

Choices Housing Association Limited

Choices Housing Association Limited - 2 Cowley Way

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection at 2 Cowley Way on 15 November 2016. At the last inspection we found there was a breach in the regulations and we could not be assured that there were enough staff available to support people safely. The provider sent us an action plan that showed how they would make improvements to meet the regulations. At this inspection we found that the required improvements had been made.

The service is registered to provide accommodation and personal care for up to eight people. People who used the service had a learning disability. At the time of our inspection there were eight people who used the service.

The service had 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 and associated Regulations about how the service is run. The registered manager was unavailable at the time of our inspection, but we were able to speak with the deputy manager.

People were kept safe because staff understood how to recognise possible signs of abuse and the actions they needed to take if people were at risk of harm. People's risks were assessed in a way that kept them safe whilst promoting their independence.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available to meet people's needs in a timely manner. The registered manager made changes to staffing levels when people's needs changed or to accommodate support with accessing the community.

Staff were trained to carry out their role and the provider had safe recruitment procedures that ensured people were supported by suitable staff.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves. People's capacity had been assessed and staff knew how to support people in a way that was in their best interests. We found that where people were able they consented to their care and treatment.

People were supported with their individual nutritional needs and were able to access other health services with support from staff.

People told us and we saw staff were kind and compassionate. Staff treated people with respect, gave choices and listened to what people wanted.

People's preferences in care were recorded throughout the care plans and we saw that people were supported to be involved in hobbies and interests that were important to them.

The provider had a complaints procedure that was available to people in a format that they understood.

Staff told us that the registered manager was approachable and led the team well. Staff were enthusiastic about their role and what their support meant for people.

People, relatives and staff were encouraged to provide feedback on the service provided. The registered manager had systems in place to assess and monitor the quality of the service provided.

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 kept safe because staff were aware of their responsibilities to protect people from harm. Staff knew people's risks and supported them to remain independent whilst protecting their safety.

There were enough suitably qualified staff available to meet people's needs and the provider had a safe recruitment procedure in place.

Medicines were managed to ensure people were protected from the risks associated with medicines management.

Is the service effective?

Good ●

The service was effective.

Staff received training to carry out their role effectively.

People were supported to make decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported to eat and drink sufficient amounts and people were supported to access health services to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and showed patience and compassion when they supported people.

Staff treated people with privacy, dignity and respect and gave people choices in their care.

Is the service responsive?

Good ●

The service was responsive.

People were supported to be involved in hobbies and interests that were important to them. People received individual care that met their personal preferences and were involved in the planning and review of their care.

There was a complaints procedure available in a format people understood.

Is the service well-led?

Good ●

The service was well led.

People and their relatives were encouraged to give feedback about the quality of the service.

Staff were committed to providing a good standard of care. Monitoring of the service was in place and we saw that actions had been taken to continually make improvements to the service provided.

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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 was 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 15 November 2016 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection the provider completed 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 information included in the PIR along with information we held about the home. This included notifications that we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, serious injuries and safeguarding concerns.

We spoke with three people who used the service, three care staff and the registered manager. We observed care and support in communal areas and also looked around the home.

We viewed three records about people's care, which included medicine records. We also viewed records that showed how the home was monitored and managed.

Is the service safe?

Our findings

At our last inspection, we found that there were risks to people's safety and welfare because there was not always enough staff available to support people in a safe and timely manner. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the required improvements had been made.

At this inspection people told us and we saw there were enough staff available to meet people's needs. One person said, "Staff help me when I need them to. I can always find staff when I need help". We saw that there were enough staff to meet people's needs in a timely manner and people were not kept waiting when they needed support. We saw staff had time to support people in a calm and relaxed way, talking and chatting to people whilst they provided support. Staff told us that there were enough staff available to meet people's needs and where there had been shortages due to sickness these have always been covered so people had the support they needed. We saw that the registered manager had a system in place that assessed the staffing levels that ensured there were enough staff available. The registered manager told us that they would refer to the local authority if they had evidence that a person needed extra support from staff in certain situations, such as; heightened periods of behaviour that challenged or extra support to access the community. The records we viewed showed that extra staff were provided when people wanted to access the community, which included weekends and evenings. This meant the provider had made improvements to ensure the staffing levels were sufficient to meet people's needs.

