Choices Housing Association Limited

Choices Housing Association Limited - 535 High Lane

Inspection report

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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

The inspection took place on 17 July 2018 and was unannounced. Choices Housing Association Limited - 535 High Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It can accommodate up to eight people in one adapted building, split into two floors. There were eight people using the service at the time of our inspection.

At the last inspection in January 2016 the service was rated as Good. At this inspection we found the service remained Good.

There was 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 2008 and associated Regulations about how the service is run.

People gave us positive feedback. They told us they were happy, liked the staff and were supported to partake in activities and trips that they enjoyed.

We have made a recommendation about the provider considering best practice guidance in relation to their Statement of Purpose and achieving outcomes for people.

People were kept safe by the systems the home had in place. There were sufficient amounts of safely recruited staff to support people and staff understood their responsibilities to recognise potential abuse and to report their concerns.

There were detailed risk assessments and plans in place and staff were following these. Medicines were managed safely and action had been taken if things had gone wrong and learning put in place to reduce the likelihood of incidents reoccurring. People were protected from the risk of infection as the home was clean and tidy and checks were made in relation to infection control.

People were protected under the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to have food they liked and people were kept safe if they were at risk whilst eating. People had access to other health professionals when necessary and people's health conditions were monitored and there were care plans were in place to guide staff.

Staff knew people well and people had personalised plans in place. People were supported to partake in a

range of activities and trips. People had differing ways of communicating and these were planned for and staff knew how to communicate with people. People were supported to make plans for the end of their life and people's preferences were recorded. People were able to complain and a suitable policy was in place.

Systems were in place to monitor of the service and to try and improve people's experience of care. There were regular resident and staff meetings to discuss people's feelings and people's changing needs. People liked the registered manager and staff felt supported. The last CQC rating was on display and notifications were submitted as required by law.

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 has remained good.	**Good**
Is the service effective? The service has remained good.	**Good**
Is the service caring? The service has remained good.	**Good**
Is the service responsive? The service has remained good.	**Good**
Is the service well-led? The service has remained good.	**Good**

Choices Housing Association Limited - 535 High Lane

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.

The inspection took place on 17 July 2018 and was unannounced. The inspection was carried out by two inspectors.

We looked at information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also asked commissioners if they had any information they wanted to share with us about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service, three members of staff that supported people, the deputy manager and the registered manager. We also had feedback from three social care professionals that have contact with the people who use the service. We also made observations in communal areas. We reviewed the care plans for two people who use the service, as well as medicine records and looked at management records such as quality audits. We looked at recruitment files and training records for two members of staff.

Good

Is the service safe?

Our findings

People told us they liked the staff and were happy. People were protected from abuse by staff who knew the different types of abuse, how to recognise signs of abuse and knew their responsibilities about reporting concerns. We saw that appropriate referrals were made and action had been taken if it was suspected that abuse had occurred.

People were supported by appropriately recruited staff and there was enough staff to meet people's needs. Staff were subject to pre-employment checks such as getting two references and checking with the Disclosure and Barring Service (DBS) whether they had any criminal convictions. One staff member said, "I couldn't start before I had my DBS checked. They checked my ID and asked for references." Checking these was to ensure staff were of suitable character to support people living in the service. Staff told us, and we saw, that people did not have to wait for support and there were enough staff. One staff member said, "There is enough staff now. There's a good team." The amount of staffing was agreed with the local authority who were funding people's care. There was a clear system in place to monitor how many hours of care and support were delivered to ensure the agreement was met.

Medicines were managed safely. We checked the Medication Administration Records (MARs) against the stock levels and we saw that these matched, which meant people were receiving their medicines as prescribed. If there was a topical medicine, guidance was in place for staff to identify where it needed to be applied on a person's body. If a person was prescribed a medicine that was PRN (also known as 'as and when required' medicine) there was guidance for staff to help them decide if and when a medicine was needed for each medicine, for each person. We saw that medicines were also stored correctly and checks were made on the temperature of storage areas to ensure they were within guidelines.

Lessons had been learned when things had gone wrong. There had been some medicines errors. These had been identified and action taken to protect the person at the time of the incident. Actions had been taken to try and reduce the likelihood of this reoccurring. Staff administering medicines had to wear a red tabard which would discourage people and staff from disturbing them so they could concentrate on medicines and this was discussed with the people in the home. Observations of staff had increased to check they were administering medicines correctly. One member of staff said, "We wear a pinny now and the other staff spend time with the service users so we can concentrate. We do one person's medicines at a time, check the MARs, check the medicine box. We count before and after the medicine is given to check for mistakes."

We saw that risks were assessed and planned for and we observed staff following risk assessments. One social care professional told us, "The support staff work well to ensure support plans and risk assessments are followed." For example, one person needed equipment to support them to walk. We observed the person start to walk without their equipment and a member of staff went to them to fetch the equipment and support the person. We saw plans in place to help keep people safe. For example, one person was at high risk of choking and we saw a plan was in place to ensure the person was supervised when they were eating. Some people experienced periods of agitation. We saw detailed plans were in place and when we asked staff questions about people they knew how to support people effectively and this matched people's

care plans. People could take positive risks. We saw that one person was able to go out independently; however, there were some occasions when it was identified that this might not be safe for the person. Staff would accompany the person on these occasions so they could still go out and be kept safe, and they would continue to go out independently when it was safe for them. This meant people were being protected by staff who understood their needs and appropriate plans were in place.

