Care Quality Commission

Choice Support

Choice Support - Havant

Inspection report

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Date of inspection visit: 21 September 2015
Date of publication: 24/12/2015

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

Overall summary

The inspection took place on 21 September 2015. We gave notice of our intention to visit Choice Support -Havant's office to make sure people we needed to speak with were available. After our visit to the office we contacted more people who used the service, their relatives and members of staff by telephone.

Choice Support - Havant provides personal care services in their own homes to people who are living with a learning disability. Choice Support is a charity which provides a range of social care services, not all of which are regulated by the Care Quality Commission. At the time of our inspection there were nine people whose personal care and support came under the scope of this inspection, although more than 80 people received services which were not regulated.

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.

The provider made sure staff were informed about the risks of abuse and avoidable harm and had appropriate

Summary of findings

procedures in place if staff needed to report concerns. The provider also had procedures in place to identify, assess, manage and prevent other risks to people's health and wellbeing. There were sufficient staff to make sure people were supported safely according to their needs and by staff who were familiar to them. Recruitment procedures were in place to make sure staff were suitable to work in a care setting. Where people were supported with their medicines, procedures and processes were in place to make sure this was done in a safe manner.

Staff received support to obtain and maintain the skills and knowledge they required to support people according to their needs through regular training, supervision and appraisal. They were aware of the need to obtain consent from people for their care and support, and of their legal responsibilities if a person lacked capacity to make a particular decision. Where appropriate, staff supported people to eat and drink healthily and to access other healthcare services when needed.

The provider took steps to foster caring relationships between staff and the people they supported. There was a range of opportunities for people to influence and be involved in the service they received. Staff respected and promoted people's dignity and privacy.

People's care and support met their needs and took their choices into account. Support plans and assessments were individual to the person and developed and assessed with them. They were reviewed every year or when people's needs changed. Procedures were in place to make sure people's care was as documented in their plans. People were supported to take part in activities in the community and in groups organised by the provider. There was a complaints procedure in place which people were aware of, but they had not needed to use it.

People and staff found the provider was receptive to comments and suggestions, and flexible where it needed to adapt to people's preferences. There were good channels of communication and the registered manager and service managers were easy to contact. There was a clear management structure and a management system which took into account the working patterns of staff. Systems were in place to monitor and improve the quality of service provided.

Summary of findings

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.

People were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider checked staff were suitable to work in a care setting and arranged rotas so where possible people were supported by staff they were familiar with.

People received support with their medicines from trained and competent staff at the prescribed times.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the necessary skills and knowledge.

Staff made sure people understood and consented to their care and support.

Where appropriate people were supported to maintain a healthy diet, and to attend appointments with other healthcare professionals.

Good

Is the service caring?
The service was caring.

People found their support workers to be kind and supportive.

People could get involved in and influence the service they received.

People's dignity and privacy were promoted and they were treated with respect.

Good

Is the service responsive?
The service was responsive.

People's care and support were assessed, planned and delivered to meet their needs.

Support plans were reviewed regularly and updated to meet people's changing needs.

People found the service to be responsive to comments and requests, and had not had cause to use the complaints procedure.

Good

Is the service well-led?
The service was well led.

There was an open, empowering culture which focused on people's individual needs.

The provider communicated their vision and provided clear leadership.

Systems were in place to make sure high quality care was delivered.

Good

Choice Support - Havant

Detailed findings

Background to this inspection

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

The inspection took place on 21 September 2015. We gave the registered manager 48 hours' notice of our visit to make sure people we needed to speak with would be available. One inspector carried out the inspection.

This was the first inspection since the provider registered a new address for the service in March 2015. We reviewed information we had about the service from its previous address, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke with two people who used the service, and three family members who could help us understand the service from their relative's point of view. We spoke with the registered manager, a service manager, an office manager, a receptionist and four support workers.

We looked at the care plans and associated records of four people. We reviewed other records relating to the management of the service, including quality survey questionnaire forms, audit reports, training records, policies, procedures, and four staff records.

Good

Is the service safe?

Our findings

People and their family members were all satisfied the service provided care and support which kept people safe. One person replied "definitely" when asked if they felt safe with their support workers. They were happy they were supported by regular support workers who were able to meet their needs, and they were supported to take their prescribed medicines at the right time. Another person's family member said, "They have processes in place. Safety is paramount". A third person's family member said, "It is always safety first."

The provider supported staff to protect people against avoidable harm and abuse. They were informed about the types of abuse and signs to look out for. They were aware of the provider's procedures for reporting concerns about people. Support workers told us they were confident any concerns they raised were investigated and handled properly. They knew there were other contacts they could go to both inside and outside the organisation if they considered their concerns were not being handled in a timely, appropriate fashion. They had regular refresher training in the safeguarding of adults.

The provider's policies and procedures contained information about safeguarding and whistle blowing, the types of abuse and signs to look out for. They clearly stated the employees' responsibilities and described how whistle blowers were protected by the law. Contact information for the senior managers and trustees of the charity where staff could report concerns about safeguarding were included. The registered manager was confident staff would feel able to report concerns if they needed to do so. The chief executive had written to all staff to stress the importance of openness in whistle blowing.

