

HF Trust Limited

# Choice East Midlands (Supported Living)

## 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

We inspected the service on 8 September 2016 and the visit was announced. We gave notice of our inspection because we needed to be sure somebody would be available at the office.

Choice East Midlands (Supported Living) provides personal care and support for people with learning disabilities in their own homes. There were 37 people using the service when we inspected.

At the time of our inspection there was a registered manager in place. It is a requirement that the service has 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.

People felt safe with the support offered. Staff could describe and understood their responsibilities to support people to protect them from abuse and avoidable harm. The provider had systems in place to manage and deal with accidents and incidents appropriately. Risks to people's well-being were assessed. For example, where people could have shown behaviour that challenged, staff had guidance available to them.

People's homes and equipment were regularly checked and the provider had plans to keep people safe during significant incidents, such as a fire.

People were satisfied with the availability of staff to provide their support. Staff were checked for their suitability before starting work for the provider so that people received support from those appropriate to work within the caring profession.

Where people required support to take their prescribed medicines, this was undertaken in a safe way by staff who had received regular guidance. Staff knew what to do should a mistake occur when handling medicines.

People received support from staff who had suitable skills and knowledge. Staff received an induction when they started working for the service and regular training and guidance. This included meeting regularly with their supervisor to discuss their working practices and to receive feedback to enable them to provide effective support to people.

People received support in line with the Mental Capacity Act 2005 (MCA). The provider had undertaken mental capacity assessments where there were concerns about people's ability to make specific decisions. Staff understood their responsibilities under the Act and appropriate support had been sought where they were seeking to lawfully deprive a person of their liberty.

People chose their own food and drink and were supported to maintain a balanced diet where this was required. They had access to healthcare services to promote their well-being and were involved in decisions about their health.

People received support from staff who showed kindness and compassion. Their dignity and privacy was protected including the safe handling of their sensitive and private information. Staff knew people's communication requirements and the provider had made information easier to read to aid people's understanding. For example, the provider's complaints procedure was written using pictures.

People were supported to be as independent as they wanted to be. For example, by washing their own clothes. Staff knew people's preferences and had involved people in planning their own support. Where people required additional support, advocacy information was available to them.

People had contributed to the planning and review of their support. The recording of this within people's care records had not always taken place. The registered manager told us they would make improvements. People had support plans that were person-centred and staff knew how to support each person based on their individual preferences. People took part in interests and hobbies they enjoyed including paid and voluntary work.

People knew how to make a complaint. The provider had a complaints policy in place that was available for people and members of the public. This included how the provider would respond to any complaints made. Complaints were responded to in line with the provider's policy.

People, their relatives and staff had opportunities to give feedback to the provider. For example, staff attended regular staff meetings where they could offer suggestions to improve the service. We saw that the provider took action where this was necessary following feedback received. The registered manager told us they would make improvements to recording what action they had taken as this was not always in place.

Staff felt supported and received feedback on their work through individual meetings with a manager. Staff understood their responsibilities including reporting the poor practice of their colleagues should they have needed to.

The provider was regularly checking the quality of the service. For example, checks on the practice of staff occurred to make sure the support they provided was safe and effective. Where the provider needed to make improvements, action was taken although some were outstanding.

The provider had aims and objectives for the service that were known by staff. This included valuing people's diversity. We saw examples of this incorporated into the practice of staff during our visit.

The registered manager was aware of their responsibilities and supported staff in line with the provider's policies and procedures to make sure staff members were effective in providing support to people.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

The provider had a suitable recruitment process to check prospective staff.

People received safe support with their medicines where this was required.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who received regular training and guidance.

People received support in line with the Mental Capacity Act 2005. Staff knew about their responsibilities under the Act and the provider had considered people's capacity to make decisions for themselves.

People chose their own meals and staff knew about their eating and drinking requirements.

People had access to healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

People were treated with compassion and kindness by staff and their privacy and dignity was respected.

