Choice Support

Choice Support - 6 Bowley Close

Inspection report

6 Bowley Close
London
SE19 1SZ

Tel: 02086708432
Website: www.choicesupport.org.uk

Date of inspection visit:
31 January 2017

Date of publication:
23 March 2017

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

This inspection took place on 31 January 2017 and was unannounced. Choice Support – 6 Bowley Close is a small residential care home registered to provide care for up to four people who have a learning disability. The service is a bungalow with easy wheelchair access throughout. There were three people living at the service at the time of our inspection.

At the last inspection, on 10 July 2014 the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager. 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.

People told us they felt safe living at 6 Bowley Close. Staff knew how to protect people from harm and abuse. Staff received on-going safeguarding training and were aware of the correct procedures in reporting suspected abuse. Risks to people's health, safety and wellbeing was managed safely.

People told us and records confirmed, there were sufficient numbers of staff to meet their needs.

People's medicines were managed safely and in line with good practice. Staff were aware of the safe management of medicines and how to report any errors.

Staff had a good understanding of their roles and responsibilities in relation to the Mental Capacity Acto 2005 (MCA). 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 were encouraged to make decisions and choices about their care and had their choices respected. People's consent to care and treatment was sought prior to care being delivered.

People were encouraged to maintain a healthy nutritionally balanced diet and had access to sufficient amounts to eat and drink, at times that suited them. People's health care needs were monitored and maintained; people had access to health care services as and when needed.

People continued to receive care and support from staff that are kind, caring and compassionate. People were encouraged to maintain relationships with people that were important to them. Staff treated people with respect and valued them.

Care plans were person centred and tailored to people's individual needs. People were encouraged to be involved in the development of their care plans, which were updated regularly to reflect people's changing needs.

People were encouraged to participate in a wide range of activities of their choice, both in-house and in the local community.

The service had a complaints procedure in place and people felt confident in raising concerns or complaints to staff and the registered manager. Complaints formats were available in different formats in order to ensure they were accessible to everyone.

The service carried out regular audits of the service and areas of improvement identified were actioned in a timely manner. Feedback of the service provision was sought and listened to.

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 remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

Choice Support - 6 Bowley Close

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 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.

We carried out this comprehensive inspection on 31 January 2017. The inspection was unannounced and was carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with one person, one care staff, one senior care staff and the registered manager. We reviewed three care plans, three people's risk assessments, three Medicine Administration Recording Sheets (MARS), two health action plans, two staff personnel files, fire safety records, audits, maintenance reports and other records related to the management of the service. After the inspection we spoke with a pharmacist.

Good

Is the service safe?

Our findings

People told us they were happy living at the service and that they felt safe. One person said, "It's OK here, I feel safe." A health care professional told us, "I believe the home is a good home."

Staff had sufficient knowledge of the different types of abuse and how people may present if experiencing abuse and/or harm. One staff told us, "We [staff] are here to make sure people are safe. I have received safeguarding training." Staff were aware of the correct procedure in reporting concerns of suspected abuse. All staff spoken with, told us they would report any concerns to the senior staff member on shift and the registered manager immediately. Records confirmed that staff had received safeguarding training to minimise the risk of abuse.

People continued to be protected against the risk of harm, because the service had embedded practices that identified risks, assessed and monitored them regularly. Staff were given clear guidance on how to manage risks and the steps to take to mitigate the risks. One staff told us, "The risk assessments are put in place to measure and attempt to eliminate the risk to people. They are updated regularly and they help me to understand what it is I need to do to protect people from harm." We looked at risk assessments and management plans and found these were comprehensive and updated to reflect people's changing needs.

The service had implemented Personal Emergency Evacuation Plans (PEEP's). A PEEP is a risk assessment designed for care homes to support people to reach a place of safety in the event of an emergency, who may not otherwise be able to. Accidents and incidents were recorded and reviewed by the registered manager, to identify any trends. Incidents showed where applicable health care professionals were informed and information shared to minimise the risk of repeat incidents and accidents.

There were sufficient numbers of staff to safely meet people's needs, through a person centred approach. Staffing levels were flexible to ensure people were able to engage in activities of their choice, attend health care appointments and access the local community. One person told us, "Yes there are enough staff." Staffing levels were monitored by the registered manager and increased or decreased depending on the needs of people. The staff roster was arranged so that people had the right mix of staff with the right skills and knowledge to safely support people.

