HF Trust Limited

Choice South West (Supported Living)

Inspection report

The Tiverton Community Hub - Main Office
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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 10 January 2017 and was announced as this is a small domiciliary service and we needed to be certain people and staff would be available to speak with. This is the first inspection of this service since it was registered on 14 November 2014.

Choice South West is part of HFT a national provider of services for people with learning disabilities. This service provides personal care and support to people in their own homes in and around the Tiverton area. There are two main sites where people have their own tenancies and support is provided over a 24 hour period. The service currently supports 13 people.

The service is headed by a registered manager who had been at the service for just under 12 months. 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 were supported by staff that had the right skills. This enabled them to provide safe, effective and person centred care.

People's care was well planned and took into consideration individuals preferred routines, likes dislikes and aspirations for the future. There was sufficient staff to meet the needs of people currently using the service.

People were cared for in a way which protected their dignity, privacy and respect. Staff knew people well and had developed strong relationships. This helped to ensure the service delivered caring and compassionate support.

Support workers received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health. The organisation ensured best practice and good guidance was followed.

People's rights were protected because staff understood the principles of the Mental Capacity Act 2005 and when needed were able to support people to make best interest decisions, including the involvement of independent advocates.

Systems were in place to ensure people's medicines were handled safely and any support needed in these areas were recorded following the service policies and procedures.

Safe recruitment practices meant staff were only employed if they had the right checks in place to ensure they were suitable to work with vulnerable people. People were kept safe because staff had a good understanding about types of abuse and who they should report any concerns to.

Records showed people were supported to maintain a healthy balanced diet and their healthcare was being monitored to promote their well-being.

People were supported to follow their interests and hobbies and lead fulfilling lives. It was clear people were afforded choice and their views were sought on all aspects of the running of the service.

There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. People were confident their concerns would be listened to by the registered manager/staff and acted upon.

A number of effective methods were used to assess the quality and safety of the service provided.

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.

People said they felt safe. Support workers were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

A core team of support workers ensured people had continuity and that staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Support workers received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well by a small team of consistent support workers. They supported people to access healthcare support if required.

People's legal rights were protected because support workers had an understanding of the requirements of the Mental Capacity Act (MCA) 2005.

People, where required, were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People said support workers were caring and kind.

Support workers relationships with people were caring and supportive. Support workers knew people's specific needs and how they liked to be supported.
People's privacy and dignity was respected

Is the service responsive?

Good

The service was responsive to people's needs.

Care files were personalised to reflect people's personal preferences.

People were supported to enjoy a variety of activities and pursue their interests and hobbies.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. People were confident their concerns would be listened to by the registered person and acted upon.

Is the service well-led?

Good

The service was well led.

Support workers spoke positively about the registered manager and how they
worked alongside them and listened to their views.

People's views and suggestions were taken into account to improve the
service.

A number of effective methods were used to assess the quality and safety of the service people received.

Choice South West (Supported Living)

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 10 January 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service to a small number of younger adults. We needed to be sure there would be staff, records and people available to talk to. The inspection was completed by one adult social care inspector.

Prior to the inspection we reviewed all the information we held about this service. This included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four staff and four people who used the service. We also spoke with the registered manager and training coordinator. We looked at four care plans and risk assessments in detail. We reviewed four staff recruitment and training files as well as a number of quality assurance audits, meeting minutes and staff supervision records.

Following the inspection we asked for feedback from four healthcare professionals and received information from one, who had not had very much involvement with the service for some time.

Good

Is the service safe?

Our findings

People said they enjoyed living in their own flat/house with support from Choice South West staff. People did not directly comment on whether they felt safe. However it was clear from the interactions with staff and the opportunities people had been engaged in, that they were feeling safe and well cared for. For example one person said ''Staff are helping me to organise a golfing holiday.''

There were sufficient staff to meet people's needs and ensure they received safe, effective care. The registered manager said they had previously needed to use some agency staff, but now had a bank of staff who could cover any additional hours due to sickness or annual leave. They continued to recruit to ensure the care worker levels were maintained. Staffing rotas were planned flexibly to ensure that each person had the right support hours when they required them.

