

Choices Housing Association Limited

Choices Housing Association Limited - 17 Norton Avenue

Inspection report

17 Norton Avenue

Stanfields

Stoke-on-Trent

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Date of inspection visit: 14 August 2014

Date of publication: 30/01/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. This meant the provider did not know we were going to inspect. During the inspection we checked to see if improvements had been made since the last inspection carried out on 23 November 2014 where the service was found to be not meeting legal requirements relating to records.

Choices Housing Association-17 Norton Avenue provides accommodation and personal care for up to six people.

Summary of findings

At the time of our inspection there were six people living in the home. There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There were systems in place to provide safe care for people who used the service. We observed people receiving care and support that reflected what their care records said.

The service ensured staff were supported to develop the skills and knowledge to provide effective care and support for people who used the service. They were properly recruited because the service had robust systems for the selection and vetting of staff. We observed people who used the service where comfortable and happy with the staff who supported them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were processes in place to manage risks and to safeguard vulnerable people. Staff understood the process of safeguarding and were aware of what they should do to keep people safe.

There were sufficient staff, who had been appropriately recruited and trained, to provide care for people who lived there.

People's best interests were managed appropriately under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. There were processes in place to assess people's capacity to make decisions and any associated risks.

Good



Is the service effective?

The service was effective.

Staff knew people well and understood their individual care and support needs. There was an effective process in place to provide staff with the training they needed.

There was an effective process in place for developing and reviewing care plans that took account of people's needs and preferences.

People's dietary and nutritional needs were assessed and they were able to make choices. Health advice was sought promptly and the service worked collaboratively with health professionals to ensure effective treatment was received.

Good



Is the service caring?

The service was caring.

Staff we spoke with were knowledgeable about the people they cared for. They spoke with them and about them in a respectful manner.

We observed that staff were kind and caring in their approach to people and involved them in making decisions about their care.

Health and social care professionals and relatives told us they felt that the service cared for the people they supported.

Good



Is the service responsive?

The service was responsive.

People had comprehensive care plans that outlined people's needs in detail including people's likes and dislikes.

The service responded to people's social needs by offering opportunities to take part in social activities that they enjoyed.

The service held regular meetings with people who used the service and reviewed their choices and care needs.

Good



Summary of findings

Is the service well-led?

The service was well led.

There were methods in place to seek the views of people who used the service, relatives and any professional involved and to use their feedback to make improvements. There were audit systems in place to monitor the quality and safety of the service and to make changes to the service for people's benefits.

Records were up to date, complete and securely stored, this ensured personal information was properly managed and staff had accurate information to enable them to meet people's needs.

There was a registered manager in place to provide leadership, to monitor the quality of the service and to ensure good standards were maintained and delivered.

Good



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Detailed findings

Background to this inspection

We carried out an inspection to the service on 14 August 2014. The inspection was completed by one inspector.

Before the inspection we looked at all the information we had available about the service. This included information from notifications received by the Care Quality Commission (CQC) and the findings from our last inspection. A notification is information about important events which the provider is required to send us by law. The provider had returned a provider information record a (PIR) at our request. A PIR is the providers evidence of how they are meeting the regulations they are inspected against. We also spoke with commissioners of the service, no concerns were identified. We used this information to plan the areas we were going to focus on during our inspection.

During our inspection we carried out informal observations of care. We observed how people who lived in the home interacted with one another and with members of staff who were on duty. We spoke with two people who lived in the home and two members of staff, we spoke with a visiting health professional. We examined records which included two people's care plans and risk assessments as well as records that related to the management of the service such as staff recruitment and training records, staff rotas, quality audits, meeting and maintenance records.

Following the inspection we spoke with two relatives and three other professionals.

Is the service safe?

Our findings

We spoke with three of the people living in the home and observed the care and support other people received. People we spoke with told us they felt safe. One person said, "I like it here, I've lived here a long time".

There were systems in place to safeguard and protect people who used the service from the risk of harm. The provider had arrangements in place to protect people because staff were trained to recognise and report suspected abuse. Training records we looked at confirmed this. Staff we spoke with were knowledgeable about the types of abuse people might be vulnerable to and what actions they would take to ensure any concerns were reported appropriately.

The human rights of the people who lived at the service were protected because staff understood the Mental Capacity Act (MCA) (2005) and the Deprivation of Liberty Safeguards (DoLS). Some people who used the service did not have the ability to make decisions about aspects of their care and support. The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. There were assessments of people's mental capacity and their ability to understand and consent to decisions about their care. At the time of our inspection there had been one DoLS authorisation agreed. An independent mental capacity advocate had been allocated to the person who used the service to ensure that any decision had been made in their best interest. Also in recognition of recent changes in the MCA, the provider had submitted five other non-urgent referrals to the local authority to undertake specific DoLS assessments.

