

## Choice Support

# Choice Support - 2 Endymion Road

### Inspection report

2 Endymion Road  
Haringey  
London  
N4 1EE

Tel: 02083413888  
Website: [www.choicesupport.org.uk](http://www.choicesupport.org.uk)

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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

This unannounced inspection was undertaken on 13 February 2018 and was carried out by one inspector. At our last comprehensive inspection in November 2016 the service was rated 'Requires Improvement'. At the last inspection we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to infection control, risk assessing and good governance. At this inspection we found that the registered provider had addressed these breaches. At this inspection the service was rated as 'Good'.

Choice Support – 2 Endymion Road is a 'care home' for people who have a learning disability. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates a maximum of six people. At the time of our inspection there were six people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination.

Risks had been recorded in people's care plans and ways to reduce these risks had been explored and were being followed appropriately. Staff understood that there was a balance between taking risks and maintaining people's independence.

People had been living at the home for a long time and it was clear that 2 Endymion Road was very much people's home. People were relaxed with staff and the way staff interacted with people had a positive effect on their well-being.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were positive about working at the home and told us they appreciated the support and encouragement they received from the newly appointed registered manager.

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

Staff understood the principles of the Mental Capacity Act 2005 and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People were included in making choices about what they wanted to eat and staff understood and followed people's nutritional plans in respect of any healthcare needs people had.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Everyone had an individual plan of care which was reviewed on a regular basis and reflected their uniqueness.

Relatives told us that the management and staff listened to them and acted on their suggestions and wishes.

People were supported to raise any concerns or complaints and relatives were happy to raise any issues with the registered manager if they needed to.

People, their relatives, staff and health and social care professionals were all included in monitoring the quality of the service. The registered manager and staff understood that observation was very important to identify people's well-being where people did not always communicate verbally.

## 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. Risks to people's safety had been identified and the management had thought about and recorded ways to mitigate these risks.

Staff understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Staff understood their responsibilities to protect people from abuse and knew how to raise any concerns with the appropriate safeguarding authorities.

### Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills necessary to support people properly and safely.

Staff understood the principles of the MCA and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People chose and helped prepare meals at the home and staff knew about any special diets people required.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

### Is the service caring?

Good ●

The service was caring. We observed staff treating people with respect, kindness and dignity.

Staff knew about the various types of discrimination and its negative effect on people's well-being.

Staff understood people's likes, dislikes, needs and preferences and people were involved in their care provision.

Staff respected people's privacy.

### Is the service responsive?

Good ●

The service was responsive. People's care was individualised and the management and staff reviewed people's needs and made changes to people's care provision when required.

Staff knew how to communicate with people, listened to them and acted on their suggestions and wishes.

Activities provided by the home and outside of the home met people's social and spiritual needs.

Relatives told us they were happy to raise any concerns they had with any of the staff and management of the home.

### Is the service well-led?

Good ●

The service was well-led. Relatives were asked about the quality of the service and had made comments about this. They told us the registered manager took their views into account in order to improve service provision.

Staff were positive about the registered manager and the support they received.

There were systems in place to audit the safety and well-being of people receiving care.

# Choice Support - 2 Endymion Road

## **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 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.

This inspection took place on 13 February 2018. The inspection was unannounced and carried out by one inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. By law, the provider must notify us about certain changes, events and incidents that affect their service or the people who use it.

We met with all of the six people who used the service. We were not able to ask people who lived at the home direct questions about the service they received. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being. We spoke with four care staff, the deputy manager and the registered manager. After the inspection we spoke with three relatives of people using the service. The area manager of the service wrote to us after the inspection and provided some additional information we had requested.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicine records. We looked at other records held at the home including meeting minutes, four staff files as well as health and safety documents and quality audits.

# Is the service safe?

## Our findings

At our last inspection of this service in November 2016 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to infection control and risk assessing. This was because some parts of the home were not cleaned to a satisfactory standard and some risks to people's safety had not been adequately identified. After the inspection the registered provider wrote to us describing the actions they would take in order to become compliant. At this inspection we found that the registered provider had complied with these breaches.

At the last inspection we found that some window restrictors had broken and presented a potential risk to people at the home. At this inspection we saw that all broken window restrictors had been fixed which meant these windows could not be opened past the restricted limit. We saw that some other window restrictors in the home could be manually overridden. The registered manager told us that the people living at the home would not be able to manually override the window restrictors due to the complexity of the action required. He sent us an environmental risk assessment relating to window restrictors at the home which stated these did not pose a risk to people living at the home.