People were supported to help take their medicines at the right time. Staff received training in safe administering and recording of medicines. The services own internal inspection noted improvements were needed to ensure all staff used the medicines administration records (MARs) correctly. The registered manager said '' I dropped it down to a red (internal inspection) as there was a medication error by a member of staff. A full investigation was carried out and the member of staff involved was suspended from administering medication until this investigation was completed. The member of staff was retrained in medication and three observations were carried out on the member of staff to ensure that she worked and administered medication in line with HFT procedures. I also completed more spot checks in the service and more supervisions with the member of staff. The internal inspection then went back to green the following month.''

Support workers demonstrated an understanding of what constituted abuse and knew how to report any concerns they might have. For example, they knew how to report concerns within the organisation and externally to organisations such as the police and to the Care Quality Commission (CQC). Support workers had received safeguarding training, and this was updated every three years. Safeguarding was a regular item on the agenda for team meetings and one to one supervisions with support workers. There had been one safeguarding alert made by the service in the last 12 months. They worked with the local authority to ensure people's ongoing safety. The registered manager understood their safeguarding role and responsibilities.

People were kept safe because risks had been assessed and, where possible, measures put into place to minimise those risks. For example one person was at risk of falling due to developing a degenerative condition. The risk assessment included what should be done to assist the person and help minimise the risk of them falling. Where people were at risk of being out in the community because of their vulnerability, this was detailed within their care plan. Plans included how staff should support the person to stay safe. Each person had been issued with an identity card with their own and HFT detail on it so that if people got lost they had contact details.

Monthly risk assessments were completed to ensure people's own home environments remained safe. One

person who used the service had been appointed as the health and safety manager to assist with health and safety checks at the registered office. This included ensuring hot water temperatures were monitored to help prevent possible scalding.

People were kept safe because there were effective recruitment and selection processes in place. Support workers had completed application forms and interviews had been undertaken. Any gaps in employment history was explored. Pre-employment checks were carried out, which included written references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. New staff did not begin working with people until all these checks had been returned and the registered manager was satisfied they were suitable to work with vulnerable people.

Staff were aware of policies and procedures in place to protect people and themselves, such as the whistle blowing policy. Effective disciplinary procedures were used. Where staff had been found to fall below expected competencies, they were supported to develop skills or to leave the organisation.

People's finances were protected by robust external checking systems. Where people had been assessed as needing support to manage their finances, clear records were kept of all financial transactions. A monthly financial reconciliation was then completed by a manager from another HFT service.

Good

Is the service effective?

Our findings

People said they felt their needs were being effectively met by support workers who knew them well. Staff were able to demonstrate they had the right knowledge and skills to meet people's needs. Staff confirmed they received training in all aspects of health and safety as well as some more specialist areas, such as autism and understanding dementia. This helped them to provide effective care and support to people.

Staff said they believed they had good opportunities to develop their skills in order to provide effective care and support. One staff member said ''I have been able to develop my skills and progress my career within this organisation.'' One of the HFT training co-ordinators was at the registered office on the day of the inspection. They explained HFT had a number of training coordinators and could provide bespoke training as well as the core areas of health and safety. Some training was completed on line on their system, called the 'knowledge centre'. This helped managers keep track on training including which staff needed updates, as they could access each staff training record. Some of their more specialist training was affiliated with best practice from other organisations such as Tizzard and British Institute for Learning Disabilities (BILD). This training was completed as part of a small group with interactive sessions looking at case scenarios. This helped staff to think about best practice and ensuring people's rights were at the heart of how they worked.

New staff were required to complete an induction programme. This included the Care Certificate, which covered all aspects of the care to help them understand their role and do their job effectively. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction if they have not worked in care before. New staff were supernumerary and shadowed other more experienced staff until they were proficient. Throughout the 12 week induction process new staff all had seven observed sessions where their manager or senior person observed their practice. This was then discusses this as part of their feedback. Each staff member had a development plan from which to review and progress their learning.

Staff said they received regular supervisions to discuss their role and future training needs. All staff also had an annual appraisal. Records showed these were in progress and staff had signed to say they had agreed to the records of supervision and appraisals.