People were supported to remain independent by staff who knew their preferences.

People were involved in planning their support and had information available to them on advocacy services to help them speak up where needed.

### Is the service responsive?

Good ●

The service was responsive.

People had contributed to the planning and review of their support needs. They received support based on their preferences.

People spent their time undertaking hobbies, interests and work that they enjoyed.

People knew how to make a complaint and the provider took action when they were received.

### Is the service well-led?

Good ●

The service was well led.

The registered manager was aware of their responsibilities.

Staff were supported and knew their responsibilities. There were opportunities for people, their relatives and staff to give suggestions about how the service could improve.

The provider had checks in place to monitor the quality of the service. However, some actions the provider had identified to improve the service were outstanding.

# Choice East Midlands (Supported Living)

## **Detailed findings**

### Background to this inspection

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

The inspection visit took place on 8 September 2016 and was announced. 48 hours' notice of the inspection visit was given because the registered manager was often supporting staff and we needed to be sure that they would be in. The inspection team included an inspector and an expert 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.

Before the inspection visit we reviewed information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us as required by law.

We spoke with eight people who used the service. We visited the organisation's office and spoke with the registered manager and seven support workers who directly worked with people. People invited us to their day service as they knew we would be visiting and they would not be home during our visit. We undertook this during our inspection to ask people for their feedback.

We looked at the care records of three people who used the service and three staff files. We also looked at other records in relation to the running of the service. These included medicine records, health and safety checks and quality audits that the registered manager and provider had undertaken.

We asked the registered manager to submit documentation to us after our visit. This was in relation to some

health and safety checks. They submitted this to us in the timescale agreed.

# Is the service safe?

## Our findings

People felt safe living at the service. One person told us, "I feel safe as the staff are very nice to me".

Staff knew how to keep people safe, recognised the signs of possible abuse and their responsibility to report it. One staff member said, "I keep an eye out for individuals. If they are unhappy or upset I would notice it. I would report concerns to a manager or the manager above them". Staff confirmed the provider had policies and procedures in place for them to follow so they could respond appropriately to abuse or avoidable harm. Staff told us, and records confirmed, that they had undertaken training in keeping people safe. We saw that the registered manager had taken action including sharing information with the local authority's safeguarding team where there were concerns about people's safety. This meant that people were protected from abuse and avoidable harm by staff who knew what action to take.

Risks to people's health and well-being were assessed and regularly reviewed. We saw that risks for people accessing community activities and when carrying out daily living tasks were assessed. There was guidance in people's care records for staff to follow to minimise the occurrence of an incident or injury. One person had epilepsy. We found there was no plan in place for the support they would require should they have a seizure. The registered manager told us they had identified this deficit in a recent audit and would make sure one was put in place.

We saw that risk assessments were undertaken in ways which minimised the restrictions on people's freedoms. One person accessed the community independently. Due to their memory difficulties staff were guided to remind the person to take specialist technology with them that could identify their location if they required assistance. This meant that risks were addressed in ways that promoted people's independence and guided staff about the level of support people required.

Some people displayed behaviour that could have caused harm to themselves and others. People were supported to remain safe when this occurred because the provider had resources and expertise available. One staff member told us, "We have a specialist support team who can help us where we need it. If we are struggling to provide support for someone the positive behaviour support expert within our organisation can help us". Positive behaviour support aims to enhance the life of people who can show challenges and looks at ways of focusing on the good things that people achieve. We saw that people had behaviour management plans in place that gave staff clear guidance for supporting people when they became anxious. One person had a 'happy box' containing items they liked that they could use to help them to relax. The provider took action where incidents had occurred with a view of reducing such incidents in the future. In these ways staff understood and knew how to respond to people's behaviours.