Staff understood the potential risks to people in relation to their everyday care and support. These matched the risks recorded in people's care plans. Care plans identified the potential risks to people in connection with their care. These risks included possible behaviours that might challenge the service and keeping safe outside the home. There was information for staff on how the risks identified should be mitigated. For example, staff understood that the people living at the home would not be safe going out on their own. A person's care plan stated, "I have no road safety awareness so I need full support to travel." Staff told us they always went out with people and we saw the relevant legislation in relation to this deprivation of liberty was being followed. Relatives told us that staff had discussed risk taking with them and these risks were reviewed regularly.

Everyone had a personal evacuation plan which gave advice about the most appropriate and safe way individuals should be evacuated from the home. Records of fire drills showed that people were able to evacuate the home in good time.

At the last inspection we found some parts of the home were not cleaned to a satisfactory standard and safe food hygiene practices were not always being followed. At this inspection we found these issues had been addressed. The service did not employ domestic staff and on the day of our inspection we saw support staff were carrying out cleaning tasks at the home. All parts of the home, including the kitchen, were clean and no malodours detected. Staff told us they were able to support people safely as well as maintain a clean environment. The kitchen had been recently inspected by the environmental health department and had received the top score of five 'scores on the doors'.

Staff told us they had sufficient amounts of personal protective equipment. Staff had completed training in infection control and food hygiene and understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

We observed interactions between people who used the service and the staff supporting them. We saw people were relaxed and comfortable with the staff and enjoyed their company. Relatives we spoke with told us they trusted the staff and had no concerns about how people were being supported. A relative commented, "[My relative] is very happy there. The staff are taking good care of him."

Staff knew how to recognise potential abuse and told us they would always report any concerns they had to the registered manager. They knew they could raise any concerns with other organisations including the police, the local authority and the CQC.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines at the home. All medicines were audited each day so that any potential errors could be picked up and addressed quickly. People's medicines were being reviewed regularly by their GP. Staff confirmed and we saw records that the registered manager, or one of the management team, carried out observed competency checks to make sure the staff knew how to administer and manage medicines safely. Relatives told us they had no concerns about the management of medicines at the home. One relative told us, "They keep me up to date [with medicines] I have all the names [of the medicines] written down."

Relatives and staff did not have any concerns regarding staffing levels. There had been no change to staffing levels since our last inspection. The registered manager confirmed that more staff would be deployed if people's level of dependency increased and we saw that this was being monitored regularly. The registered manager gave us examples of where more staff had been deployed when people needed to attend healthcare appointments or activities. We saw that staff were not rushed and took time with the people they were supporting.

We checked staff files to see if the provider was continuing to follow safe recruitment procedures. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. Staff told us they were not allowed to work at the home until the provider had received their criminal records check and references. This meant the provider could be assured they employed staff suitable to working in the caring profession.

All incidents and accidents had been recorded and the registered manager gave us examples of how they reviewed incidents so lessons could be learnt. For example, following an accident in the bathroom the registered manager had contacted the occupational therapist who provided specialist equipment to improve the person's safety. Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses and gave us examples of how they had done this in the past.

# Is the service effective?

## Our findings

Assessments of people's health and support needs and care planning were carried out holistically and in line with the values of the organisation. These values were known to staff and included working in a person centred way to improve and promote opportunities, rights for inclusion and independence. These values were in line with those of the National Institute for Health and Care Excellence and other expert professional bodies.

All staff had completed an induction, and told us this was useful and that they shadowed more experienced staff until they felt confident to work on their own.

Supervisions and appraisals were taking place for all staff and were used to develop and motivate them, review their practice or behaviours, and focus on professional development. One staff member told us, "Supervision is very useful as I get a one to one with my manager. I'm able to speak about what I feel and where I might need help. They give me credit when it's due." Another staff member commented, "Supervision is about reviewing what's meant to be done and the goals we set out. It's about valuing me."

Staff told us they were provided with the training they needed in order to support people effectively. This included health and safety, medicine management, food hygiene, Autism awareness, epilepsy awareness and first aid. One staff member told us, "When it comes to training, they [the organisation] are number one." Records showed that staff completed refresher training when required. A staff member commented, "The deputy manager makes sure we are up to date with training."