People's rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. The provider information return gave a good example: 'Where a person lacks Capacity a 'Best Interest meeting's' held. A gentleman we supported in a service in Tiverton needed to move to appropriate accommodation due to a decline in mobility and suitable alternative accommodation was sourced in a service in another town. A multi-disciplinary approach was used to assess capacity, which he was deemed to lack to make this decision. A best interest meeting followed and it was decided by the Local Authority, his family and HFT that it was in his best interests to

move.'

People's daily records showed staff gained consent before assisting someone with their personal care and support tasks. Staff understood the importance of ensuring consent was gained and spoke about how they understood people's non-verbal ways of communicating to gain implied consent.

People were supported to maintain their health. Daily records evidenced staff monitoring people's physical health and their emotional well-being. One person had received specialist support and input form a team of healthcare professionals who were specialist in their condition. People had a hospital passport. This is a document in easy read format which helps to describe how best to support the person if they were required to stay in hospital overnight. People also had a health action plan to help ensure their health was monitored. People had access to dentists, doctors and opticians as needed. Care worker supported people to keep these appointments and help explain any treatment options if needed.

People were supported to maintain a healthy balanced diet. Support was given to help people shop, budget and cook their meals as needed. Support workers encouraged people to choose healthy eating options and where needed monitored people's weight and food and fluid intake.

Good

Is the service caring?

Our findings

People said staff were caring and kind. One person said ''I love all the staff. They are very good. Very kind. They are taking me out for my birthday. We are going to a hotel for lunch.''

People were supported in a way which ensured their privacy and dignity was maintained. For example support workers said they would always ensure they supported people with their personal care so that they did as much for themselves as possible. Support workers described ways in which people's dignity was maintained. For example always knocking on their door and waiting for an answer. When assisting people with personal care, support workers described how they would offer people choice of their clothing to wear.

The service was committed to providing a high quality caring approach. They had signed up to the social care commitment. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. This is made up of seven 'I will' statements which focus on providing people with a quality and caring service. In addition, two of HFT's underpinning principle were, according to their provider information return; respecting choice and being inclusive. It was clear from talking to people and staff that these values and principles were being used in their everyday delivery of care. For example people told us they were supported to go on holiday, stay in touch with friends and family and plan for future goals such as work. Support workers said their support was offered flexibly to suit people's needs and wishes.

People and staff had developed strong bonds and it was clear staff understood what really mattered to people and tried to help them accomplish their wishes. The provider information return detailed the following example. When a person was dying in hospital staff went over and above to visit him in hospital in their own time and to communicate with his family and hospital; staff were very keen to go the extra mile when supporting people with having a relationship with family members. People were able to nominate staff for their caring and kindness. GEM award nominations, which were for recognition of staff 'Going the Extra Mile'.

People were asked about whether they wished to plan for their end of life care. Easy read formats had been produced to assist people in making decisions about whether they wished to remain in their own home should they become ill and require end of life care.

Good

Is the service responsive?

Our findings

People said they were happy with the way their health and social care needs were being met. One person said ''On some days I get extra support to help me with shopping and getting my place clean and tidy. Some days I come to the hub to help and some days I go out with staff to play golf, go for lunch or to see friends.''

Care and support was being delivered flexibly for people, in order to be responsive to people's needs. Where people's needs had changed, this was clearly detailed within their support plan and daily records. The provider information return stated 'Staff have good knowledge of all individual health needs. Internal moves are supported by staff to support a change in people's needs. (We have a) Rolling rota, reviewed weekly so as to accommodate appointment/changes needed. ' The registered manager said that if due to illness or increased fragility, peoples' needs changed, they would be in contact with the commissioning team and specialist support to see if additional hours of support and/or equipment would better support the person.

Staff said they felt their care and support was responsive to people's needs. Where they saw people needing more support due to failing health, for example, they would alert the registered manager. They also confirmed that specialist training, support and equipment, including assistive technology, was made available to them and people where needs had increased or changed. For example one person had increased needs due to a degenerative condition. Their support hours had been adjusted to suit their additional needs and a specialist nurse had provided additional training to support workers.