Infection control measures were in place to help people maintain their health and well-being. The home was clean and tidy and infection control checks were in place as part of a health and safety audit. The building was also appropriately maintained as checks were carried out on the electrics, water hygiene and fire systems to help keep people safe. People also had a Personal Emergency Evacuation Plan (PEEP) in place in case an emergency should occur.

Good

Is the service effective?

Our findings

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. We saw that decision-specific assessments had been carried out to determine people's capacity. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that appropriate referrals had been made and people were not being unlawfully restricted. The least-restrictive option had been considered and people were supported to make decisions. Staff understood the MCA when we spoke with them and we saw staff offering choices. This meant people were being supported in line with the MCA.

If people had a health condition, we saw detailed plans were in place to give staff guidance on how to support people effectively. One social care professional said, "There is a consistent approach to monitoring and recording to ensure each individual's needs are met." A member of staff said, "Everything gets recorded in health records." People's conditions were also effectively monitored. For example, one person could become constipated and if they had not been to the toilet for a certain amount of time, staff could administer a medicine to make them feel better. We saw that their condition had been monitored and the medicine had been administered when necessary. There were regular handovers of information between staff to ensure their knowledge was up to date. One member of staff said, "We go back over two days' worth of information. If we've been off longer than two days we read back through what's happened." This meant people were supported to maintain their health and well-being.

People had access to other health professionals. A social care professional told us, "Management will refer to relevant professionals when required and act upon recommendations given." For example, we saw a referral had been made to an occupational therapist for some equipment to make a sofa higher to make it easier for people it sit on and stand up from. We saw this equipment was now in place. A person was recorded as having tooth pain and swelling on their face. We saw that prompt action had been taken to access a dentist and antibiotics were prescribed. We saw evidence of other health professionals involved such as Speech and Language Therapists (SALT) and the dietetics service.

People told us they enjoyed the food. We saw staff offering a choice of drinks and their choice being respected by staff. In one example, one person had a limit on the amount of fluids they could drink and a particular food they needed to try and eat every day. We saw a plan was in place detailing this and the symptoms the person may experience if they became unwell. People's weights were checked regularly to ensure they were not unintentionally losing weight, which could indicate they were becoming unwell.

Staff told us and we saw evidence that staff received training to be able to support people effectively and felt supported in their role. One member of staff told us, "Yes I feel supported. I have supervisions to discuss how I've been doing. They're useful. If you don't know what you're doing wrong, you can't change." Another

newer member of staff said, "I'm shadowing. I love it. As soon as training is available I'll do it. They've offered me loads, the more training the better!" A member is staff who had been there a longer period said, "I would like to become a senior. They're supporting me to do more senior things such as medicines." One social care professional told us, "Mandatory training is provided and additional training specific to a person's needs is given." We saw training records which showed most staff were up to date with their training.

The home is suitably adapted to cater for the people living there. People had their own individual rooms and there was a communal dining area and lounge. One social care professional said, "I would also say that the house is quite small especially upstairs where communal spaces are limited to the kitchen and lounge area but I am unsure how you could improve this." There was not a lot of communal space, however it is unclear if this could be improved. People were clearly proud of their personal space.

Good

Is the service caring?

Our findings

People were treated with kindness and respect by staff who knew them well. People told us they were happy at the home and we saw caring interactions. One person said, "I'm happy. I like the staff and my keyworker." Other people also told us they were happy and liked the staff. We saw staff sitting and chatting with people about their interests. Staff could all tell us examples of how they supported people to maintain their dignity. For example, locking bathroom doors and letting people do what they could for themselves. One social care professional said, "I have observed a good caring attitude."

People were encouraged to maintain relationships with loved ones. One person said, "I'm with someone. They come here for tea and I go to where they live for tea." One member of staff said, "[Person's name]'s partner visits. We give them time on their own." One person was supported to visit another home locally where one of their friends lived. This was important to them and they were supported by staff. One person was excited to show us a photograph of one of their younger relatives who they were able to see. We saw people had details in their care plans about who was important to them to ensure they kept in contact with others. We saw one person would look forward to seeing their relative and they had a chart in place which showed them how long it would be before they could speak with them or see their relative.

People could make choices about their own care. One person said, "I can have a shower when I want." Two other people both told us that they could get out of bed when they wanted to. Staff told us how they helped people to make decisions, one member of staff said, "People have choices, we ask them what they would like to wear and eat." We saw one person had declined to have checks through the night and preferred to keep their door closed.

