

## Choice Support

# Choice Support - 5 Bowley Close

### Inspection report

5 Bowley Close  
London  
SE19 1SZ

Tel: 02072614100  
Website: [www.choicesupport.org.uk](http://www.choicesupport.org.uk)

Date of inspection visit:  
06 January 2023

Date of publication:  
09 March 2023

### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Inadequate 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Choice Support - 5 Bowley Close is a residential care home providing personal care that accommodates up to four people. The service specialises in supporting people with learning disabilities and those with autistic spectrum disorders. At the time of our inspection there were 3 people receiving care and support. People's experience of using this service and what we found

### Right support

The model of care did not maximise people's choice and independence and people were not always protected from the risk of harm. Risks to people were not always identified and mitigated. People's medicines were not always managed safely. The provider's systems did not ensure staff received a suitable induction, ongoing support and training to ensure they had the skills and abilities to meet people's needs. Some staff showed a lack of understanding about people's support guidelines which placed people at risk.

### Right Care

People's care was not always person-centred. Staff did not always support people with all of their cultural needs. There was limited information about how people were being supported to pursue interests and hobbies and people were not supported to acquire/maintain daily living skills. There was a lack of support towards aspirations and goals.

People's home environment was not always a reflection of their personal preferences. Not all people had been supported to personalise their rooms and some communal areas were being used as storage. The service did not make reasonable adjustments for people to be fully involved in discussions about their care and support. Staff did not always support people to make decisions. Information for and about people was not presented in ways that facilitated people's understanding and involvement.

### Right culture

The provider did not ensure people using services lead confident, inclusive and empowered lives. People and those important to them were not asked for feedback in order to develop the service. The provider had identified many shortfalls with the service and made many improvements in a short period of time. However, they had not identified all the issues we found with, risk management, medicines, fire safety, and staff training and further improvements were required to ensure people received safe and compassionate care.

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

The last rating for this service was Good (published 6 November 2020).

#### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risks. This inspection was carried out to seek assurance that people were being protected from harm.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to inadequate based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Choice Support – 5 Bowley Close on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and recommendations

We have identified breaches in relation to person-centred care, consent to care, risk management, medicines, staffing and good governance. Please see the action we have told the provider to take at the end of this report. We have also made a recommendation in relation to recruitment checks.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements. If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not effective.

Details are in our effective findings below.

**Inadequate** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Choice Support - 5 Bowley Close

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Choice Support – 5 Bowley Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Choice Support – 5 Bowley Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they were temporarily not

overseeing the service and did not take part in the inspection.

#### Notice of inspection

This inspection was unannounced. We visited the service on 6 January 2023. We continued to gather information up until 26 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

Due to the conditions and disabilities of people using the service people were not able to give an account of their experiences of care. We carried out observations of people's support and interactions with support workers. We spoke with the regional operations manager, two interim home managers who were temporarily managing the service, and 3 support workers.

We reviewed a range of records. This included three people's care and medicines records. We looked at 5 staff files in relation to recruitment and supervision. We also looked at policies and procedures and records related to the management of the service. After the inspection we spoke with one relative of a person using the service and we received feedback from three health and social care professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Effective systems and processes were not in place to identify and assess risks to the health, safety of and welfare of people who use the service. Risks to people were not always adequately assessed and there was limited information in place to ensure some risks were mitigated.
- The risk of skin breakdown was not adequately managed and measures to mitigate the risk were not always being followed by staff. One person had recently had 2 pressure sores. The measures to mitigate the risk in the 'pressures sores' care plan were not being followed as we found no evidence that the person was being supported to reposition every four hours and the person was not using pressure relieving cushions as set out in the care plan.
- The process for assessing the risks of fire and ensuring there were adequate measures in place to mitigate the risks was not effective. After the inspection we were informed the London Fire Brigade had carried out a remote audit of the service in 2020 and recommended that the fire evacuation plans should be reviewed as 'the emergency plan for responding to a fire during the night was possibly not adequate'. The provider could not show that the recommendation had been acted on. The fire evacuation plans continued to show people who required assistance to mobilize could not be evacuated during the night as currently there is only one member of staff on duty from 8pm to 8am.
- There were written eating and drinking guidelines in place devised by speech and language therapists and postural guidelines from physiotherapists for people at risk of aspirating whilst eating. Aspiration is when food or liquid enters a person's airways and/or lungs by accident. On the day of the inspection we observed staff supporting someone to eat but they were not following the guidelines correctly which placed them at increased risk.
- The provider did not always manage the safety of the living environment as the regular health and safety checks of the service had not been happening for some time.

