Choices Housing Association Limited

# Choices Housing Association Limited - 23 Mount Pleasant

## Inspection report

Chesterton
Newcastle Under Lyme
Staffordshire
ST5 7LQ

Tel: 01782565437
Website: www.choiceshousing.co.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 inspection was unannounced and took place on 20 June 2017.

23 Mount Pleasant provides accommodation and personal care for up to eight people who have a learning disability. On the day of the inspection five people were living there.

The home had a registered manager who was present on the day of the inspection. 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 were protected from the risk of potential abuse because staff were aware of their responsibility of safeguarding them. Staff's practices and systems in place protected people from the risk of harm. People were supported by staff to take their prescribed medicines safely. People were cared for by sufficient numbers of staff who were recruited safely.

People were cared for by skilled staff who were supported in their role by the registered manager. People's human rights were protected because staff had adopted the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards in their work practice. People were supported to eat and drink sufficient amounts to promote their health. People were assisted to access relevant healthcare services when needed.

People were cared for and supported by staff who were caring and attentive to their needs. People were present when their care needs were discussed and reviewed. People's right to privacy and dignity was respected by staff.

People did not have the capacity to be involved in their care assessment but were present when discussions took place about them. People were provided with opportunities to pursue social activities. Staff were able to recognise when people were unhappy and action would be taken to explore this and resolve any concerns.

People's families were encouraged to have a say in how the home was run on behalf of people who used the service. The management team were proactive in providing a safe and effective service and staff felt supported by the registered manager to provide a good service. The provider had systems in place to monitor the quality of service provided 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 the risk of potential abuse because staff knew how to safeguard them. Care practices and systems in place reduced the risk of harm to people. People were cared for by sufficient numbers of staff who assisted them to take their prescribed medicines safely.

### Is the service effective?

Good

The service was effective.

People were cared for by skilled staff who were supported in their role by the registered manager. People's human rights were protected by staff. People were supported by staff to eat and drink sufficient amounts. People had access to relevant healthcare services when needed.

### Is the service caring?

Good

The service was caring.

People were cared for by staff who were caring and sympathetic to their needs. People were present when their care needs were discussed and reviewed. People's right to privacy and dignity was respected by staff.

### Is the service responsive?

Good

The service was responsive.

People were present during their care assessment. People were provided with opportunities to access social activities. Staff were able to recognise when people were unhappy and action would be taken to address this.

### Is the service well-led?

Good

The service was well-led.

Families were encouraged to have a say in how the home was run on behalf of people who used the service. Staff felt

supported by the registered manager to provide a safe and effective service for people. The provider had systems in place to monitor the quality of service provided to people.

# Choices Housing Association Limited - 23 Mount Pleasant

**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.

This inspection took place on 20 June 2017 and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority about information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

People were unable to tell us about their experience of living in the home. At the inspection we observed care practices and how staff interacted with people. We spoke with two staff members and the registered manager. After our inspection visit we spoke with one relative by telephone. We looked at four care plans and a risk assessment, medication administration records, accident reports and records relating to quality audits.

Good

# Is the service safe?

## Our findings

People were protected from the risk of potential abuse. We spoke with a relative who said, "I feel confident that [person] is safe because staff ensure they have the appropriate equipment to care for them." The staff we spoke with had a good understanding about how to recognise signs of abuse. One staff member said, "If a person appeared withdrawn and there was a general change to their behaviour this would raise suspicion." Staff said if they had any concerns about poor care practices or the risk of potential abuse they would inform the registered manager. Staff were also aware of other external agencies they could share their concerns with. Discussions with the registered manager confirmed their awareness of when to share concerns about potential abuse with the local authority to safeguard people. The registered manager had made two safeguarding referrals to the local authority. Records showed what action had been taken to safeguard the individuals from the risk of further harm. This demonstrated that the registered manager and staff were aware of their responsibility of safeguarding people from potential abuse.

The risk of harm to people was reduced because staff knew how to protect them. For example, a staff member told us they always checked lifting equipment to ensure they were safe to use. They said bumpers [soft pads] were used in the bath to reduce the risk of one person injuring themselves. We were informed that another person wore spectacles, which was identified in their risk assessment. The risk assessment informed staff of the importance of removing the person's spectacles if they were left alone. The registered manager said failure to remove them could result with the person biting them and causing injury to themselves. We observed that the person was not wearing their spectacles when alone. The person was also at risk of choking and staff were aware of what to do to prevent this. For example, a staff member told us that the person required soft foods that were easy to swallow. We observed that this person was provided with a soft meal. Another person had a health condition which meant extra precautions were needed to ensure their environment was safe and we saw that these precautions had been taken. The person's risk assessment also provided staff with this information. These actions protected people from the risk of potential harm.