People told us they felt safe and that staff treated them well. One person we spoke with told us they would tell staff or the registered manager if they felt unhappy with the care they received. They said, "The staff treat me well. If I was unhappy I could speak to the staff". Staff explained what signs people may display if they were being abused such as; unexplained bruising or a change in a person's behaviour. Staff were aware of the procedures to follow if they suspected that a person was at risk of harm and they told us they could speak to the registered manager if they had any concerns. One staff member said, "I would not hesitate to report any concerns with how a person was being treated. I would speak to the registered manager. I know I can also contact the CQC if I wanted to whistleblow about the home if I wasn't happy with how a situation was being dealt with". We saw that the provider had a safeguarding and whistleblowing policy available which contained guidance for staff to follow if they had concerns that people were at risk of abuse. The registered manager understood their responsibilities to report suspected abuse to the local authority and the actions they needed to take to keep people safe from harm.

People told us and we saw that people were encouraged to be as independent as possible, whilst taking account of people's risks. People were encouraged to make drinks themselves and were involved in the preparation and cooking of their meals. One person told us they liked to help with meal preparation and they enjoyed going out with staff. This person had a risk plan in place which contained details of the risks when preparing drinks, risks when they went out and how many staff were required to provide appropriate and safe support. We saw that people were also supported with their mobility and equipment was available when needed; such as a wheelchair for one person who was only able to walk short distances. This person used their wheelchair when they went out and this meant that the risk of them falling was lowered. Staff

were able to describe the support this person needed to keep them safe, which matched this person's support plans.

We saw that incidents at the service were monitored by the registered manager and actions had been recorded to lower the risk of further occurrences. For example; one person had become unsteady on their feet and had suffered a number of falls. We saw that action had been taken to refer this person to have physiotherapist input, a specialist toilet seat and sensor mats and alarms had been put in place to prevent further falls. The records we viewed showed that risk assessment and support plans had been updated and this person had not fallen in last three months.

We saw that the provider had a recruitment policy in place and checks were carried out on staff before they provided support to people. These checks included references from previous employers and criminal record checks which ensured staff were suitable to provide support to people who used the service.

People were supported to take their medicines. We observed staff administering medicines to people in a dignified way. For example staff asked people if they were ready for their medicines and explained what the medicine was for. People were supported to take 'as required' medicines; such as medicine for pain and to control people's anxieties. We saw that there were detailed protocols in place that gave staff guidance so they knew when to administer the medicine. Staff explained why 'as required' medicines would be needed and how they recognised when this medicine was required. Staff told us that they had been trained to help them administer medicines safely and we saw records that confirmed this had been completed. We found that the provider had effective systems in place that ensured medicines were administered, stored, recorded and managed safely.

Is the service effective?

Our findings

People we spoke with were very happy with the food. People told us that they were able to choose the meals they had and they discussed the food they wanted as a group at regular meetings. One person said, "The food is very good. We have meetings to talk about the food we want, but we don't have to have what everyone else wants. If I want something different I can have it". We observed people involved in preparing their evening meal. People were given choices and where people wanted something different the staff ensured people were supported to have the food they wanted. We saw a staff member sat with people and chatted with them giving encouragement and asked if they were okay. We saw people were happy and the mealtime experience was enjoyed by people.

Staff we spoke with understood people's nutritional needs and knew people's nutritional risk and how these needed to be managed. For example; one person had an allergy to certain foods, and the person was able to tell us what they were unable to eat and how staff helped them to make sure they were not unwell. Staff we spoke with had a good understanding of this person's needs and the records we viewed confirmed what the person and staff told us. We saw that this person was provided with a meal that met their individual needs. Another person was at risk of choking because they often ate their food too quickly, we saw that support plans gave staff guidance on how to prevent this; such as asking the person to slow down when eating and a staff member being present whenever they were eating. We saw that there was a staff member available when this person was eating, and the staff member encouraged this person to eat their meal slowly. This meant people were supported with their nutritional needs to keep them healthy and to reduce any risks.

People were supported to access health professionals. One person said, "I go to the doctors with staff if I am not feeling well". We saw that people had health action plans in place, which contained an assessment of all aspects of people's individual physical and emotional wellbeing and the support needed to keep people healthy. The records we viewed showed that people's health was assessed and monitored regularly. For example; we saw that people were weighed regularly and their emotional wellbeing was assessed and actions were in place to ensure that people's physical and emotional wellbeing was maintained.

