

## Community Homes of Intensive Care and Education Limited

# Choice Supported Living - East

### Inspection report

Linden House  
Lime Walk  
Bracknell  
Berkshire  
RG12 9DY

Date of inspection visit:  
26 February 2020

Date of publication:  
28 April 2020

Tel: 02031950146

Website: [www.excelsupportservices.com](http://www.excelsupportservices.com)

### 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 Supported Living - East is a supported living service that supports people with learning and other difficulties which impact on their ability to live independently. The service assists people to hold their own tenancies to enable them to live in their own homes. It aims to support and encourage people to become as independent as possible. At the time of our inspection 79 people were receiving personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People and their relatives were positive about the service and the care provided. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. People received their medicines as planned and systems were in place for the safe management of medicines.

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.

People's dignity, confidentiality and privacy were respected, and their independence was promoted. People's rights to make their own decisions were upheld.

Incidents and accidents were investigated, and actions were taken to prevent recurrence. Enough staff were available to support and meet people's needs. Training records showed, and our observations confirmed staff followed infection control and prevention procedures.

Care was delivered by staff who were well trained and knowledgeable about people's care and support needs. People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. People were encouraged to maintain good diet and access health services when required.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 27 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Choice Supported Living - East

## **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 team consisted of one inspector, one assistant inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 34 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have 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. However, the manager had applied to become the registered manager.

#### Notice of inspection

We gave a short period of notice of the inspection because some of the people using it could not consent to a home visits or calls from the inspection. This meant that we had to arrange for the appropriate consent

and 'best interests' decision about this.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. 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 used all this information to plan our inspection.

#### During the inspection

We spoke with six relatives and seven people about their experience of the care provided. We spoke with seven members of staff, three home managers, the provider and the manager. We visited one 'supported living' setting and we reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at four staff files in relation to recruitment 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.

# 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

- People told us they were safe. One person said, "Yes I feel safe because I like it here and I like all the staff here. [If I had a concern then] I would speak to the staff."
- People were cared for by staff that knew how to raise and report safeguarding concerns. Staff knew how to report concerns externally. One staff member said, "I would contact CQC." Another staff member described how they would contact the local authority safeguarding team.
- The provider had safeguarding policies in place and the provider worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as epilepsy, behaviour that may challenge others, choking, environment and communication. Staff were familiar with and followed people's risk management plans. Staff made changes and updated risk assessments where necessary.
- People's safety was maintained through the maintenance and monitoring of systems.

Staffing and recruitment

- People and relatives gave a varied response in relation to staffing. However, we were satisfied through our observations and reviewing staffing rotas showed that planned staffing levels were being achieved. In one instance where the manager identified potential shortfalls in staffing levels, they ensured contingency plans were in place.
- There was a suitable recruitment process in place. The provider made the necessary checks that applicants were suitable to work in the care sector and kept the records of checks as required by regulations.
- People were involved in staff recruitment wherever possible. This included supporting staff with the interview process and observing the behaviours and attitudes of potential new staff to ensure their values were aligned with the service.

Using medicines safely

- The provider supported people to take medicines as prescribed and in line with their preferences. One person told us, "Yes staff give me my medicines morning and evening."
- Staff received training in medicines and had their competence checked by the manager. Medicines incidents were recorded and investigated. Records showed the actions taken to prevent re-occurrence.

- Some people were prescribed medicines, on an 'as required' basis. There were protocols in place to guide staff about when these should be offered, and how people may express their need for them.

#### Preventing and controlling infection

- People were protected against the spread of infection.
- People told us staff washed their hands and used personal protective equipment (PPE) such as gloves, when providing care. One person told us, "Staff wear gloves when they help prepare meals, giving out medication, and wear aprons when they help shower me."
- The manager ensured staff had enough stocks of PPE. Staff had been trained in infection control and demonstrated a good understanding of how to support people safely.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded to ensure action was taken to minimise the risk of reoccurrence.
- The provider had a system in place to capture incidents, this included recording the severity of the incident, these scores were used by the provider to reflect on individual incidents staff supervision. The number and standard of reported incidents demonstrated a culture where reporting was encouraged and part of the day to day practice within the service.
- The manager ensured any learning was shared across the staff group following incidents.