We looked at how the provider managed accidents. The registered manager confirmed that all accidents and incidents were recorded and we saw this. This enabled them to monitor accidents and incidents for any trends. For example, the registered manager identified that linen provided in one bedroom placed the person at risk of harm and this was removed immediately. The registered manager said information relating to accidents and incidents were shared with the director of care. The director would review the concerns and highlight if any further safety measures were required to reduce the risk of a reoccurrence.

People were cared for by sufficient numbers of staff. We spoke with a relative who said, "There are always staff around." The staff we spoke with confirmed there were always enough staff on duty to meet people's needs. The registered manager said where necessary agency staff were used to cover staff's leave and staff confirmed this. We observed that staff were always nearby to assist people when needed.

People could be confident that staff were suitable to work in the home. The registered manager said a Disclosure Barring Service [DBS] checks were carried out before staff started to work at the home. DBS helps

the provider to make safe recruitment decisions. The staff we spoke with confirmed that a DBS check was carried out before they commenced employment. Staff also confirmed that a request was made for references. This showed that staff were recruited safely.

People were supported by staff to take their prescribed medicines. We found that medicines were stored securely and were not accessible to unauthorised persons. The registered manager said that staff who managed medicines had received training and staff confirmed this. Access to training ensured staff had the appropriate skills to manage medicines. The registered manager said competency assessments were also carried out and staff confirmed this. Competency assessments reviewed staff's medicine practices and identified where training may be needed to make improvements.

We saw that some people had been prescribed 'when required' medicines. These medicines were prescribed to be used only when needed. For example, for the treatment of pain. The staff we spoke with were aware of how to manage these medicines safely. We also saw that staff had access to a written protocol to support their understanding about how and when to administer these medicines. We looked at medication administration records [MAR]. MAR is a record of people's prescribed medicines that are signed by staff to show when medicines had been given to the individual. The MAR indicated that people had received their medicines as prescribed. This meant that staff practices and systems in place ensured people received their prescribed treatment.

Good

# Is the service effective?

## Our findings

People were cared for and supported by skilled staff. Staff confirmed they had access to routine training to develop their skills. The registered manager informed us of systems in place that alerted them when staff required refresher training. This ensured that staff had the up to date skills to provide people with a good service.

We looked at how the provider supported new staff in their role. Staff confirmed they had an induction. Induction is a process of supporting new staff and to develop their skills with regards to their roles and responsibilities. A staff member told us that during their induction they worked with an experienced staff member who informed them about people's needs and how to meet them. They told us, "My induction gave me confidence to do my job and it was invaluable working with an experienced staff member." A different staff member said, "I had no experience working with people who have a learning disability so I learned a lot during my induction." Access to induction ensured that new staff had the skills to care for people safely.

People could be assured that staff were supported by the registered manager to carry out their role efficiently. The registered manager informed us that staff received one to one [supervision] sessions and staff confirmed this. One staff member said, "During my supervision we discuss my training and development needs. It also gives me the opportunity to discuss any work issues I may have." Another staff member told us, "I like to have supervision because the registered manager is good at boosting my confidence." This meant staff were provided with the relevant support to ensure people's needs were met.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that staff had a good understanding of MCA. One staff member said, "Even though people are unable to make a decision, we tell them what we intend to do and talk to them whilst we are supporting them." Discussions with the registered manager confirmed their awareness of when a best interest decision should be made to ensure people received the right care and treatment. For example, a best interests decision was made for a person regarding the undertaking of a medical procedure. The registered manager said relevant people such as the medical consultant, social worker and the person's next of kin were involved in making a decision on behalf of the person, as they were unable to make this decision for themselves.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager informed us

that all the people who lived at the home had a DoLS in place. This was because people lacked capacity to make a decision. People were also under constant supervision to ensure they received the appropriate care and treatment. The registered manager showed us a matrix that provided information about when DoLS needed to be reviewed and when a further application needed to be submitted to the local authority to deprive people of their liberty. This was to ensure that people's liberty had been deprived lawfully.

Discussions with a staff member confirmed their understanding about DoLS and the impact this had on the individual. For example, they told us about the use of lap belts and bedrails that could be seen as a form of restraint. However, they confirmed these were in place to ensure the individual's safety. People lacked capacity to understand the principles of DoLS and why it was necessary to have this in place. However, where appropriate people's relatives and relevant professionals were involved in these decisions. A staff member said if a person did not have a relative to support them, arrangements would be made for an advocate to represent them. Advocacy is a process of supporting and enabling people to express their views and concerns. Also to support people to access relevant services when needed. A staff member told us one person received support from an Independent Mental Capacity Advocate (IMCA). IMCAs are a legal safeguards for people who lack the capacity to make specific important decisions: including making decisions about where they live and about medical treatment options. The meant that the provider ensured that people's human rights were promoted by enabling them to have access to support. This allowed people to receive the appropriate care and to have access to services relevant to them.