The failure to do all that is reasonably practicable to mitigate risks to people's health and wellbeing and ensure the premises were safe was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- People's medicines were not always managed safely. On the day of the inspection we found some medicines that had been administered the day before had not been signed for by the staff who had administered them.
- After the inspection the provider identified another medicine error for the same person. We raised this with the provider and they have reviewed the process for checking medicines to ensure errors are identified in

good time.

The failure to ensure medicines were managed safely was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.

The provider was working with the GP to ensure 'when required' medicines had sufficient administration guidance. Medicines were stored safely and there were regular checks to ensure they were kept at the correct temperature.

Systems and processes to safeguard people from the risk of abuse

- We could not be assured people were always protected from the risk of abuse and avoidable harm. A serious incident had occurred at this service before the inspection which is currently being investigated by the police. The local authority safeguarding team are also investigating some additional safeguarding concerns.
- The provider was aware their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC. They conducted investigations into allegations of abuse or neglect and shared findings with local authority when required.
- Staff we spoke with showed a good understanding of whistleblowing and safeguarding procedures, they knew who to inform if they had any concerns about abuse and how to escalate their concerns if they were not satisfied, they were being taken seriously.

Staffing and recruitment

- The provider followed safer recruitment processes. The provider had a recruitment policy which set out all the checks that were required before new staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Despite generally safe recruitment practices we found some checks had not been thorough as employment dates in references did not match the dates set out in the work history for 2 members of staff.

We recommend the provider reviews their process for checking candidate's employment history to ensure they correspond with references obtained.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.



- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- There was a clear process for reporting all accidents and incidents. Staff understood their responsibility to report all accidents and incidents and a senior member of staff reviewed all incidents.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- People's health and social care needs were assessed and care plans developed to meet these. However, people and their representatives were not involved in the formation or ongoing review of their care plans. One relative told us they had not been asked to take part in the regular review of their family member's care and support plan.
- Care plans contained good level of detail about people's daily routines to ensure care staff would understand how to deliver care and support.

The failure to carry out assessments in collaboration with people and/or their representatives and ensure people's needs and preferences were upheld was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not involved in choosing their food and planning their meals. One member of staff told us they were using a pictorial menu planner to help people choose what they wanted to eat. We were subsequently told that the planner was in fact not in use and the meals shown on the planner were not in line with people's eating and drinking guidelines.

The failure to ensure food and drink choices met people's preferences was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People were not always supported by staff who had received relevant and good quality training in evidence-based practice. The agency staff delivering care at the service had not all had adequate training to ensure they had the skills and knowledge to meet the needs of people receiving care. Records showed that not all staff had received training in learning disabilities & autism, mental capacity and dysphagia. Staff we spoke with could not remember if they had received this training.
- Staff had not all had an appropriate induction to prepare them for their role. Staff did not always receive appropriate ongoing supervision in line with the provider's policy.

The failure to deploy suitably competent and skilled staff and provide appropriate support, training and supervision was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had put in place training and competency assessments for agency staff in relation to moving and handling, epilepsy and first aid to ensure they were competent with these elements of people's needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff did not always conduct best interests meetings to support decision making in all aspects of people's care and support. The provider had not ensured that people who lacked capacity had support from an independent advocate to assist them to make decisions. The provider had recognised this as a shortfall and was working on improving this.

The failure to have a system in place to record best interests decisions and act in accordance with the MCA was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had carried out mental capacity assessments when there were indications that people lacked the capacity to make some decisions about their care and support.
- The provider had made all the necessary DoLS applications when safety measures meant restricting some parts of people's lives. We could see that all conditions were currently being met.

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

- The provider did not always communicate effectively with other professionals. Speech and language therapists also told us the provider did not always ensure planned input was managed effectively as appointments made to observe eating and drinking support could not always happen as planned when staff on duty were not aware of the appointment.
- Hospital passports had been developed for people using the service. Hospital passports contained detailed personal and health information about people which could be shared with hospital staff if they were admitted to hospital.
- The service had devised epilepsy profiles for people with epilepsy. These included details of the type and nature of people's seizures, what medication was being used and guidance for staff on when to call an ambulance or seek further medical assistance.
- The service had recently made a range of referrals to health professionals such as physiotherapists, occupational therapists, speech and language therapists to get additional support and advice to improve people's health and wellbeing.