Staff told us they had received an induction when they were first employed at the service. One staff member said, "I found the induction good. I attended training, which was very good. I shadowed another member of staff before I supported people on my own and I felt supported to carry out my role". Staff also told us they received training, which was regularly refreshed and updated. The records we viewed confirmed this and we saw that competency assessments had been completed for medicine training which ensured staff had understood the training provided. Staff told us they received supervision on a regular basis, where they discussed any issues and their development. One member of staff said, "I find supervision good, it gives me an opportunity to raise any concerns. The registered manager will tell me if there is anything I can improve on as well as what I am doing well". This meant people were supported by trained staff who were supported in their role.

We observed staff gaining consent from people before they provided support and talking with people in a patient manner and in a way that met their understanding and enabled them to make decisions about their

care. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The 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 be as least restrictive as possible. Staff were aware of the actions they needed to take when a person lacked capacity to make decisions and we saw that mental capacity assessments had been completed for people who used the service. One staff member said, "Some people might not understand certain aspects of their care and where this is the case there is an assessment undertaken to ensure we are acting in people's best interests. It is important to assume that people have capacity unless proven otherwise".

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 saw that where it was felt a person's liberty was being restricted there had been a referral forwarded to the local authority to assess the restriction in place. Where people had a DoLS in place there was clear guidance for staff to follow to keep people safe in the least restrictive way possible. Staff were able to explain how they supported people in line with their individual DoLS authorisations.

Staff told us how they supported people who had behaviour that challenged. Staff told us they were trained in managing aggression, and they only used restraint as a last resort because they used distraction and diversion first where possible with people. One staff member, said, "I'm trained in managing behaviours that challenge and I understand how to carry out safe restraint if needed." We saw that the care plans contained guidance for staff to follow and any triggers to people's behaviours to help staff to recognise when people may display behaviours that challenged. The incident records we viewed showed that where restraint had been carried out to manage people's behaviour there were details of the events leading up to the restraint, the restraint carried out and a briefing had been undertaken afterwards by the registered manager. This ensured that where staff had needed to use restraint this was in line with people's support plans and the least restrictive intervention was undertaken to ensure people were supported safely.

Is the service caring?

Our findings

People told us they were happy with how the staff treated them and that the staff were kind and caring. One person said, "I like it here and I'm very happy. The staff are very nice to me and help me with lots of things". Another person said, "Staff are lovely, all of them. I look forward to seeing them". We saw staff were caring and compassionate with people and showed patience when they provided care. People were comfortable with staff and spoke with staff easily, when they needed support, reassurance or just wanted a chat. For example; we observed staff talking with people throughout the day, asking if people were warm enough and speaking with people face to face. Staff we spoke with were positive about their role and told us they cared about the people they supported and how they made sure people felt comfortable. One staff member said, "My job is so rewarding. It gives me a lot of satisfaction when I see people smile and when people are happy". Another member of staff said, "It is important to me that people get the care they deserve and I care about all the people I support".

We saw people were able to access their rooms whenever they wanted and if they wanted to have their own private time alone. One person said, "I like to go to my own room and listen to my music, I can do this when I want some time alone". Staff told us that they ensured they were sensitive to people's privacy and ensured that people felt comfortable when they were providing personal support. One staff member said, "It is important to make sure people are respected and I treat people in a way I would like to be treated myself". We saw that staff talked with people in a way that made people feel that they mattered and in a respectful way. For example; when people approached staff and asked a question the staff member gave people their time and responded to their questions in a relaxed and patient manner.

People told us that they were able to make choices about their care. One person said, "I choose lots of things. I know which clothes I want to wear. I choose where I want to go and if I don't want to go to the same places as other people staff help me choose where I want to go". We saw people were given time to speak and staff listened to people's wishes and acted upon them. For example; one person was asked if they wanted to join in with another person playing a board game. The person was happy watching television and told staff they did not want to. Staff respected this person's wishes and left them to continue to watch the television. Staff we spoke with explained how they ensured people were given choices and they respected their wishes.

Is the service responsive?

Our findings

People told us they regularly went out and were supported to undertake hobbies and interests that were important to them. One person said, "I like going out. I've been Christmas shopping today, which I have really enjoyed. I go to a club too and like visiting my family". Another person said, "Staff help me when we go out. I sometimes go out with other people and other times I go with staff on my own. I like spending time in my room too, as I like listening to music and watching television". We saw that people were occupied with various interests throughout the day, which included helping prepare meals, games, chatting with staff and some people were happy watching television. We saw and staff told us that people had key workers and where possible staff supported people who had similar interests. Records we viewed contained details of people's interests and where people had been out such as, regular shopping trips, meeting friends and family and visiting local attractions.