The provider had a system for monitoring and taking action following an accident or incident. We saw that staff sought medical attention where necessary following an incident. We also saw that staff recorded any accident or incident and these records were then passed to the registered manager to look at ways of reducing them in the future. The registered manager told us that all accidents and incidents were passed to a health and safety manager within the organisation. This was to look for any learning opportunities for the



staff team to prevent reoccurrences. This meant that the provider had systems in place to look at reducing accidents and incidents wherever possible.

People's homes and any equipment they used were regularly checked. There were weekly and monthly checks in place that staff undertook to support people to remain safe. We also saw that the provider had a regularly reviewed contingency plan in place in the event of an emergency such as a fire. The plan detailed alternative accommodation for each person as well as key contact numbers that staff would need. We saw that the provider had up to date individual plans in place that staff knew about to evacuate people from their homes should they have needed to. This meant that the provider routinely considered people's safety.

People received support from staff based on the amount of hours their social care professional had commissioned. People were satisfied about the availability of staff to provide this. One person told us, "There's enough. They phone to let me know if they are running late". Staff members also said that staffing numbers were appropriate. One told us, "I would place a family member here due to the high number of support staff and the care we provide".

The provider had a suitable recruitment policy in place which we found was followed when new staff joined the organisation. The process included obtaining references, checking right to work documentation and undertaking a Disclosure and Barring check. The Disclosure and Barring Service helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Records within staff files confirmed these checks were carried out. This meant that people were supported by staff who were appropriately verified by the provider.

Where people required support with their medicines this was undertaken in a safe way. One person told us, "Staff do my medication. Staff are on time (with their medicines)". We saw that people had medicine profiles to guide staff on how they preferred to take their medicines and the level of assistance required. There was also specific instructions for staff on the use of prescribed as and when required medicines to support people with their anxieties. These guided staff on the circumstances of offering such medicines to people and the safe allowed amount. We looked at the medicine administration records of three people and found these were completed to show that medicines had been offered and, where necessary, administered. This meant that people received safe support when they required assistance to take their medicines.

People received support with their medicines by staff who knew their responsibilities. This was because the provider had made available to them a policy on the safe handling of medicines. Staff could describe how to safely administer medicines as well as the procedure for dealing with medicine errors. We saw that when a mistake had occurred, the provider took the appropriate action including seeking the advice of the person's GP. Staff also received regular guidance to make sure the support they offered to people in relation to their medicines was appropriate and followed national guidance. We saw that staff received regular training in the safe handling of medicines and their competency was routinely checked. In these ways the provider made sure the support staff offered to people was safe when handling their medicines.

## Is the service effective?

### Our findings

People received support from staff who had the required knowledge and skills. Staff members received regular training in relation to their roles and staff were complimentary about this. One staff member said, "There is lots of training including first aid and protecting people from abuse".

Staff told us, and records confirmed, that they received training in topic areas such as autism, food safety and first aid. We also saw that additional training had been arranged to make sure that staff were trained in areas that were specific to some people's support requirements. For example, staff had received tailored training in the last two months to support a person with their behaviour. The provider had plans in place to make sure staff training was kept up to date and staff had individual training plans to develop and enhance their knowledge and skills. This meant that staff had up to date guidance when supporting people.

Staff members received regular support to enable them to undertake their duties. We saw that staff completed an induction when they had started to work for the organisation as well as receiving on-going support and guidance. One staff member told us, "I found it great. I got a lot of support as I was new. I shadowed shifts for a month". Another said, "I think the support is really good. Supervisions are regular". Other staff confirmed they met with their manager for regular supervision to discuss the support they offered to people and their performance. We saw that supervisions covered topic areas such as people's health and well-being. This meant that staff received guidance on how to provide effective support to people.

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 checked whether the provider was working within the principles of the MCA and found that it was.

