

## Choice Support

# Choice Support - 18 Vartry Road

### Inspection report

18 Vartry Road  
London  
N15 6PT

Tel: 02072614100

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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

### About the service

Choice Support – 18 Vartry Road is a residential care home providing personal care to four people at the time of the inspection. The service can support up to four people with a learning disability and autism.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

The model of care and setting maximised people's choice, control and independence. People had access to the local community and amenities. Staff supported people to make choices about their daily lives and engage in activities, that were tailored to their individual needs and promoted their independence. People were supported to maintain and develop relationships.

### Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights. There was a strong person-centred culture within the staff team. Positive behaviour support plans had been developed for people, to help staff understand the reasons for their behaviour, and provide guidance to ensure consistent approaches were used when supporting people. Staff knew people well and demonstrated an understanding of people's individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met.

### Right culture:

The ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

### People's experience of using this service and what we found

People were protected from the risk of abuse. People told us they felt safe in the service. Risks to people's safety were managed. Staff were recruited safely. People received their prescribed medicines and medicines were managed safely. The service was clean and hygienic. The provider ensured there was infection control guidance in place. Staff confirmed they were provided with enough personal protective equipment such as masks and gloves.

People's needs were assessed before they moved into the service. Staff had been trained and had the necessary skills and experience to support people. People were supported to eat and drink enough to maintain a balanced diet. People had access to health services. The service worked closely with health professionals to monitor people's physical and mental health.

People were treated with kindness and their privacy was respected by staff. People were enabled and encouraged to express their views and were involved in making decisions about their support. This included reviewing their care plans or deciding what activities to take part in.

People received personalised care to ensure their needs and preferences were met. People were given information in a way they could understand. Staff knew people well and knew how to communicate with them. People were supported and encouraged to maintain relationships with their relatives.

The registered manager had a clear vision about the service and support they offered to people. A range of audits were completed to ensure good quality services. People, staff and relatives were asked for feedback about the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (Published 3 March 2020).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Choice Support - 18 Vartry Road

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Choice Support - 18 Vartry Road a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave 24 hours' notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We met the four people who used the service. We spoke with four members of staff including the registered manager and three support care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one relative to seek their feedback on the quality of the service for their family member.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A relative told us they felt the service was safe. They said, "Yes [safe]. [Person] is cared for."
- Observations on the day showed staff keeping people safe as they were with them at all times.
- Staff were aware of safeguarding procedures to follow if they witnessed or suspected abuse. One staff member said, "I would report to the manager. If the manager didn't take action I would speak to his boss. If nothing done, I would report to local authority and CQC."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect. Records confirmed this.
- The registered manager was able to describe the actions they had taken when incidents had occurred which included reporting to the Care Quality Commission and the local authority.

Assessing risk, safety monitoring and management

- People's care records included risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such as COVID-19, behaviours that challenge, self-injury, mental health, moving and handling, personal care, diet, hygiene, finances, sexual activity, travel and transport, personal safety, and finances. Risk assessments were reviewed regularly.
- Staff we spoke with were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom. One staff member said, "You observe if any changes and update the risk assessment."
- Records confirmed each person had a personal emergency evacuation plan (PEEP) A PEEP is a document that identifies the evacuation protocol, equipment required and the level of staff assistance necessary to evacuate a person in an emergency safely.
- Regular health and safety checks were completed to ensure people at the home were kept safe. These included temperature checks for water, fridge and freezer checks, cooked food temperature checks, electrical testing and gas safety checks.

Staffing and recruitment

- The registered manager told us they had not recruited any new staff since the last inspection. The service had a recruitment policy in place. Records confirmed this.
- There was enough staff on duty on the day of inspection. Three out of the four people living at the service required one to one support. Records showed shifts were covered and during the inspection we observed the rotas matched who was working that day. A relative said, "Seems to be ok with [enough] staff."
- Staff told us the service had enough staff available to support people. A staff member said, "Yes enough staff."