The provider identified risks to people's safety and wellbeing using a risk screening tool. Identified risks had individual risk assessments. These included a description of the situation in which a risk might arise, positive and negative outcomes, options for managing the risk and contingency plans. Staff were aware of risks associated with the people they supported and what actions to take to prevent or react to the risk. Assessments were in place for risks arising from people's individual medical conditions and, where appropriate, contingencies for emergencies such as evacuation in the event of a fire. The registered manager told us the service recognised that people had the right to make unwise decisions and they encouraged positive risk taking to assist people to take part in activities they wanted to.

There were enough staff to cover the rota and support people according to their needs and support plans. People were supported by staff they were familiar with and who arrived on time and stayed for the allotted time. Staff told us their workload was manageable, although one support worker said it was "a busy service". The provider covered absences by using their own bank of temporary staff which meant there was a degree of continuity for people.

The registered manager described a robust recruitment process designed to ensure support workers were suitable to work in a care setting. Recruitment included advertising vacancies, an application form which included a criminal record declaration and equal opportunities information, and an interview by two managers and people who used the service if they agreed. Staff records contained evidence the necessary checks were made including evidence of satisfactory conduct from previous employers and Disclosure and Barring Service (DBS) checks.

Where people were supported or prompted to take medicines, they were satisfied this was done according to their agreed plans and at the correct time. Medicines support plans included individual information about how the person preferred to take their medicines and appropriate risk assessments. For example where a person was supported to take their own medicines there was a risk assessment which included consideration that they had always taken medicines willingly when supported or prompted.

Support workers received training in medicines, including information about specific medicines such as anticonvulsants, eye drops and ear drops. Workers' competence was assessed and signed off, and this was verified by means of an annual audit. The provider's policies included guidance on supporting people with medicines bought over the counter, and medicines prescribed to be taken "as required". The medicine records we saw were complete and accurate. Completed records were signed off by the service manager.

Good

Is the service effective?

Our findings

People and their family members were all satisfied their support workers had the required skills and knowledge. One person said, “They know what they are doing.” Family members described support workers as “competent” and “all trained”.

There was a programme of mandatory computer-based training which included first aid, safeguarding adults, moving and positioning, medication, and mental capacity and deprivation of liberty. This was supplemented by classroom based training on topics such as autism, dementia, “abuse or poor practice?”, mental capacity documentation and mental health awareness. The registered manager had records and systems to track courses completed, refresher courses which were due to be taken, and refresher courses which were behind schedule.

Support workers confirmed they received reminders when refresher training was due. They found the training to be relevant and fit for purpose, and most preferred classroom training to computer-based. They felt adequately prepared to deliver care and support according to people’s needs. One support worker told us extra training was arranged when they stared supporting a person living with a disease of the nervous system.

Staff were supported by regular observations, supervisions and appraisals. These were recorded and the status of appraisals was checked by an annual internal audit.

The programme of training included the Mental Capacity Act 2005. Staff were aware of their responsibilities under the act, including the assumption that people had capacity, and if they did not decisions should be made in their best interests. Documentation was in place and the provider had a two stage mental capacity tool designed to meet the requirements of the act. None of the nine people using the service at the time of our inspection had a formal capacity assessment in place.

People and their family members were satisfied staff took steps to obtain consent when supporting people. Staff gave us examples of how they made sure people could communicate their consent by explaining decisions in terms they could understand.

Some people were supported to maintain a healthy diet by means of advice on nutrition and assistance with meal planning. This advice was individual to the person, for instance one person required a soft diet. Where people were at risk of not eating or drinking enough staff kept records to monitor their daily intake.

Where people were assisted to attend healthcare appointments, records showed people were supported to maintain continuing support from their doctor, dentist, optician and physiotherapist. Other records showed one-off visits took place, such as attendance at a falls clinic, or for a diagnostic scan.

Good

Is the service caring?

Our findings

People described their support workers as “a very caring bunch” and “definitely respectful”. One person’s family member said, “[Name] knows who is coming, she is happy with her support workers.” Another relation said there was a “good rapport” between the person and their support workers.

The registered manager said staff took “pride in their relationship with people”. They said they provided individual, active support which was based on people’s abilities, not their disabilities. Support workers told us they made it a priority to engage with people, and they took pleasure from knowing people were happy and confident.

The registered manager took people’s views into account when establishing recruitment selection criteria. People were invited to take part in interviews for new staff. If they were involved, their opinions were listened to and they were able to make the job offer to the successful candidate. Caring relationships between people and the staff supporting them were then fostered through training and development.

The provider operated a key worker system which meant people had a support worker they could ask for by name if they wanted to talk about the service they received. Both the registered manager and service manager maintained regular contact with people and their families through support plan reviews and by visiting their homes for observations. One person’s family member told us they had, “no problems at all – any hiccups or slight problems they work with us”.

The service kept in touch with people after they moved on to living independently. They offered a drop in service for people if they were concerned about anything, for instance if they received a bill they did not understand.