People were supported to make decisions for themselves. One person told us, "I can make my own decisions and they support me to do this". Staff received training in the MCA and understood their responsibilities to support people in line with the Act. One staff member said, "Anything they have mental capacity for we have to let them experience things for themselves. If they don't have the mental capacity there are guidelines to assess". We saw that where people did not have the capacity to make specific decisions, for example to manage their own finances, the provider had undertaken mental capacity assessments. We also saw that best interest decisions were made with others involved in people's care where people lacked capacity to make specific decisions. One staff member told us, "Care plans get completed in a best interest scenario where people don't have capacity. We might get families involved". We saw that people were involved in mental capacity assessments. One person was asked about their understanding of money by looking at different coins to determine if they had the capacity to manage their own finances. In these ways people's human rights were protected.

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. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. We saw that the provider was following this guidance. The registered manager was in discussion with a social worker to consider how to safely and legally deprive someone of their liberty to keep them safe. Staff also showed an understanding of the need to gain such authorisations before they could deprive someone of their liberties.

People chose their own food and drink. One person told us, "I am having hot dogs tonight. I wanted that". Another person said, "I help choose what I want". People confirmed that they planned their own menus with the support of staff where this was required and were satisfied with the support they received. Staff knew about people's nutritional requirements. This was because the provider had detailed these in people's care records and staff received training in meeting people's eating and drinking needs. Where people required guidance with their eating and drinking this was in place. For example, one person was overweight and was supported and encouraged to eat a healthy diet. Staff members described how they offered the person healthy food choices wherever possible. This meant that people received effective support from staff to meet their nutritional needs.

People were supported to maintain good health. One person told us, "I had to go to the dentist with my one to one (staff member). I now have special toothpaste and mouth wash". Another person said, "If I need the GP or the hospital the staff take me. The staff support me". We saw that people were involved in decisions about their health. People had health action plans in place within their care records which detailed the support they received from healthcare professionals. Some of these had goals and targets for people to achieve as agreed with them. We found these were not always regularly reviewed or updated to contain the most up to date information for staff to follow. The registered manager told us they would arrange for these to be reviewed. We also saw that people had information about their medical conditions and support requirements in their care records that they could take into hospital with them in the event of an admission. This was so that healthcare professionals would know how to provide them with the right support. We also saw that people had regular access to their GP and other healthcare professionals where required. This meant that people's health and well-being was promoted.

# Is the service caring?

## Our findings

People received support from staff who showed kindness and compassion. People told us, "Staff are kind and gentle to me", "The staff help me and support me" and, "They are really nice. They help me when I need it. They're really helpful".

Staff knew the different ways that people communicated. This was because people had communication passports. These documented how people communicated and guided staff on how to offer people choices in ways that were meaningful to them. Staff could describe the different ways people communicated. One staff member told us, "[Person's name] can't verbally communicate. He has a keyring with pictures on and he shows us what he wants or who he wants". We found that this was reflected in the person's support plan meaning that staff had guidance on people's communication requirements.

The provider had made written information easier to understand for people that required this. We saw that the complaints procedure was written using pictures to aid people's understanding. We also saw that some people used photographs or pictures to support them to make choices about how to spend their time. Staff spent time with people to make sure they understood what they were communicating. Staff repeated themselves where required and used words that people understood. This meant that people received information in ways that were important to them.

People were treated with dignity and respect. One person told us, "The staff knock on my door and are very respectful". People confirmed that staff respected their privacy in their home and took care of their personal belongings to keep them secure. We heard staff speak about people in a kind and person-centred way. Staff spoke about how people had spent their time and discussed the individual support people required. People also told us that they had support from the same staff wherever possible which was described as positive so that caring relationships were developed. This meant that staff showed a caring approach to the people they were supporting.

People's sensitive information was handled carefully. We saw that the provider had secure lockable cabinets for the storage of people's care records. We also saw that the provider had made available to staff confidentiality and data protection policies which staff could describe. This meant that people's privacy was protected by a provider who had suitable procedures in place.