# 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's needs were assessed prior to them receiving personal care. Assessments were used to develop person centred care plans that respected people's diversity. This included identifying and respecting people's future goals and wishes.
- Care interventions were carried out consistently and in line with nationally recognised best practice, for example medicines administration was based on national best practice.
- The manager ensured that people were supported in line with good practice guidance.

Staff support: induction, training, skills and experience

- People gave a varied response in relation to staff skills and knowledge. However, we were satisfied from speaking with staff and reviewing training records, staff were competent, knowledgeable and skilled; to carry out their roles effectively.
- People were involved in staff training wherever possible. For example, one person who used Makaton had got involved in the Makaton training for staff.
- Staff were supported through regular supervisions and an annual appraisal. One member of staff told us, "I get supervision, I find it very supportive and we discuss [career] goals."
- Staff received training to ensure they had the skills and knowledge to meet people's needs. One member of staff said, "We get different training to match people's needs."

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

- People received food they liked, and their dietary needs were met. People who required support with food, told us they were supported effectively by staff. One person told us, "Yes staff prepare and cook meals every day. The food is always good and what we like to eat."
- People were supported to take part in cooking meals at the service and were able to choose what they ate.
- Each person had a detailed, personalised plan around their dietary requirements, to include any nutritional risks. People were encouraged to make healthier choices.

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

- Choice Supported Living - East had clear systems and processes for referring people to external services. These were applied consistently to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.

- People's healthcare needs were met. People were supported to live healthier lives through regular access to health care professionals to ensure that people received the right support. One person we spoke with told us, "I have been supported to go to the dentist for appointments, GP appointments and my diabetic assessments are done in the home.."
- Staff supported people to be healthy in areas such as choices of meals and taking regular exercise.

#### 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- People's rights to make their own decisions were respected and people were in control of their support. Through conversations with the manager and staff it was clear that this is something that they felt passionately about.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We always assume capacity until proven otherwise."
- One person required a medical procedure, the person lacked capacity to make this decision, so the service followed the principles of MCA and followed best practice in relation to a best interest process to ensure the person received the treatment they needed.

# 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 outstanding. At this inspection this key question has now been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care. This service was previously rated outstanding. Since then, this service's practices have been adopted by other similar services and they are no longer out of the ordinary.

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

- The diverse needs of people using the service were met. This included individual needs relating to disability, gender and ethnicity.
- People were positive about the care they received and told us staff were very caring. One person said, "Staff are very friendly and part of our family. They watch tv, play games with us and take us out." A relative told us, "Staff take the residents out including my son. They know his likes and dislikes and I feel have bonded with him. My son is happy with the staff."
- Staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in the support they provided. One staff member said, "I love making a difference."

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

- People were involved in their care. Care plans were completed with people to ensure they reflected people's wishes.
- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- Regular meetings took place where people could express their views and be involved with the service. The service had systems to support people who may have difficulties in expressing their views, for example access to advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Care plans guided staff to encourage people to do what they could for themselves. We saw one example of where staff had supported a person to become confident and more independent in day to day tasks such as cleaning and cooking.
- People were treated with dignity and respect. When staff spoke with us about people, they were respectful and displayed genuine affection towards them. Language used in care plans showed respect for people.
- Staff told us people's privacy was respected. One person told us, "If staff need to speak to me, they take me into the office for privacy. They also knock my door before entering."
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in offices which were locked and only accessible to authorised persons.

Is the service responsive?

Our findings - Is the service responsive? = Good

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

- The care and support delivered was centred on each person's individual needs. Staff feedback showed they researched and used information about people's history and interests to provide care that reflected each person's ongoing needs. For example, one person had expressed a desire to fly in a small plane from England to France. Staff had supported this person to plan and budget for this to take place. As a result, the person saved enough money for this to take place. We saw pictures of this person enjoying the experience. This meant this person achieved their desired outcomes.
- People's care records held information on their current health and support needs in all areas of daily living, such as eating and drinking. This included information and guidance for staff on how best to support people and meet their needs.
- The leadership team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's care and social needs.

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.

- The provider used best practice to ensure the individual communication needs of people were met. Communication plans were individualised and aligned to current best practices.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.
- Staff were knowledgeable about people's communication needs and ensured people were supported in a way that maximised their communication. This ensured people were able to express themselves in a way that suited them.