Staff gave us examples of how the training had improved their working practice. For example, they told us that recent safeguarding training had improved their understanding with regard to the different types of abuse including restrictions on people's liberty. Relatives were positive about the staff and their knowledge of the people they supported.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away and that they must offer as much choice to people as they could. One staff member told us, "It gives people the power to make their own choices."

Staff explained how they offered choices to people in a way they could understand. For example, staff used pictures with some people so they could choose what they wanted to eat. Staff understood how each individual expressed their needs and preferences and we saw staff offering choice to people throughout the inspection.

Staff told us that people had chosen the colours and wallpapers for their own bedrooms and each room was individualised with people's photos and mementos.

Records showed that when people had to make major decisions about their care and treatment, best interest meetings had been arranged. These meetings included all the relevant health and social care professionals to help the person make the right decision. Relatives told us they had been involved in these best interest meetings.

All of the people currently using the service had been assessed as being unsafe to leave the home on their own. We saw and records confirmed that people were always accompanied by someone when they went out. The registered manager informed us that people's deprivation of liberty and the associated safeguards had been assessed with the local authority and legal safeguards had been provided. Relatives were aware of and understood why these legal safeguards were in place.

Staff were responsible for cooking meals at the home and had undertaken food hygiene training. Menus were chosen by people at regular house meetings by the use of pictures and other communication methods. Staff had a good knowledge of people's dietary preferences and any special diets that people required. Everyone had their weight monitored and recorded so staff could take action if needed. We observed staff preparing the evening meal with the assistance of people who used the service.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. Relatives told us and records confirmed that people had good access to health and social care professionals.

Relatives said that the staff and manager were good at monitoring people's health and getting the appropriate healthcare professionals to visit them if required. A relative told us, "They keep me up to date." We saw that people's healthcare needs were recorded in their care plan and discussed at staff team meetings.

Everyone had an up to date 'hospital passport' which was a document that would be sent with the person if they had to go to hospital. This document contained important information about the medical, healthcare and communication needs of the individual so staff at the hospital knew how best to care for that person.

## Is the service caring?

### Our findings

People had been living at the home for a long time. The last person was admitted well over 10 years ago and it was clear that 2 Endymion Road was very much people's home. People were relaxed with staff and we saw that positive and supportive relationships had developed between everyone. A relative commented, "It's a nice atmosphere. The staff are very natural with the guys there." Relatives told us they could visit at any time and that staff were welcoming and friendly. A relative told us, "I don't tell them when I'm coming. The staff are always happy to see me."

People were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do. Everyone had a care plan which gave detailed information about their individual methods of communication.

There was also information for staff to know when people were expressing signs of being calm and happy or when they might be distressed or unhappy. Staff understood how people communicated non-verbally and explained to us how they looked at people's facial expressions and body language.

Care plans detailed how staff were to encourage people's independence in a safe and supportive way. Each task had information about what the person could do for themselves and when they needed staff support.

Staff had completed equality and diversity training and this was also covered in staff induction. The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexuality, disability or culture.

Staff gave us examples of how they ensured people's privacy and dignity were maintained and respected. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. A staff member told us, "I will not share information about anybody I support." Relatives confirmed that the staff were respectful and thought about people's privacy and dignity.

There was a quiet room for people to use if they needed some quite space. Staff understood the issues regarding community living and the importance of making sure people had 'alone time' when they wanted.

## Is the service responsive?

### Our findings

Staff had a good understanding of the needs and preferences of people living at the home. This matched information detailed in people's care plans as well as what we observed and what relatives told us. A relative commented, "They know [my relative] well."

Care plans were person centred and gave staff clear information about people's needs, goals and aspirations whilst being mindful of identified risks to their safety. The first page of each person's care plan stated, 'It's all about me!' and this focus on the individual continued throughout the plan.

People's care and support needs were assessed and kept under regular review so any changes could be made when required. People's religious and cultural needs were assessed and we saw examples of how staff made sure people were supported to attend places of worship and were provided with culturally specific meals.

Care plans were reviewed with the involvement of the individual, their family as well as health and social care professionals. Relatives confirmed they were kept updated and had attended care reviews. A relative told us, "They do yearly reviews and they invite me. I was up there a couple of weeks ago."