Staff knew about the people they were supporting. One staff member told us, "I've supported people for a long time so I know them well. We make sure the support plan is up to date so all staff have information on people's likes and dislikes". We saw that people's support plans contained this information as well as guidance for staff on people's preferences and things that mattered to them such as important routines.

People were involved in planning their own support. One person told us, "Yes I do help decide what I do". Another said, "I tell the staff what I want to do". Staff described how people were actively encouraged to be involved in planning their own support. One staff member told us, "People are involved in support plans as we discuss it with them. They indicate what they like or dislike". We saw that each person had a support plan

but it was not always clear how people were involved in deciding how their support should be offered or carried out. The registered manager agreed that this was an area they could improve on and said they would address this. This meant that people had opportunities to be involved in making decisions about their care and support.

The provider had made information on advocacy services available to people. An advocate is a trained professional who can support people to speak up for themselves. We saw that there was information in a communal area on advocacy services which included guidance for people about how to access it. This meant that people had opportunities to gain support to make decisions should they have required it.

People were supported to be independent and to use and develop their skills. People told us, "I can manage on my own, the staff are here just to make sure I am safe", "I go shopping and the staff help me to cook" and, "I do my own shopping and cooking". We saw that people's support plans detailed things that people could do for themselves and what support they required. We read how one person had the ability to use a washing machine independently whilst another person received support to complete a shopping list every week. In these ways people received support from staff to retain their skills.

## Is the service responsive?

### Our findings

People had contributed to the planning of their support. One person told us, "My support plan, it's in my house. Staff do it with me". Staff members described how people chose every day what they wanted to do and how they preferred their support. We saw that people's support plans were sometimes signed by people to show their contribution to the planning of their care and support. The registered manager told us that they would look at ways of showing how everyone had contributed to their support planning.

People's support requirements were regularly reviewed so that staff had the most up to date information available to them when offering their assistance. However, it was not always clear how people had contributed to this process. The registered manager and staff members told us that people had contributed to reviewing their support requirements where they wanted to be included and would look at improving their recording in the future.

People's support plans were written in such a way that staff supporting them would have known how people wanted to receive their support. People's care records contained one page profiles that gave staff members basic information on their likes and dislikes as well as their communication preferences. These are important to new staff members or those who do not routinely support the same people. We also saw that routines that were important to people were detailed so that staff knew how to offer their support. We read about one person's morning and evening routine which contained detailed information about things that mattered to the person such as the time they got up in the morning. Staff were able to describe people's preferences for their support including things that people enjoyed which matched what we read in their support plans. People confirmed that staff offered their support in line with their preferences and wishes. This meant that people received support in a person-centred way.

People were supported to follow their interests and hobbies. One person told us, "Sometimes on a Friday I go out. I go out for lunch, bowling or to the cinema". We saw that many people accessed local day services. When we visited a day service people told us how they enjoyed spending time there mixing with their friends and engaging in activities such as arts and crafts. We also saw one person undertaking their voluntary work. The person took pride in their job and told us they enjoyed their work. We read that other people undertook voluntary and paid work in the local area. This meant that people spend their time undertaking opportunities that were important to them.

People knew how to make a complaint should they have needed to. One person told us, "I have the telephone number I would ring the staff up (about any concerns). I would tell the staff first then up to see the boss". Another said, "I'd talk to the staff or [manager's name] or the big boss". People confirmed they were satisfied with the service and had no concerns or complaints. One person told us, "No concerns. I am happy really happy". We saw that there was a complaints procedure available to people in the organisation's main office which was discussed with them during tenants meetings. This was written using pictures to support people to understand what to do if they had concerns. The registered manager told us that the service had received two complaints in the last 12 months. We saw that the provider had taken action in line with their complaints procedure including writing to those making a complaint to offer resolutions. This meant that

there were opportunities for people and others to make a complaint and the provider took action when one was received.