There were risk assessments in place for each person which were subject to regular review. This meant people's safety was constantly being considered. When risks were identified there was clear guidance for staff to follow which meant people could be supported consistently by staff.

Staff we spoke with were able to explain how they would support a person who presented with behaviour that could challenge others and left them at risk. We saw that staff had involved the person in discussions about the best way to support them. Staff ensured the person had opportunities to be on their own if they chose to be and also ensured that regular monitoring of the person's needs and well being was undertaken. We looked at records relating to this and saw this approach had been used consistently.

During this inspection we looked at three staff files to check that robust systems were in place for the recruitment, induction and training of staff. The files provided evidence that appropriate pre-employment checks had been made. The checks included application forms detailing previous employment, identification and health declarations, appropriate references and satisfactory criminal records or disclosure and barring checks (DBS). This meant that an effective recruitment process was in place to keep people safe and prevent unsuitable staff from working with vulnerable people.

Staff we spoke with confirmed they had received a thorough induction to the service, stating they had undertaken training, and had the opportunity to shadow more experienced staff before they provided any care and support to people who used the service. Training records we looked at confirmed that appropriate training was provided.

The registered manager and staff we spoke with told us there were sufficient staff and they did not use agency staff. During the inspection there were three staff and the registered manager on duty to support the needs of six people. The registered manager told us, "We have recently recruited two new staff, they will start in September 2014 and now have sufficient permanent staff to meet people's needs". Staff told us, "You can always do with more staff but I think we do okay". People we spoke with said there were always enough staff around to help them. This meant people could be cared for by staff they were familiar with.

Is the service effective?

Our findings

During our inspection we observed that people received care and support appropriate to meet their needs and in line with the information we had seen in the care records we looked at. We observed one person being prompted to take a drink regularly throughout the morning period. Staff said, “We have to prompt them because they wouldn’t drink at all”. The person’s care records showed that they had been identified as at risk of infection and malnutrition if not prompted. Specialist health professionals such as dietician and the speech and language therapists (SaLT), had been involved with an assessment of this person and other people. Reports and guidance about the most appropriate treatment, diet and monitoring had been provided.

We observed that people received a varied and nutritionally balanced diet and were able to choose what they wanted to eat and drink. Staff said it could sometimes be difficult to ensure some people received a good food intake, but we keep on persevering”. We observed people enjoying their breakfast food in a sociable relaxed environment. They were asked what they wanted to eat and were provided with options to assist in their decision making. People were given time and were not hurried. Menu’s we looked at showed people were provided with choices. We were told a weekly meeting to plan the following weeks meals was arranged each weekend. Staff said, “This helps us to plan and to shop for the food, but it doesn’t stop people having an alternative if they wanted to”.

We saw that some people had specific dietary requirements which meant the consistency of foods had to be changed to prevent the risk of harm or choking. For example food needed to be mashed or softened. Staff we spoke with were aware of each person’s individual needs. This meant any risks of harm were reduced.

We looked at two people’s care records and saw they contained detailed and extensive information about their

individual health needs and the level of support they required to achieve and maintain their health and wellbeing. These documents included a health assessment and health action plans providing clear guidance for staff to follow to keep people well and healthy, any action they may need to take if people’s health and care needs changed or in the event of an emergency.

Records showed that people had access to community health services including the dentist and optician. GP appointments were attended for routine health checks and medication reviews. A visiting district nurse told us they had no concerns about the care people received at the home. They said, the service was one of the best they had worked with. This meant people’s physical health was monitored and they were supported to participate in health programmes designed to prevent illness.

Health professionals we spoke with told us, they thought the service responded well to people’s changing needs. That the service was quick to make contact with health professionals if they had any concerns about people’s health and welfare and acted on any advice they were given. They gave examples of this.

Staff were given opportunities to improve their knowledge and skills through training and staff we spoke with said the training they were offered was appropriate and relevant to their role. We looked at the training records and saw staff had access to a range of training opportunities. Most staff had a nationally recognised qualification in health and social care. This meant they had the relevant skills and expertise for the role they undertook.

Staff we spoke with told us they had supervision sessions with the manager and found them to be useful. A member of staff said, “We talk about the things we had done and want to do including training. We can also discuss what’s going well and what’s not”. Staff also had appraisals of their performance. This showed the provider monitored staff development and encouraged excellence.

Is the service caring?

Our findings

The service provided people who used the service with individualised support. One person we spoke with told us, “They (the staff) know what I like”. We observed people laughing and smiling, they were relaxed and comfortable in the company of staff and with each other. During the inspection we observed joking and friendly banter between the staff and people who used the service. This meant people felt confident of their relationship with staff and each other.

People’s privacy was respected. Each person had their own bedroom in which they had been able to choose colour schemes and furnishings. We observed staff respecting people’s privacy by knocking on bedroom doors before entering. Staff encouraged people to live independently and participate in household tasks if they wanted to. We heard one person say, “I want to do my dusting before I go out”. Staff responded positively by saying, “That’s fine, take your time”.