People continued to receive their medicines in line with good practice. One person told us, "Staff remind me every evening to take my medicine. They (staff) would help me if I became confused." A Pharmacist told us, "I carried out an audit of the service medicines in January 2017 and found medicine management in good order. I have no concerns at the moment. I am the point of call for any issues they (the service) have regarding concerns around medicines." Records showed staff supported people to attend annual medicine review with their G.P and advice given was then implemented. Staff demonstrated sufficient knowledge of the safe administration, recording and storage of medicine. One staff told us, "If there was an error, I would document it, then raise it with the registered manager." Staff received on-going medicines training. Records showed people received medicines as prescribed.

Good

Is the service effective?

Our findings

People continued to receive effective care and support from skilled and knowledgeable staff. One person told us, "They (staff) know what they are supposed to be doing. I think they must get training in helping people."

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. We checked whether the provider was working within the principles of the MCA. We looked records the service held in relation to MCA and found these were in place and had been regularly reviewed. Staff had sufficient knowledge of their roles and responsibilities in line with MCA. One staff said, "We need to measure people's capacity to enable them to make decisions and give consent. I have received training in MCA."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people who may require their liberty restricted lawfully in order to protect them from harm. The service continued to submit DoLS authorisation applications to the local authority in a timely manner, to ensure they did not deprive people of their liberty unlawfully. Staff were aware of the importance of working in line with the DoLS legal framework. Care plans detailed people's DoLS status and detailed the level of support people required to reflect their status. The registered manager discussed DoLS during 1:1 and group supervisions.

People's health and well-being continued to be monitored and assessed regularly by health care professionals. One person told us, "I see lots of people." Records confirmed people had access to, G.P's, psychiatrists, physiotherapists, diabetic nurse, dentists and chiropodists. People had a health action plan that detailed what health care and support they required and how this was delivered, in a format they could understand.

Staff continued to receive a comprehensive induction, that included a period of shadowing more experienced staff. One staff told us, "My induction lasted four weeks, I received lots of training and had to complete the competencies before being able to lone work." Records reviewed during the inspection showed staff continued to received on-going training to effectively meet people's needs. Training records showed that staff had received training and where required were scheduled on up-coming training. All mandatory training was undertaken by staff who had a clear knowledge of how to implement their skills into practice. Staff received frequent supervisions and annual appraisals where they reflected on their working practices. Supervisions gave staff the opportunity to meet with the registered manager and discuss areas of improvement, training needs and for staff to put forward ideas for the development of the service. One staff said, "I find the supervisions and appraisals useful, you can talk through any issues and work through them on a 1:1 basis."

Records confirmed that people's dietary requirements continued to be monitored and met. One person told us, "The staff ask me what I want to do to help make my meal. I get enough to eat and drink and if I'm hunger I can have extra. You don't have wait for the mealtimes if you're hungry." During the inspection we observed people accessing the kitchen and being supported to make their meal for the day. Where possible people were encouraged to participate in meal planning and preparation. The weekly menu was devised with the input of people to ensure their choices and preferences were met.

Good

Is the service caring?

Our findings

People told us they liked the staff that supported them as they were kind and caring. One person said, "I like them (staff), I can talk to them. I think they (staff) are kind, excellent and very caring." During the inspection we observed staff interacting with people in a compassionate and respectful manner, using different methods to communicate with people, for example gestures, facial expressions and by maintain and encouraging eye contact. People were encouraged to maintain relationships with people that mattered to them, whether that be at the service or in the local community. The service was homely and welcoming, people personalised their rooms with items of their choice. During the inspection we observed people moving throughout the service freely and were encouraged to spend both time in the communal areas and have personal time in their rooms as and when they wished.

People were continued to be supported in making decisions about their care and treatment. People were given information in a manner they understood to enable them to make decisions in matters that affected their lives. One person told us, "I can make decisions myself, they (staff) ask me what it is I want to do. They (staff) let me know what's happening that day and give me choices." During the inspection we observed staff speaking to people, asking them what activity they wanted to participate in and had their decisions respected. For example, if people wanted to access the local community or spend time within the service. Staff knew people well and were aware of decisions they made non-verbally, through gestures and noises. One staff said, "You can tell changes to body language and facial expressions, you'll know if they understand what you are saying or if they don't and you need to use a different technique."

People's privacy and dignity continued to be maintained. People told us staff would knock on their room doors and await permission to enter before doing so. One person said, "They (staff) leave me to do what I have to do, like getting dressed, then knock on the door to offer me help if I need it." Staff were aware of the importance of respecting people's privacy and maintaining their dignity. One staff told us, "We keep doors closed during personal care, and ensure they are treated with dignity and respect."