## Is the service well-led?

### Our findings

People had opportunities to give feedback to the provider. One person told us, "We have house meetings, we had one last night ". We saw that people had regular meetings with staff members to discuss topic areas such as what was happening within the service and suggestions for activities. We spoke with the registered manager about taking suggestions forward that people had commented on as we could not see that this had occurred. The registered manager assured us that where action was needed they took it but this had not always been recorded. They told us they would make improvements to their recording. We also saw that some people attended local and national forums within the organisation to offer feedback. One suggestion that was raised concerned the organisation using less agency staff. We saw that the provider fed back to people about how they were looking to improve this.

Relatives had been sent a questionnaire in the last 12 months asking for their comments on the quality of the service provided. The feedback provided was positive and included suggestions for improvements. Where the provider was asked to make improvements by some relatives, including upgrading the decoration within their family members' homes, action was taken and fed back to them. This meant that the provider had enabled feedback to be received and acted on it appropriately.

Staff spoke positively about the registered manager and felt supported. They told us they were able to offer suggestions to make improvements. One staff member told us, "The manager is approachable, definitely. I can give suggestions if needed and did about shift work. It was acted upon". Staff also felt that communication was effective within the organisation. One staff member commented, "We know what's happening. Messages are sent through and we have regular staff meetings. HFT (the provider) seems to be run quite well". During our visit we saw the registered manager offering their support to staff members and answering any questions they had. In these ways the provider demonstrated effective leadership.

Staff had a whistleblowing policy available to them to follow should they have needed to raise a concern about a colleagues' practice. Staff demonstrated their understanding of the process. One staff member told us, "If I'm not happy with staff members I'd go to the manager or their manager or CQC to express my concerns. Your details are available". Another said, "It's to safeguard people we support against staff members. We have a duty of care to report. I can go to the manager. If it's about the manager I'd go to the next person above. I could also use CQC". This meant that the provider was open to receiving and dealing with poor practice should it have occurred.

The provider had a statement of purpose that was available to people, visitors and staff. This detailed the aims of the service. We read that the provider sought to promote people's independence, to value individuality and to recognise diversity. Staff could describe the vision for the service. One staff member told us, "It's about promoting independence. It's about people being involved in the community and leading a normal life. Everyone has rights as we do". We saw that these aims were incorporated into the support offered to people. For example, people's care records and our observations showed that staff were supporting people to lead lives that were centred on them as individuals. This meant that staff knew about the goals of the service and offered support in line with these.



Staff received regular feedback and guidance on their work from a supervisor during individual supervision meetings to understand the provider's expectations of them. We saw that staff meetings regularly occurred and covered topic areas such as the discussion of key policies and procedures and current health and safety concerns. Where the practice of staff did not meet the provider's expectations, the registered manager used formal processes to support staff to make improvements such as disciplinary proceedings. This meant that there were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

The registered manager was aware of their responsibilities. We saw there were arrangements for monitoring the working practices of staff and specialist support and guidance had been requested where there were concerns about the well-being of people. The registered manager also submitted statutory notifications to us for significant events. Providers are required to ensure that the Care Quality Commission (CQC) is informed of significant events that happen within the service.

The registered manager carried out, or arranged for staff to undertake, quality checks of the service to make sure it was of a high standard. We saw that weekly medicine audits and environmental checks were in place. The registered manager also carried out spot checks on the performance of staff and regularly checked people's support plans. This was to make sure they were up to date and contained information that staff required in order to provide safe and effective support to people. We found that these quality checks highlighted areas for improvement such as the provider recognising that people's care records did not show their involvement in the planning and reviewing of their support. Where improvements were needed there were action plans in place to drive change. However, the actions required from the checks carried out by the registered manager and those of senior managers visiting the service were not always completed. We saw that some actions from six months prior to our inspection were not completed. These included areas that we had identified during our inspection including the absence of an epilepsy plan for one person. The registered manager showed us how many of the actions had been completed and they described what they were doing to complete the outstanding actions. This meant that the delivery of the support people received was regularly reviewed.