We looked at the care records two of the people living in the home and saw they had been written in a person centred manner. This meant they were individualised dependent on the person’s needs, ability and preferences. The care records contained detailed information about how people’s care should be delivered and their stated wishes for personal care and activities. Staff we spoke with knew people very well and were able to provide

information which mirrored what we had read in the care records. We read that one person liked to spend long periods of time in their room. Staff we spoke with told us, “We ensure they are not isolated and keep popping in to ensure they are okay. We try to support as much as possible”. We observed staff, engaging with this person throughout our inspection. They visited them in their bedroom, asked if they wanted drinks and food, talked to them about the things they may like to do and encouraged them to ‘chat’. Records we looked at confirmed staff regularly provided input and support to the individual. This meant staff recognised and responded to people’s individual needs.

People told us the staff cared for them. One person said, “They look after me”. They told us they had a key worker and knew who it was. A key worker is a staff member who has been nominated or chosen to work with an individual to support them in all aspects of their personal and social life , including acting as an advocate if necessary.

People we spoke with confirmed they were able to receive or visit their friends and family regularly. One person told us, “I’m going to see my boyfriend”. We spoke with two relatives following our inspection. One relative told us, “(Family member) has a better social life than I do. I can sometimes struggle to find a time when they are free for me to visit. Which is great” and, “There is never a problem with visiting they are very welcoming and there is always a cup of tea”.

Is the service responsive?

Our findings

Each person living in the home had an activity plan tailored to their individual preferences and abilities. Weekly meetings were organised to talk about menus and activity planning. This meant the manager could organise the staff rosters to ensure sufficient staff were able to support people in their chosen hobbies and interests. This demonstrated how the service was flexible and responsive to people's needs.

We saw that each person had a weekly plan outlining the hobbies and interests they had chosen or wanted to be involved with, and on the day of the inspection two people went out on a pre-planned shopping trip and had their lunch out. The registered manager said, "We try to accommodate everyone, but each has very different needs which can make it a challenge". One person told us they had plans to go on a day trip to Blackpool and told us how they liked to visit their 'boyfriend'. This meant people were supported to engage in hobbies and interests of their choice.

There was a complaints procedure in place and we saw that people who used the service were encouraged to raise any concerns at the weekly meetings they had. A service user forum was also reported to have been initiated by the provider. This was where people who lived in any of the organisation's homes could meet together to discuss important issues and raise any concerns if they wanted to. At the time of the inspection the service didn't have a representative on the forum, but had received the minutes of the meetings to discuss with people. These minutes showed us that concerns or comments were acted upon where required?

Records we looked at showed that a complaints procedure had been included in each of the people's files we looked at and was written in a user friendly style using pictures and simple language. We asked the people who used the service if they had any concerns, and were told they didn't. One person said, "I'd say if I wasn't happy". A relative told us, "I have no complaints to make I am very happy with my relatives care" and "I have been given a complaints booklet, so know how to make a complaint if I needed to".

Is the service well-led?

Our findings

At the last inspection we found improvements were needed to ensure that personal information was securely stored and we found that some records did not contain important information about a person's behavioural management. We saw records relating to staff supervision and appraisal were not always up to date this meant the provider had not followed its own policy for the recording of information and could not demonstrate that staff had received the personal development opportunities we were told they had. During this inspection we found improvements had been made in all areas, personal information and records were stored securely and other records including care and staff personnel records were up to date.

We found the views of the people who used the service and their families were regularly sought. The service used feedback questionnaires to gauge relatives' satisfaction with the care provided and the way services were delivered. A relative we spoke with told us, "I've completed a survey in the past and have no concerns about how the service is managed or how my relative is cared for". We also saw feedback from visiting professionals that made positive comments about the service quality.

Regular meetings were held to gauge the views and levels of satisfaction of people who used the service and for them

to make suggestions about things they would like to do in the future. Staff meetings were also held every three months, records we looked at confirmed this. Staff told us, "We have regular meetings and learning sets". This showed the service learned from the comments and suggestions received and adapted to improve the service for the benefit of the people who used it.

Staff told us they felt part of a team which worked well together and supported each other. Staff told us the manager had an open door policy and they felt confident that they could discuss any aspect of the service with her. They also said they were kept up to date with information about the service and the organisation's plans for future development.

The staff we spoke with were aware of whistle blowing policies and what concerns might prompt them to use them. The staff said they would have no hesitation in going directly to the registered manager or care manager to discuss anything that worried them. One member of staff said, "I would have no hesitation in raising concerns".

The provider took measures to provide assurance about the quality of the service they provided. We saw evidence of regular checks on the quality of the service including audits of the standards of infection control, maintenance, medication management and dignity, accidents and incidents. Where changes were needed to improve the service, action plans had been put in place.