People were supported by staff to eat and drink sufficient amounts. Discussions with staff identified that all the people who used the service required a special diet to reduce the risk of them choking. Staff had a good understanding about suitable meals for the individual. For example, a staff member told us about the appropriate food for one person. They told us they had received support and advice from a speech and language therapist about suitable meals. Further discussions with staff identified that some people required their drinks to be thickened to reduce the risk of choking and we saw people being provided with thickened drinks.

We observed a staff member assist a person with their meal. They sat with the person and engaged in conversation with them whilst they encouraged them to eat. Most people were unable to tell staff about their food preferences. However, we observed that one person had an electronic communication board that assisted them to tell staff what drink they wanted. We heard a staff member ask another person if they preferred a hot or cold drink. The staff member was very patient in waiting for the person to indicate their preference by their facial expression and body language.

A staff member told us where possible people were supported to eat and drink independently. For example, one person had a specially adapted spoon so they could grip the handle more securely. A staff member would put the food on the spoon and the person was then able to feed themselves. Staff informed us that people's weight was monitored on a monthly basis to identify any weight loss or gain and we saw evidence of this. Where concerns were identified these would be shared with the relevant healthcare professionals to obtain support for the individual.

People were assisted by staff to access relevant healthcare services when needed. A relative said, "If [person] is unwell the staff always make arrangements for them to be seen by the GP. The staff are very good at informing us of any changes in [person's] health." A staff member told us that people had the same opportunities as others to obtain healthcare services when needed. The registered manager told us that one person who used the service was in hospital. We heard one staff member making arrangements to visit the person in hospital. They said, "We visit the hospital regularly to assist the person with their care needs and meals." Staff informed us that people were supported to attend medical appointments and where

necessary arrangements would be made for a domiciliary appointment. The care records we looked at contained evidence that people had access to relevant healthcare services. This promoted people's physical and mental health.

Good

# Is the service caring?

## Our findings

People were cared for by staff who were kind and sympathetic to their needs. We spoke with a relative who said, "I am very happy with the care provided." We heard a staff member ask a person if they wanted to go into the garden. The person's body language indicated they did. The staff member sat in the garden with this person and chatted with them and showed an interest in the person. We observed that when the staff member left the person to carry out kitchen tasks, they frequently asked the person if they were alright. This demonstrated that the staff member took an interest in the person's wellbeing. We observed that whilst staff carried out their duties they engaged people in conversation and staff recognised people's response by their facial expression. For example, we heard a staff member offer a person a selection of drinks and the person took a long time to make a decision. However, the staff member remained calm and patient to allow the person to indicate what they wanted. This meant care and support was not rushed and staff worked at people's pace.

People were unable to tell staff about their care and support needs. However, staff told us that people were present when their care plans were reviewed and when discussions took place about them. Staff also confirmed that where appropriate people's relatives were involved in planning the individual's care and a relative confirmed this. Staff informed us that although people were unable to tell them about their care needs and feelings, their body language indicated this. This information was also included in people's care plans. Therefore, people could be confident that staff would understand their care preferences. We looked at four care records which provided staff with detailed information about people's care and support needs. Staff confirmed they had access to these records and further discussions with them identified they were aware of how to meet the individual's needs. This meant people could be confident that staff would know how to care for them.

People's right to privacy and dignity was respected by staff. Staff told us that people's personal care was always carried out in a private area. Doors and curtains were closed to preserve the individual's dignity and we observed these practices. One staff member said, "I always explain to the person what I am going to do and reassure them during the process." Discussions with registered manager confirmed they had a 'dignity' champion in place to review care practices and to promote people's right to dignity.

People were supported to maintain contact with people who were important to them. For example, the registered manager told us that one person's family did not live nearby. They said arrangements were in place to take the person to visit their family on a regular basis. We spoke with the person's relative who confirmed this. People were able to receive visitors at any time within reason and a relative confirmed this. A relative said, "When we visit the home staff always make us welcome."

Good

# Is the service responsive?

## Our findings

We observed that people's bedrooms had been personalised to reflect their interests. For example, one person liked football and their bedroom had been decorated to signify this. Another person had regular contact with their family and we saw their bedroom had been decorated with photographs of their family.