The provider gave people opportunities to get involved with their service. Only one person of the nine supported by Choice Support – Havant was taking advantage of one of these opportunities at the time of our inspection. However, opportunities included involvement in quality checks and audits, and participation in service user forums as service user representatives and coordinators. It was also possible for people to promote best practice by taking part in the provider’s national involvement team and by sitting on the board of trustees.

Support workers gave examples of how they helped people maintain their dignity and privacy when supporting them with personal care. They got to know people’s preferences, gave them options and encouraged them to express their views about the care they received. One person said their support workers always listened to them. Another person’s support plan showed their goal was to achieve greater independence. They were supported to achieve this goal by using assistive technology.

None of the nine people supported had individual needs arising from their religious or cultural background. However, the provider’s assessment process took such needs into account and equality and diversity were covered in their mandatory training programme.

Good

Is the service responsive?

Our findings

People were satisfied they received care and support that met their needs and took their choices and preferences into account. When asked, people said "definitely" and "fine, no problems". Family members found the service helpful and responsive. One said, "You can email or ring to let them know anything."

When people started to use the service, a service manager worked with them to assess their needs, involving their social services care manager and family members if appropriate. Support plans based on their initial assessment were reviewed annually or if the person's needs changed.

People's plans were based on their interests, preferred activities and other choices. They contained information about the person's "circle of support", and how to support them to make decisions about their care. Staff procedures were documented in a way that showed how staff could support people to reach their goals and desired achievements. The registered manager told us this format could be adapted to meet individual needs and preferences if, for instance, the person did not want to think about their support in terms of goals to be met.

Support plans contained a list of named support workers who had signed a form to show they had read the person's support plans. People showed they had been involved in writing their plans by means of a record entitled "My Agreement". People were supported to assess their plans using a nationally recognised standard, REACH, which was based on 11 statements such as "I can choose who supports me", "I can choose how I am supported", and "I can get good support". One person had written on their assessment, "I like all my staff."

Staff recorded people's care and support in activity and communication logs. The service manager checked people received care and support according to their assessments and plans by reviewing these logs and other records kept, such as diaries. They also carried out regular observation and supervision of staff while they supported people in their homes.

People were supported to take part in activities in the community, including attending music festivals and holidays. There was a social drop in service called the "Tuesday Choice Club" which provided musical, sporting and food related activities. Other groups were available such as an allotment group and a ten pin bowling group.

The service had a complaints procedure which was available to people in an easy read format. People told us they were aware of it but had not needed to use it. People's family members told us they found the service responsive to comments and requests and had not needed to raise a formal complaint. There were no recent complaints recorded.

Good

Is the service well-led?

Our findings

People and their family members found the service to be well led with good two way communication. One person said they found the office helpful. People's family members described a service adapted to the person's circumstances and preferences. One family member told us that it was important the person knew who was coming to support them. This was achieved by having a stable group of support workers and by sending the person and their family the staff rota in advance. They said this was a "particularly good aspect" of the services that worked "really well".

Staff found the provider supportive. One staff member said it was a "good company with good training". Another staff member described the service as "individual" and "excellent" with an "open, transparent atmosphere". They were able to use their initiative and managers and senior staff were receptive to suggestions and concerns. Managers were "easy to get hold of" and staff could get advice from their line manager or any other manager in the office.

The provider's senior management team communicated their vision for the service by a range of methods. These included a monthly magazine, "Choice Voice", writing to all members of staff, and responding to staff briefings, team meetings and open forums. The minutes of a number of meetings held by the provider at a regional and national level were available in the office for staff to read.

The registered manager was supported by their own line management. There were quarterly "away day" meetings with other managers in the organisation at which they could share experiences and identify good practice. The registered manager kept their own knowledge up to date through membership of a national organisation supporting providers of services for people with a learning disability and their families and other quality organisations.

The registered manager was readily available to people, their families and to staff. Responsibilities, for instance for formal staff observations and supervisions, were delegated to service managers and senior support workers. The registered manager carried out less formal observations and visits but followed up if any concerns were identified. They held monthly managers meetings. In order to overcome the difficulty of scheduling team meetings around support rotas they had tried various ways of keeping in touch with staff. These including arranging a meeting over three consecutive evenings, emails and informal contact when staff came into the office for other reasons.

Systems were in place to monitor and improve the quality of service provided. These included quality surveys for staff and people using the service, and service user forums. The registered manager said the forums were "not so lively", but they were available if people wanted to use them. The provider responded to feedback from staff. When a computer based rota system had been found to be inadequate it had been replaced with a new system.

The registered manager carried out a monthly quality audit. Areas were judged green, amber or red. The service manager was required to develop an action plan for any red areas and progress on these was monitored and followed up in their supervisions.

The provider carried out an annual quality audit. This covered service planning and delivery, behaviour and wellbeing, involvement and isolation, management and leadership, and staff skills and knowledge. Findings from these were followed up. For instance where it had been found a number of staff were late with their refresher training in safeguarding adults, this had been actioned.