We saw that people's preferences and interests were detailed throughout the support plans, which showed people's lifestyle history, current health and emotional wellbeing needs and what is important to people. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs, which included their likes and dislikes. We saw that people had been involved in creating their own easy to read record of 'Things important to me'. For example; one person's plan stated that they liked music and this helped to calm and settle them if they were anxious. Staff we spoke with knew this person well and explained how they had introduced a different way of managing this person's anxieties by implementing therapeutic music. We saw that this person was supported by staff to access this throughout the day. It was clear that this person had enjoyed the music and came back from each session very happy and smiling.

People and their relatives were involved in reviews of their care. One person told us that they had meetings with the staff to discuss what they had achieved and what they wanted to do in the future. We saw records of reviews that had been undertaken which showed involvement of people and contained details of any changes to their health and wellbeing. For example; one person's mobility had deteriorated and the plans had been updated as a result of this. Specialist equipment had been sought to ensure that this person could be as independent as possible, whilst making sure that they remained safe. Staff we spoke with were aware of these changes and explained the support this person needed. This meant that the provider was responsive to people's individual needs.

Some people had limited communication and staff understood people's individual way of communicating and what people needed. We observed staff gave people time to respond to questions in their own way and staff explained how people communicated their individual needs. For example; one person had their own way of communicating. We saw staff supported this person with their communication by asking short simple questions and staff understood what this person needed when they responded to staff using their way of communicating. We saw that the support plan gave staff guidance on how to recognise when this person was in pain. For example; this person held them self a certain way if they were in pain and made certain sounds that alerted staff that there was something wrong.

People told us that they knew how to complain and they would inform the deputy manager or the registered manager if they needed to. One person said, "I'd tell the staff if I wasn't happy, but I'm very happy with things here". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to pictorial version of the complaints procedure, which meant that the provider ensured that people understood what action to take if they were unhappy. We found there here had been no formal complaints at the service, but there were systems in place to deal with any complaints that may be received.

Is the service well-led?

Our findings

People told us and we saw record that showed regular meetings were held to discuss what they wanted and if any improvements were needed. For example; we saw where people were asked about meal preferences, suggestions about possible trips out and if people were happy with the care. People and their relatives had completed questionnaires so that the provider could gain feedback and make improvements to the service. The feedback we saw was positive and included comments such as, 'Thank you for the excellent care provided'. The results of the questionnaire were displayed on the noticeboard which showed "You said" and "We did", so that people knew how their feedback had led improvements at the service.

Staff were encouraged to give feedback and were able to suggest where improvements may be needed. Staff told us and we saw that they had attended team meetings. One staff member said, "The team meetings are good, it is an opportunity to raise concerns and we can discuss the best way to support people". We saw records of team meetings which included updates in care practice from the registered manager and discussions about the care standards expected from staff. Staff told us that they received supervision from the registered manager and where they had raised anything action had always been taken by the registered manager.

The registered manager explained how they continually strived to make improvements to the service. They said, "I have made improvements to the service since the last inspection, but it doesn't end there as I am always looking at ways to make things better for people. We are recognising where staff work above and beyond and making sure we celebrate where staff have gone that 'extra mile' for people". The registered manager told us and we saw that the provider produced a newsletter that contained updates in practice and staff were nominated for recognition awards where staff had excelled in a certain area. Staff we spoke with knew about the newsletter and awards scheme that the provider had in place. Staff we spoke with were positive about their role and how they made a positive impact to people's lives. One staff member said, "It means a lot to me when people are happy and I've made them feel that way by helping them". All the staff we spoke with told us they felt the registered manager was approachable and supportive. One staff member said, "The registered manager is very approachable and supportive. I feel it helps that I can approach them and they will tell me if I can do things better as well as thanking me if they feel I have done something well".

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people. Weekly monitoring was undertaken of people's care so that the registered manager could monitor and take immediate action if required. We saw there were also monthly audits in place which contained more details and action plans had been implemented where improvements were needed at the service. We found that there was a clear overview of the service by the provider. For example; we saw records that showed the quality manager visited the service on a monthly basis to complete an assessment of the service. This ensured that the registered manager was progressing with their action and improvement plans as planned. The registered manager told us they felt supported to carry out their role by the senior management team and provider.