People were provided with opportunities to access social activities. A relative told us, "[Person] goes out a lot. They go to clubs, restaurants and shopping." A staff member told us that one person enjoyed shopping and also liked to sit with staff whilst they did online shopping. We were also informed that people were provided with a foot spa and were given hand massages. People had access to wheelchair adapted bikes and enjoyed rides in the local park. Two people were supported to go swimming. Others enjoyed going to the cinema and theatre. A staff member said, "It is important for people to interact with their local community. We take them out to pubs and restaurants where arrangements are in place to cater for their special diets." Staff informed us about themed nights. For example, they had a football night where people watched football if they wished, wore a football strip and ate cake that had a football design. The staff member told us they also had a Hawaiian themed night and people had enjoyed this.

People were unable to fully contribute in their care assessment However, staff told us they were always present during their assessment and care reviews. One relative confirmed their involvement in care assessments and reviews. This ensured people received a service that met their needs and preferences. Pictorial aids were used in some cases to try and involve people in their assessments such as a smiley or sad faces to identify the things they liked or disliked. This showed that efforts had been made to involve people in their care assessment.

People were unable to tell staff if they had any concerns and were reliant on staff to recognise when they were unhappy. Staff informed us that people's body language and facial expressions would indicate if they were sad. Care plans also provided staff with information about how to recognise and understand people's body language. Where staff had concerns this would be explored further to find out what was making the person unsettled and unhappy.

The registered manager told us that people's family had been provided with a copy of the complaints procedure. This provided them with information about how and who to share their concerns with. A relative told us they had never made a complaint. However, they confirmed if they had any concerns they would feel comfortable in raising this with the registered manager or staff. The registered manager said they had not received any recent complaints. However, they confirmed all complaints would be listened to and acted on.

Good

# Is the service well-led?

## Our findings

The registered manager said people did not have the capacity to have a say in how the home was run. However, letters were sent to their family to inform them about how the home was run and asked whether they had any suggestions about how to improve the service. We spoke with one relative who confirmed they were happy with the service provided. The registered manager said people were unable to be involved in staff recruitment. They informed us that family members were invited to sit on the interviewing panel if they wished or they were asked what questions they would like the prospective staff member to be asked. This ensured that staff had the qualities the families expected from staff to care for their relatives.

Staff were supported by the management team to provide a safe and effective service. A staff member said, "The support provided to us is excellent. The registered manager will always follow issues through, they are a good manager." They continued to say, "The registered manager always puts people's safety and welfare first." They told us they would be more than happy for their family members to live at the home. Another staff member said, "The management support is wonderful and the registered manager is very supportive and approachable."

The registered manager told us that meetings were carried out with staff and staff confirmed this. One staff member said during a meeting discussions were held about the effectiveness of staff working patterns. They said it was agreed that staff who commenced work at 9am would work on both floors to ensure people's needs were met more efficiently. They confirmed that changes were made to staff's working pattern and this was more effective. This demonstrated that the registered manager listened to staff's views and acted on them.

The registered manager said they were supported in their role by the performance and compliance manager. They confirmed they had access to regular one to one [supervision] sessions. They continued to say that they were able to talk with their manager on a regular basis about the management of the service. The registered manager said they were provided with opportunities to undertake training to enhance their skills to enable them to provide a safe and effective service.

We looked at how the provider monitored the quality of the service provided to people. The registered manager said each year the overall management of medicines, staff training and falls prevention were reviewed. The registered manager said action would be taken to improve the service if any shortfalls were identified. The registered manager confirmed there were no significant shortfalls. Audits were carried out to ensure systems and practices reduced the risk of cross contamination. We also saw that audits were carried out to monitor how much people ate and drank and that practices were effective in reducing the risk of people choking. Audits were also in place to monitor information contained in care records. This ensured staff had access to relevant information about how to safely meet people's needs.

The registered manager said that quality assurance surveys were given to families to gather their views about the quality of service provided. One relative confirmed having completed this survey. The registered manager said information collated from these surveys was fed back to families.

We spoke with the registered manager about the culture of the home. They described this as, "A nice relaxed and supportive environment." They continued to say, "We want to provide high quality care and staff are encouraged to share their opinions about how we can maintain this." We observed that the culture was relaxed but also vibrant with staff's attitude and caring manner. The registered manager said they had aspirations to continue to provide quality care and to invest in staff training and development. They also told us they wanted to explore different social activities that people could take part in.

The registered manager informed us about staff who were champions in certain areas. For example, there was a champion in place that promoted safe practices in relation to moving and handling. Another staff member was responsible for monitoring care practices to ensure people's dignity was respected and maintained at all times. These champions ensured that people received a good standard of care.

Discussions with the registered manager confirmed their awareness about when to send us a notification which they are required to do by law.