As far as possible people were involved in monthly reviews of their care plan and staff told us how they used different communication methods to gain people's views about their care.

Where people's needs had changed, we saw the necessary changes to the person's care plan had been made so all staff were aware of and had the most up to date information about people's needs. Staff communicated and updated each other about people's changing needs at regular staff handovers and through daily progress notes for each person. A relative told us, "They are quick at doing stuff."

Each person had a daily activity plan which outlined how staff were to support them. On the morning of the unannounced inspection most of the people were out of the home attending day centres. Later that morning one person went food shopping for the home and another went to the park.

There were enough staff on duty to ensure people could undertake activities of their choice safely. We met everyone when they returned from their various activities and people showed clear signs of well-being to indicate they had enjoyed their day.

Staff understood how people communicated and knew what to look out for if anyone was unhappy or concerned about anything. We saw that people were asked if they had any concerns or complaints at regular house meetings. Relatives told us they had no complaints about the service but felt able to raise any concerns without worry. Everyone said they would speak to the registered manager and we saw information about how to make a complaint was available to people using the service and their relatives.

There had not been any recent complaints about the service and records of past complaints showed these

were dealt with appropriately. A relative commented, "I did have a concern about being updated. All I did was ask and I was sent [my relative's] support plan."

The registered manager told us they had not received any recent complaints apart from some comments from social care professionals regarding the need to redecorate the home. They told us this was something they wanted to do soon.

## Is the service well-led?

### Our findings

At our last inspection of this service in November 2016 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to good governance. This was because existing safety and quality monitoring systems had not identified the problems we found in relation to infection control and risk assessments. In addition the service did not have a registered manager in post at the time of the inspection. After the inspection the registered provider wrote to us describing the actions they would take in order to become compliant. At this inspection we found that the registered provider had complied with this breach.

A registered manager had now been employed at the home and relatives and staff were positive about the impact they already had on the running of the service. One relative told us, "So far so good. He keeps me up to date with phone calls. He's keen. I'm very pleased." Another relative told us that the registered manager had made a number of very useful suggestions regarding improving contact with their relative by the use of technology. They told us how happy this had made them and told us, "They listen to what we want."

Staff were positive about working at the service and told us they appreciated the guidance and support they received from the registered manager. They told us the registered manager was open and they had no concerns about raising any issues they might have. One staff member told us, "He is a very honest and open minded person. I feel relaxed and confident with him." Another staff member commented, "He always asks us where we want him to improve." Staff told us they could comment on the way the service was run and gave us examples of suggestions they had made at staff meetings and at daily handovers.

The registered manager and deputy manager carried out regular audits including health and safety, staff training, cleaning, and care records. We saw that environmental risk assessments and checks regarding the safety and security of the home were taking place on a regular basis and were detailed and up to date. This meant that there were now systems in place to identify issues with risks and infection control so any problems could be addressed in good time.

The registered manager told us about the ethos, vision and values of the organisation. These included, being safe, empowering, respectful and ambitious. All staff were clear about these and gave us examples of how they put them into practice on a day to day basis, for example, by acknowledging that there were risks in everyday life, and how they managed those risks while respecting the freedom of the individual.

The area manager wrote to us after the inspection and told us how good practice was shared within the organisation. We saw a monthly staff newsletter that gave staff information about organisational values and how these were being achieved both at a local and national level. The registered manager told us that these values were currently being reviewed by the organisation.

The registered manager explained to us how the service worked in partnership with other agencies and organisations. This included attendance at a local authority run providers' group. The registered manager gave us examples of where recommendations made by the CQC were also shared between services within

the organisation.

There were a number of different systems that the provider used to monitor and improve the quality of care at the home. These included surveys for people using the service and staff. The registered manager acknowledged that quality monitoring was a challenge as people expressed their views in different ways. However, people had a number of ways to comment on service provision including monthly care plan reviews and regular house meetings.

Relatives told us they were asked for their views about the quality of care provided at the home. A relative told us, "They phone me up. I've filled out forms and sent them back." People told us the registered manager and staff took their views into account in order to improve care delivery.

The area manager visited the home on a regular basis to carry out quality assurance audits. We saw the reports of these visits which included observations of care provision and comments from staff. We saw the local placing authority carried out a yearly service review which included the development of an on-going improvement plan. This plan included information from recent CQC inspections.