People were supported to be independent where possible. One member of staff said, "We let people do things. One person was asking me to put on a DVD for them but I know they can do it themselves. I got them to do it with me instead [of doing it for them]." We observed staff encouraging people to be independent rather than just doing things for people. We saw that when people had finished their drinks, they were encouraged to take their glasses back to the kitchen, rather than staff clearing away. We saw plans in place to assist a person to bathe independently; the staff prepare the bath with bubble bath and prepare a soapy sponge for them to encourage the person to wash themselves. The same person was able to have their own house key so they were able to be independent upon leaving and entering the home.

Good

Is the service responsive?

Our findings

Staff knew people well and people were supported to partake in a range of activities and outings they enjoyed. One person said, "We've been to Blackpool" and they went on to say, "There was a summer party. My family came; it was brilliant." The same person also said, "I go to [a local club] and I go shopping with my key worker." Another person said, "I'm going [to local club]. We dance and have a drink. We go to [a local party]." A social care professional said, "Residents are supported throughout the day and evening with one to one support or group support accessing activities of choice." Some people were football fans and had season tickets to see their favourite team. Another person was able to visit a local pub regularly. One person had a favourite television programme and favourite celebrity from the show. Staff had organised a trip for the person to go and see the programme being filmed and to see their favourite celebrity from afar. This meant staff made the effort to ensure people enjoyed activities and trips that were individual to each person's interests.

People were supported to communicate in a way that suited them. One person found using pictures more beneficial than reading words. One person was proud to show us their communication board. This had been developed for the person to help them get to know their daily routine and what activities they would be doing and we saw staff supporting them with this. We saw easy read versions of people's daily routine care plans to try and help them understand their care and support and plans to guide staff about how people preferred to communicate. We saw plans contained good detail so staff could get to know people well. We spoke with one member of staff who was very new who told us they'd been given the opportunity to read through people's care plans. The new staff member was able to tell us about people's needs and backgrounds despite only recently joining the service. Staff also told us there was enough information in people's plans to guide them. We saw plans were detailed and had information about people's preferences. The service had sought information about people's religious needs; however, work was ongoing to support people in relation to their sexual identity. The registered manager explained this was ongoing and people would be supported at the appropriate time.

Currently no one living in the service was nearing the end of their life. Plans had been made about people's choices regarding their end of life care. People had clearly been involved in these as they were very detailed and contained personalised information. This showed that advance information had been gained to ensure people were supported in line with their wishes at the end of their life.

People were able to complain however there had been no recent complaints about the service. An easy read poster about how to complain was visible in communal areas. There was an appropriate complaints policy in place should someone want a response to their concerns.

Good

Is the service well-led?

Our findings

Some people expressed that they did not want to live together in the home. We saw records of meetings with people who used the service where some people had expressed this multiple times and some people had expressed this to their social worker. The provider had a 'Statement of Purpose' in place which described the aims and objectives of the service they provided to people. This said, "To ensure each individual is viewed as unique, and as such, receives appropriate care, support and services based upon individual needs" and that they would follow best practice guidance. Since the home was registered, the CQC has developed new guidance about registering services for people with learning disabilities, called 'Registering the right support'. We recommend the provider considers this guidance and reviews the outcomes they are trying to achieve for people to ensure all people have a positive experience of their care.

There were regular meetings in the home, both with people and staff to gather feedback and to communicate changes. People told us they were happy and staff felt positively about the home. One member of staff said, "We have a good team, we have meetings three-monthly and we can discuss people's care." Another member of staff said, "I feel like I've come home [by coming to work here]." Another commented, "There is excellent care; I would have a family member live here" and they went on to say, "We do work as a team and try our utmost." The registered manager told us, "We want to provide the best for people." We saw surveys had been sent out recently; however, the analysis had not yet taken place. We saw minutes from team meetings where changes to people's care and learnings from previous incidents were discussed. This meant people had the opportunity to feedback and there was communication with staff to try and improve people's experience of care.

Systems were in place to effectively monitor and check the quality of the service. There were monthly reviews of people's care and support to ensure appropriate action had been taken to keep people healthy and happy and to ensure there was an overview of people's changing needs. The provider was using a 'Balanced Scorecard' which was completed by the registered manager on a monthly basis to monitor the home. This looked at accidents and incidents, results of regular audits, referrals to other health services for people, training and complaints. We saw other monthly audits to check safety, such as equipment temperatures, health and safety, checks on first aid boxes and we saw action had been taken if omissions were identified. The provider had provided extra staff to ensure people were supported appropriately, in addition to the funding agreed by the local authority. Staff had spot checks to ensure they were competent to support people.

We received positive feedback about the registered manager. We observed caring interactions between people and the registered manager. A member of staff said, "The manager comes out to help. They're very good. I definitely go to the manager, they're easy to talk to." Another member of staff said, "The manager has been fantastic. I've been able to call them up." One social care professional said, "The manager has an excellent person-centred approach to all the residents at High Lane." We saw that the registered manager knew people well and saw caring interactions between people and them. This meant staff felt able to approach the registered manager, felt supported in their role and people were comfortable in the presence of the manager.

We saw the last CQC inspection rating was being clearly displayed and notifications were submitted to us, as required by law.