People were encouraged to maintain their independence, because the service had an embedded culture of empowerment. One person told us, "I can go out with staff and sometimes I can go out on my own. Staff make sure I'm safe and know what to do when I go out alone." Staff were aware of the importance supporting people to do things for themselves to ensure they didn't lose skills previously gained. One staff told us, "We (staff) support people, that doesn't mean we do those things for them. We try to encourage them to do things so that helps raise their sense of achievement and their self esteem." The service had a 'missing person's' document, that staff were aware of and the procedure in implementing this, should someone leave the service without support as planned. Care plans showed the level of support required and gave staff guidance on how to promote independence.

People continued to receive one to one time with staff. The service had keyworker systems in place, a keyworker co-ordinates the care received within the service and acts as an in-house advocate ensuring people's voices are heard. One person told us, "I'm getting a keyworker and I know who I would like that to be, he/she (staff) is really nice and I like them." The registered manager ensured that where possible

people's interests were shared with the keyworker in order to maintain a positive relationship.

Good

Is the service responsive?

Our findings

People confirmed they received a service that was responsive to their needs. One person told us, "I can ask them (staff) for something and they do try to help me get what I want. Yes, they (staff) respond."

The service continued to provide personalised care that was tailored to the individual's needs. One person told us, "I don't see my care plan, they are in the office." However they expressed they did not wish to see their care plan. Care plans were person centred and contained comprehensive information about people, their preferences, health care needs, history, medical needs and social needs; and gave staff guidance on how to deliver responsive care. Care plans were reviewed regularly to reflect people's changing needs and where possible people and their relatives were encouraged to develop the care plan to ensure their needs and preferences were documented and met. Where relatives were unable to attend review meetings, staff ensured updates and changes were shared with them. A simpler care plan document was available for people to access in a pictorial format, to ensure they understood it's content. One staff told us, "A care plan shows you the care the person wants, needs and what is required to achieve this."

People's social needs were acknowledged and promoted. People continued to be encouraged to participate in a wide range of both in house and community based activities of their choice that met their needs. One person said, "I can go and visit my family, go to the shops and for meals out. I watch TV as well. Sometimes I'll do the food shopping. There's not anything else I want to do." Records showed people were encouraged to engage in activities to meet their needs and reduce the risk of social isolation. During the inspection one person was being supported to access the local community and another person was supported to visit their relatives. A staff member said, "We do a lot of activities here, and externally there's sensory, hydrotherapy, shopping both house and shopping, visits to friends and relatives and meals out." Another staff told us, We (staff) try to get people involved in the community. We are always looking out to see if they are showing signs of being withdrawn, this could mean they are isolated."

People were aware of how to raise concerns and complaints. One person said, "I would speak to staff if I'm not happy about something, yes I can speak to the manager. I can speak to my social worker if I really needed to." Staff were aware of the correct procedure in responding to complaints raised. One staff said, "If someone makes a complaint, I must raise this with the registered manager. There is a complaints policy here and if I am unsure I can re-read it." The complaints procedure was available for people to access if required. We looked at the complaints file and found there had been no complaints raised in the last 12 months. Despite this, the registered manager was aware of how manage complaints and told us, "We have a quality team who we can approach should I require assistance with a complaint that's been raised. I would always ensure that feedback is given and that wherever possible we resolve the complaint positively."

Good

Is the service well-led?

Our findings

People told us they were happy with the care and support they received at the service. One person said, "I like it here, it's ok."

The service had a registered manager and had an embedded culture that promoted an open and inclusive culture, where people were valued and their views listened to. One person told us, "The registered manager's alright. We can talk." Throughout the inspection we observed a relaxed atmosphere where people were able to choose the level of interaction. We observed staff laughing with people and talking about areas of interest. There was a sense of tranquillity. Staff told us the service was well led and the registered manager was approachable which meant people, their relatives and staff could meet with the registered manager as and when they needed. During the inspection we observed staff speaking with the registered manager asking for advice and guidance. One staff told us, "The registered manager is someone I can approach and she listens to our (staff) views."

The service maintained audits to drive the quality of the service provision. The registered manager ensured audits were completed for example, feedback of the service, medicine management, care plans, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety and training. Records showed audits were completed in line with the provider's policy and issues identified had been addressed in a timely manner. Records showed the service reviewed feedback from people and their relatives and where required appropriate action was taken to respond to concerns and improve the quality of care provided.

People continued to receive care and support from a wide range of health care professionals. The service had embedded partnership working relationships to further the care received by people living at the service. Staff and the registered manager were aware of the importance and benefits to people through working with health care professionals. Records confirmed that the service sought guidance from others, and implemented the guidance within the service. The registered manager told us, "We need support from a wide variety of people, we all need support and guidance to improve. We have partnerships with other professionals but also with relatives, as they know their relatives best and can input on historical matters."