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

- The service design and decoration did not meet everyone's needs. Not all people had been supported to personalise their rooms and there was limited evidence that people were involved in decisions relating to the interior decoration and design of their home.
- Some elements of the home were not homely or stimulating. One bathroom that contained the only bath was out of use as it was being used to store large quantities of PPE. The shower room was also being used to store cleaning equipment such as several mops and buckets.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care and support did not always meet people's preferences and cultural needs. One person's family member told us they had been told that staff were supporting them to attend religious services weekly. However, they had recently been informed this had not been happening for some time.
- There was very limited information in place about people's life history which would help staff understand people better.
- People were not supported to identify and work towards meaningful goals and aspirations or to acquire and/or maintain daily living skills.
- The provider did not always provide sufficient opportunities for people to engage in community-based activities that were relevant to them. Although we saw some examples of activities taking place such as supporting people to attend day centres and organising one-off celebrations for birthdays, more could be done to ensure people had sufficient opportunities to try new things and experiences.

The failure to ensure people were consulted about all of their social care needs and provide meaningful opportunities was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Meeting people's communication needs

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

- People's communication needs were not always fully met. Information for and about people was not available in ways they could understand.

The failure to provide information for and about people in a way that they could understand was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Support plans contained information about people's communication needs to assist staff to understand and communicate with them better.

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

- The service had an accessible complaints policy which explained how people could complain and what

would happen if they did. Relatives told us they knew who to contact if they had any concerns about their relatives' care and support.

- We saw the outcome of a recent complaint which showed the provider investigated all the concerns raised and explained what they would to improve things.

#### End of life care and support

- The service was not providing end of life care at the time of our inspection.
- The service had consulted people using the service and their relatives to support them to devise a funeral plan which fulfilled their spiritual and cultural wishes.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not ensure there were effective quality assurance processes in place to ensure people received a safe and effective service. The regional manager conducted an audit of the service in August 2022. However, the audit did not indicate who was responsible for many of the identified actions and many actions had not been completed up until the time of the inspection.
- The registered manager had been conducting monthly audits of the service but these had not been effective. Recent audits were not clear about what was in place and many sections were answered as 'partially' without any further clarification. There was also no information to show how shortfalls would be addressed.
- The provider also did not ensure regular health and safety checks of the service were being carried out to ensure the environment was safe.
- The systems for sharing information was not robust. The service had previously been documenting shift handovers to ensure staff coming on duty were updated with key information. These were no longer taking place so we could not be sure staff were being kept up to date with important information.
- In response to the recent concerns with the quality and safety of the service the provider had carried out a range of checks of the service and identified many shortfalls which they were working to address. The provider was also mitigating some of the risks by ensuring a skilled manager was at the service daily carrying out observations and competency assessments of staff. Despite the significant progress made in a short period of time, the provider had not identified all the issues we found with risk management, medicines, fire safety, the home environment and staff training and further improvements were required.

The failure to assess, monitor and improve the quality and safety of the service effectively was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider did not have systems and processes in place to gather people's views and experiences to improve the service.
- Staff surveys were carried out but as these were gathered all of the provider's homes so we could not see how feedback from staff was used to improve the quality of care in this service.

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

- There was limited evidence that the service had been achieving the best outcomes for people. People and their relatives/representatives were not always consulted regarding the development and review of their care plan.
- One person's family member told us they had not been satisfied with how the previous team had supported their relative but were now reassured that things were improving. They told us, "I feel happier with the new management who have been keeping me informed about what they are now doing to put things right. The communication has been much better."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service did not always fulfil their responsibility to be open and honest and give all relevant people information when things went wrong. One relative of a person receiving care had not been informed when their family member sustained an unexplained injury which is now the subject of a safeguarding investigation.

Working in partnership with others

- The service worked in partnership with other professionals such as social workers, speech and language therapists and physiotherapists. The service was also working with occupational therapists to ensure people had the correct aids and adaptations.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure care and support met people's needs and preferences.</p> <p>The provider had failed to conduct assessments of care needs collaboratively with the relevant people.</p> <p>Regulation 9(1)(2)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not ensure staff acted in accordance with the MCA when people lacked capacity to consent to care.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was practicable to ensure that care and treatment was provided in a safe way as risks to people were not always identified and mitigated.</p> <p>Systems for the proper and safe management of medicines were not operated effectively.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not ensure sufficient numbers of suitably qualified and skilled staff were deployed to meet people's needs.

The provider did not ensure staff received appropriate induction and ongoing supervision.  
Regulation 18 (1)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure care and support met people's needs and preferences.</p> <p>The provider had failed to conduct assessments of care needs collaboratively with the relevant people.</p> <p>Regulation 9(1)(2)(3)</p>

### The enforcement action we took:

Warning notice