the person could see what was being discussed. People's preferences were detailed stating 'What I enjoy' such as "I love listening and watching TV programmes" and 'My dislikes' such as "I don't like being left alone. I like to be around people" Care plans discussed how people showed what they wanted to happen. For example one person's plan described when they wanted to go out they might do the following things "If I make a high pitched noise … often lead you to my coat or go and put my coat on." Staff guidance was to "Go to the park ....take me out for an ice cream or a short walk."

There was an emphasis on supporting people to be as independent as possible. One staff member told us "What I like is when I complete a task with my service user and if they gain some new skills that makes me and them happy." People's plans stated what they could do and how much support they might require, such as "I can make my bed" and "I can make my tea with minimum support." We observed for example staff encouraged all people to clear their own plates after they had finished eating.

People had personalised bedrooms with items they liked such as pink bed covers and pink wall hangings or had items they had made at the day centre such as a model guitar or pictures they had painted that were framed and mounted on their walls.

On the day of inspection four out of six people were attending day centres. People's time tables were individualised for the week for both at the service and at day centres and reflected people's preferences. For example someone who enjoyed cycling attended an activity called 'pedal power.' Other people's hobbies were listed "I like wooden or plastic blocks" and they had times allocated when they would undertake this activity. Other activities listed were trampolining, dancing club and bowling. There were some group activities such as going to the cinema, meals in a local pub, and a day trip in the summer to Southend. The service had activities planned for the future they had talked to the people about, for instance a staff member told us "We have started a garden project and have met to discuss planning what we will do with the garden. [X] likes painting so we are going to include that as well in the project".

The service had a complaints policy and procedure and an easy read version accessible for people and their families. We saw that there had been a complaint responded to. A verbal complaint was taken seriously even though the person did not want to make a formal complaint and action to address the concern was taken. The service manager told us complaints always go to the complaints officer at head office so there is a strategic overview of trends in the service.

Requires Improvement

Is the service well-led?

Our findings

The service was undertaking audits to quality assure the service provided. There were daily checks to ensure procedures were being adhered to. This included people's finances that were checked and handed over daily to the oncoming shift leader to ensure there were no errors and all monies were accounted for. There were weekly medicines checks in addition to the daily handover check. The service manager described they undertook monthly audits to ensure documents such as support plans and the staff training matrix were up to date and reviewed. In addition there was an audit undertaken by Choice Support Quality Assurance team on a quarterly basis. The team gave a colour rating to indicate what needed to be put in place and gave a time frame. We saw for example in August 2016 they had identified the need for a risk screening tool and this had been put in place by the service. The action plans were signed off by the service manager and a report was sent to the governance board each month to indicate what had been addressed and what was outstanding. There were also spot checks by the area manager, these had taken place seven times since January 2016 and were unannounced.

However we found that the quality audits were inadequate, as the poor standard of cleanliness in the service in conjunction with unsafe equipment such as broken fixtures and lack of risk assessments around the lack of window restrictors had not been identified and addressed by the service.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been no registered manager at the service since March 2016.The deputy manager covered three schemes throughout the week spending two days at Choice Support – 2 Endymion Rd. There were identified shift leaders, experienced staff who was responsible for the day to day running of the shift when on sleep in duty. Staff could contact senior managers using an on call system when they required support out of hours. The service manager and deputy manager spoke of good support from the provider in under taking their role.

The service manager and deputy manager described an 'open door policy' to ensure they were available to people, relatives and staff. They held team meetings every two to three months but met informally with staff on a weekly basis.

Staff told us they enjoyed their work, one staff member described "There is a really good team spirit in the house with the other members of staff." Staff described feeling supported by senior staff. "I feel supported by my manager" and "I could go to him with any problems or any safeguarding issues". We asked staff if they felt supported in their career by the provider, one staff member told us "Yes our support workers are doing a good job, you are able to be a team leader or a deputy, training is given." The positive morale of the support workers meant people were supported by staff that enjoyed their work.

Staff told us they were involved in discussions and their views were listened to. There were robust system of communication between staff members. We attended the shift leader handover to the oncoming shift. The

shift leader fedback about each person describing what they had eaten, what activities they had done and what was their mood during the day. It was confirmed that medicines had been given and what tasks had been undertaken and what was still required. Staff were reminded to check the diary for people's appointments.

People were encouraged to share their views in one to one sessions with their keyworker. As most people were non-verbal staff also observed and shared their observations to determine if service users were happy in their home. There was a low turnover of staff as such staff were familiar with people and could recognise significant changes in people's usual behaviours that might indicate they were unhappy or happy. Family members confirmed they were kept informed about their relatives and felt their views were sought and listened to. The service had held a coffee morning for relatives in March 2016.

The provider commissioned a Choice Support survey for 2016-2017 that was undertaken by external consultants who had experience of working with people who had autism and learning disabilities. The survey was for all Choice Support services but separated responses into geographical areas such as Haringey or Hackney. The survey used pictures and symbols to be accessible to people and expected family members or staff to support people were necessary. There was a prize draw to encourage people to participate. The results were not available until January 2017.

We spoke with the commissioning body who confirmed the service were responsive to any enquires they made.

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 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (a)(b)(d)(e)(g)(h) Not all hazards were risk assessed appropriately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Regulation 15(1)(a)(b)(c)(d)(e) (2)Cleanliness, food hygiene & infection control. Premises and equipment were not maintained in a manner to control the risk of infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1)(2)(a)(b)(c)Audits had not identified gaps in risk assessments and the poor hygiene of the premises and equipment.