### Using medicines safely

- People who required medicine support received it in a safe way and staff were trained in the safe administration of medicines.
- Systems were in place for ordering, storing and returning medicines no longer required.
- Medicines were administered in people's rooms and kept locked in the office. We observed this on the day of the inspection.
- The service followed guidance on when medicines should be administered on an "as a required basis" (PRN). Records confirmed there were appropriate protocols in place to support when this type of medicine should be administered.
- The registered manager audited medicines weekly to check medicine administration records (MAR) had been completed correctly and people have received their medicines safely. Staff had their competency assessed to ensure they followed safe medicine practice.

### Preventing and controlling infection

- Systems were in place to reduce the risk of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- The home was clean and free of malodours.
- Staff had received training in how to use PPE which was readily available throughout the home. Staff told us they were provided with enough personal protective equipment to reduce the risk of infection. One staff member said, "We use gloves and aprons and masks." Observations showed staff were using PPE correctly throughout the inspection.
- Records showed, and staff told us they were tested regularly for COVID-19. One staff member said, "We get tested every week." However, government guidance recommends care home staff should be doing regular PCR testing on a weekly basis and rapid lateral flow tests twice a week. Records showed staff were being tested twice a week for rapid lateral flow test however PCR testing was not always carried out regularly. After the inspection the registered manager sent us an action plan. The action plan stated the service was to do PCR weekly tests immediately and nominated an infection control and PCR champion to oversee the process.

### Learning lessons when things go wrong

- There were systems in place to respond and learn after things went wrong.
- Accidents and incidents were recorded with learning points attached on how to reduce their occurrence in the future.
- Records showed group supervisions to discuss learning best practice and improvements after things went wrong.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment of their needs before they moved into the service and started to receive care.
- At the time of the inspection there had been no new admissions and people had been living at the home for a number of years.
- People's needs were assessed continuously through observations to ensure people received effective support. A relative told us, "[Staff] seem to know what [person] needs."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. Staff told us training was offered on a regular basis. Records confirmed this. One staff member said, "The training is good." Another staff member told us, "[The training] educates you and gives you a wider knowledge [of] what you are doing."
- Records showed training provided was specific to the needs of the people using the service. For example, autism awareness, epilepsy, and positive behaviour support (PBS). PBS is a person centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision regularly took place, where staff could discuss any concerns and share ideas. Records confirmed this. One staff member said, "[Registered manager will] have a one to one talk. He will ask about the [people]. Supervision is very good, and it improves you." Another staff member told us, "[Supervision] is good. Anything I don't understand [registered manager] will go through. He will send me to training if I want to know anything."

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with enough to eat and drink at the home and their food preferences were respected. A relative told us, "Definitely [enough food and drink offered]."
- People were involved in the planning of their meals and food choices were available in pictorial format to encourage people to choose.
- We observed people being offered drinks of their choice during the inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records confirmed the service regularly monitored people's health and worked with health professionals to arrange prompt support.

- Records showed people were taken to regular screening appointments and annual health check-ups with their GP.
- Each person had a record of health appointments they had attended with the outcome. People were taken to see the dentist, optician, orthopaedics, physiotherapists, social worker. Where people did not engage with the health professional this was also recorded.

#### Adapting service, design, decoration to meet people's needs

- The service had a communal kitchen, lounge and a large garden. People could spend time in their individual rooms whenever they wanted, and these had been personalised according to their choices.
- People liked to be able to interact with staff and move around their home freely. There were no restrictions on people coming into the staff office and spending time there whenever they wanted.

#### Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager understood their responsibilities in relation to DoLS and knew when and how to submit applications to the local authority. There was a record to show conditions of DoLS were being met.
- Staff and management were aware of the need to seek people's consent, and understood the legal requirements where people lacked capacity to consent. One staff member told us, "[Person] doesn't like anyone to touch [them]. If doctor is coming, I would speak to [person] to say they are coming. If [person] says no, there is nothing I can do." Another staff member said, "If person [needs personal care] I would have to ask [them]."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Observations during the inspection showed people being treated with kindness. A relative told us, "[Person] seems quite happy. I get the impression [staff] are caring."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "I am trying to create a relationship with [person] as [their] new keyworker. I am patient with [them] so I can create that bond with [person]." Another staff member told us, "We get along very well. We have a good relationship."
- Discussions with the staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "We would respect [LGBT people] according to what they want." Another staff member commented, "We would respect their sexual orientation. We would do what they wanted." The registered manager said, "I would contact support groups for [LGBT people]. We would make it is a safe environment for them. We have in Choice Support a LGBT group that we could go to and get information. We have a lead [person] we can go to."
- Staff had a good understanding of protecting and respecting people's human rights. Care records documented people's preferences and information about their backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make decisions about their care with staff support.
- People had regular meetings with their key worker to discuss their care needs. A key worker is someone responsible for coordinating and planning people's care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff and their independence promoted. A relative said, "I would say definitely [respect person's dignity]."
- We observed staff speak to people in a respectful manner and protect the privacy and dignity while supporting them with personal care by keeping bathroom and toilet doors closed.
- Records confirmed staff were to encourage people to continue doing as much as they could for themselves and to set targets to achieve areas of independence. People's support plans were clear in identifying what people could do, for example, cooking, handling money, and personal care. A staff member told us, "[Person] we take [them] to the shop and give [them] the money to do things for [themselves]. Doing that with [person] is giving [them] some independence. If we are going to the community, [person] taps [their] bus pass [themselves]."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and other relevant people such as relatives and healthcare professionals were involved in planning their support. This had helped staff to plan people's care using as much information as possible about people's strengths and levels of independence, as well as their physical, emotional and cultural needs.
- People's care plans provided information about people's preferences in care what they liked and disliked, goals they had and how the service would support people to achieve them. For example, one person's goal was to attend a disco and records showed they were working towards meeting this goal with staff support.
- Staff told us care plans were very clear in telling them how to support people. A member of staff said, "You read the care plan to know all different aspect of their support. What there likes and dislikes [are]. I know what [person] likes because I have read it in the care plan."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly documented in their care plan.
- Communication passports were present in people's care plans. Communication passports provided useful and practical information about a person's different communication methods to help staff and other professionals meet their needs.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available to people in different formats including easy read and pictorial documents.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had activity plans and were supported to attend daily activities of their choice. We overheard a staff member ask a person, "Shall we go out? Let's talk about where you want to go."
- Records confirmed, staff told us and we saw that people were going out doing activities. During the inspection we saw people leave the home to go for a walk in the park, visit the local shop, attend a day centre and go bowling.
- People were supported to maintain contact with people important to them. A relative told us the service helped maintain regular contact with their relative including providing transport to their home residence.

#### Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available.
- At the time of the inspection, the home had not received any complaints.
- A relative told us they knew how to make a complaint. They said, "I would speak to the manager. He seems quite helpful."

#### End of life care and support

- At the time of the inspection no one required end of life support.
- End of life care plans were in place and people with support had plans for how they wanted to be looked after at the end of the life and funeral plans.
- Records showed the service offered training on grievance and loss.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture at home was person-centred and staff enjoyed working with people to achieve the best outcomes for them. One staff member told us, "As long as [people] are happy then I am happy. We have a very good team."
- Staff told us the registered manager always available to provide support and advice when needed. One staff member said, "[Registered manager] is very helpful. He is understanding and patient. If I have done anything wrong, he will call me to the office and explain what I have done. If I have any personal problems, I can go to him." Another staff member told us, "[Registered manager] is somebody you can go to. You can share your problems with him. He will help you out."
- The registered manager and staff had a clear vision about the values the service offered to people. The registered manager told us, "We look at the culture of the workplace, how we support each, so we have positive outcomes with the individuals we support. It is about learning and understanding what additional things we can provide people. We discuss the people in supervision. Staff have worked here a long time and I want to make sure they still have the enthusiasm to support the people. The staff are very caring and attached to the people they support."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an effective quality assurance system in place to monitor the home and make improvements.
- A number of audits were performed by the management at the home which included finance, support plans, care review risk plans, medicines and staff supervisions. Senior managers and the providers quality department supported the quality audit process and visited the home to check the quality of the home was being maintained through spot checks.
- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and to make suggestions. Records confirmed this. One staff member told us, "We do have

staff meetings."

- People and their relatives were asked for their views of the service through an annual survey. A relative told us, "They have [sent out surveys]."
- The service worked in partnership with the local authority, health and social care professionals and commissioners.