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

- The provider followed best practice guidance to ensure people's individual social needs were met so people could live as full a life as possible. For example, one person had expressed the need to lose weight, the service supported this person to access a local slimming group as a result the person lost weight and started enjoying sports activities within the community.
- The service supported people to participate in a wide range of activities that were important and relevant to their needs. One person said, "There are staff who watch films or tv in my room so that (I don't get) lonely."

- People and staff discussed activities which matched the individual needs of people. People who wanted to go out could do and received the support they needed.

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

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.
- People told us they knew how to make a complaint. Complaints had been dealt with in line with the providers policies and procedures. A relative we spoke with told us, "I would complain to the manager or social services. I haven't had to make a complaint."

#### End of life care and support

- At the time of our inspection, the provider was not supporting anybody at the end of their life.
- Staff assessed people's needs and developed detailed care plans with information about their choices and wishes in relation to end of life care. This was available in easy read documents.
- We saw the service had taken time to share appropriate information in a sensitive manner about bereavement. This had helped people to have information about what had happened This information was aligned to the accessible information standards.

# 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

- The care and support delivered was centred on each person's individual needs. Staff feedback showed they researched and used information about people's history and interests to provide care that reflected each person's ongoing needs. For example, one person had expressed a desire to fly in a small plane from England to France. Staff had supported this person to plan and budget for this to take place. As a result, the person saved enough money for this to take place. We saw pictures of this person enjoying the experience. This meant this person achieved their desired outcomes.
- People's care records held information on their current health and support needs in all areas of daily living, such as eating and drinking. This included information and guidance for staff on how best to support people and meet their needs.
- The leadership team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's care and social needs.

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.

- The provider used best practice to ensure the individual communication needs of people were met. Communication plans were individualised and aligned to current best practices.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.
- Staff were knowledgeable about people's communication needs and ensured people were supported in a way that maximised their communication. This ensured people were able to express themselves in a way that suited them.

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

- The provider followed best practice guidance to ensure people's individual social needs were met so people could live as full a life as possible. For example, one person had expressed the need to lose weight, the service supported this person to access a local slimming group as a result the person lost weight and

started enjoying sports activities within the community.

- The service supported people to participate in a wide range of activities that were important and relevant to their needs. One person said, "There are staff who watch films or tv in my room so that (I don't get) lonely."
- People and staff discussed activities which matched the individual needs of people. People who wanted to go out could do and received the support they needed.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.
- People told us they knew how to make a complaint. Complaints had been dealt with in line with the providers policies and procedures. A relative we spoke with told us, "I would complain to the manager or social services. I haven't had to make a complaint."

End of life care and support

- At the time of our inspection, the provider was not supporting anybody at the end of their life.
- Staff assessed people's needs and developed detailed care plans with information about their choices and wishes in relation to end of life care. This was available in easy read documents.
- We saw the service had taken time to share appropriate information in a sensitive manner about bereavement. This had helped people to have information about what had happened This information was aligned to the accessible information standards.

# 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 manager and all the staff we spoke with, demonstrated a commitment to provide person centred, high-quality care. They placed people using the service at the centre of everything they did.
- Staff were extremely complimentary of the support they received from the manager. One staff member said, "My manager is really good they have built me up and encouraged me to progress."
- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience. Relatives told us the service was well run, one relative said, "Yes its good and they do have an open door policy for anyone to speak to or we can email or phone them."

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.

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

- The manager was supported by the provider. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place and had further plans to improve them. These included audits of care records and medicine records. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were encouraged to contribute their views on an ongoing basis informally and through regular feedback systems such as annual surveys and phone calls.
- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and important updates on people and the service.



- From our observations and speaking with staff, the manager and provider demonstrated a commitment to providing consideration to peoples' protected characteristics.
- We saw evidence of how the service had taken an active role in organising events within the community.

Continuous learning and improving care, working in partnership with others

- We found an open and transparent culture, where constructive criticism was encouraged. Managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.
- The manager had action plans to take forward improvements to the service based on feedback they gained from a variety of sources and the findings from their internal systems.
- The management team promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.