Care plans gave detailed descriptions for support workers about what tasks they needed to complete on each visit and what to do to mitigate any risks. They also included people's past histories, their likes, dislikes and preferred routines. This meant staff were more able to provide care which was personalised. Staff confirmed that plans were useful and they were available in each person's own home. Staff accessed an electronic system for recording daily records. This information could be accessed by seniors support workers and the registered manager. This meant they could monitor how and when support was being provide to ensure it was being responsive to people's individual needs.

People's social needs had been fully considered as part of their care plan. Some people accessed a day service hub (the registered office of the service where space was available for people to meet) where they could take part in craft and games sessions. They were also about to have an adapted kitchen installed, which would enable people to do cooking. Some people had been supported to do paid or volunteer work and wherever possible people were encouraged and supported to follow their own interests and hobbies. One person said they enjoyed shopping in charity shops and loved to buy jewellery. Another person enjoyed playing golf and was supported to do this.

People's views were sought and their suggestions implemented in a variety of ways. For example, for newer people there' was questionnaire taking into account people's wishes about what information they want shared with family. There were also regular meetings people could attend to have their views heard about any aspect of the service. In addition there was 'keyworker time', where individuals spend time with their assigned care worker to find out if they were happy with their care and support.

People's complaints and concerns were acted upon. The complaints process was available in an easy read format and regularly discussed with people. There had been two complaints in the last 12 months and both were resolved. One related to the noise made by someone else living in the tenanted flats; this was resolved once the person moved to a more suitable placement. The other complaint related to the conduct of a member of staff. This was fully investigated and resolved to the person's satisfaction.

Good

Is the service well-led?

Our findings

People knew who the registered manager was and were confident in their ability to ensure the service was well-led. He was supported by two senior support workers and an organisational team from within the main HFT services. This included an operations area manager, training coordinators and specialist team for assistive technology.

There was a strong commitment to continuous improvement, both through investment in staff learning and in staff support. Staff said there was a huge drive to provide the right training and support for them. They had opportunities to develop specialist areas such as end of life care and all were encouraged to obtain diplomas in care. Staff confirmed that supervisions were constructive and helped them to develop and learn. The organisation had continued to seek best practice guidance through affiliation with a number of bodies. Their provider information return detailed the following: 'Member of British Institute for Learning Disabilities (BILD), Voluntary Organisations Disability Group (VODG), Association for Real Change (ARC), Challenging Behaviour Foundation, Housing and Support Alliance, Ann Craft Trust (ACT), Alzheimer's Society, British Society for Supported Employment, Downs Syndrome Association, Dementia Action Alliance, Palliative Care Pathways for People with Learning Disabilities, Think Local Act Personal, attending a 'mate crime' workshop alongside the police and ARC in April. A member of the local Provider Engagement network and in a partnership with NHS N Devon for Living well at home agreement.'

People and staff believed the views and opinions were listened to and valued. Staff described the management approach as open and inclusive. One staff member said they were able to suggest ways they could improve their care and support and ways they worked with people. Ideas and suggestions were encouraged.

People were actively involved in the running of the service. For example, one person had been appointed as the health and safety officer to help with environmental audits. Other people were involved in staff interviews and were also asked their views about staff as part of the induction process. If a person did not want a particular care worker to work with them, their views were acted upon and a different care worker was sought and rotas changed to be able to offer people this choice. There were also regular meetings for people to have their say about the running of the service. People were encouraged to be part of the wider organisation, to feed their views up to the board of governors and having a person representative to enable this to happen. People were given opportunities to have independent advocates to enable them to have someone independent form their care provider to talk to.

Quality assurance checks were completed on a regular basis. This included monthly visits by the operations manager to review audits and speak with people and staff. Where actions were needed, these had been followed up. For example where they noted gaps in people's medicine records, the monthly audit completed by the registered manager highlighted this as an area for immediate attention. This included additional training and further spot checks.

There were accident and incident reporting systems in place at the service. There was a means to gather the

information in order for the registered manager and operations manager to be able to monitor. The operations manager visited the service at least monthly.

The registered person was meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.