

Choice Support

Choice Support Bedfordshire, Buckinghamshire and Milton Keynes

Inspection report

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25 October 2018

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29 October 2018

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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 took place on 23,24,25,26 and 29 October 2018. The provider changed their registration with the Care Quality Commission on 16 November 2017 and this was the first inspection of the service under their new registration.

Choice Support Bedfordshire, Buckinghamshire and Milton Keynes is a domiciliary care agency. It provides personal care to people with learning disabilities and autistic spectrum disorder living in supported living accommodation and outreach services.

Care services are designed to support people with their day-to-day living activities, allowing them to remain as independent as possible in their own home. Services provided include support with personal care, meal preparation and help with medication. At the time of our inspection the provider confirmed that 91 people were receiving personal care.

This service provides care and support to people living in supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had three registered managers, each covering the Bedfordshire, Buckinghamshire and Milton Keynes areas. 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 felt safe. Staff received safeguarding training to enable them to recognise the signs and symptoms of abuse and how to report abuse. Individualised risk management plans promoted people's safety. Staffing numbers were appropriate to keep people safe. Safe recruitment practices were followed to ensure staff employed were suitable to work at the service. Medicines were managed safely and in line with best practice guidelines. Infection control procedures were followed to protect people from the spread of infection risks.

People's diverse needs were identified at assessment, and the care and support were provided in line with their assessed needs. Staff received training based on best practice guidelines and received support and supervision to further develop their skills and knowledge. People were supported to prepare meals and snacks and to follow healthy eating plans. People were supported to access health support services and attend health appointments as and when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was gained before any care or support was provided.

Staff provided people's support in a caring and supportive way. People's choices were respected, and their privacy and dignity were maintained always. People and their relatives were fully involved in all decisions about their care and support. People were supported to raise any concerns or complaints about the service.

Effective governance systems were used to oversee, improve and drive continuous improvement across the whole of the service.

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.

Staff understood how to safeguard people from potential harm. Recruitment procedures reduced the risk of employing unsuitable staff. There were enough staff employed to meet people's needs.

Risks related to people's care had been identified and acted on. The provider learned from incidents and took further steps to reduce risk.

People received their medicines as prescribed. Staff were trained in infection control, and people were protected from the spread of infection.

Is the service effective?

Good ●

The service was effective.

People's care needs were assessed and met by staff that received the training needed to provide good care. People were supported to maintain their health and well-being and staff helped to ensure people's nutritional needs were met.

People had access to health care professionals to ensure they received effective care or treatment.

Staff understood the principles of the Mental Capacity Act 2005, in gaining people's consent to their care and support.

Is the service caring?

Good ●

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect. Staff maintained people's dignity and confidentiality was protected.

People and their families were involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, and care and support were personalised to each individual.

People knew how to raise any concerns about their care and complaints were responded to timely.

Is the service well-led?

Good ●

The service was well led.

The registered managers promoted a culture of openness and transparency within the service. They provided good support to staff who felt valued and supported.

People's diverse needs were recognised, respected and promoted.

The governance systems were effective and used to drive continuous improvement at the service.

Choice Support Bedfordshire, Buckinghamshire and Milton Keynes

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 over five days, on 23,24,25,26 and 29 October 2018 and was announced. We gave the service 48 hours' notice of the inspection, because the registered managers are often out of the office supporting staff, and we needed to be sure that they would be available. We carried out pre-arranged telephone interviews with a selection of people on the 23 and 24 October. We visited the agency office to look at records, on the 25 October; we carried out telephone interviews with staff on the 26 October and visited people living in two of the supported living services on the 29 October 2018.

The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had personal experience of caring for a person with a learning disability.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report.

We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted commissioners for any information they held on the service and this was taken into consideration when planning the inspection.

We spoke with 10 people using the service, 18 staff, one supported living manager and the three-registered managers. We reviewed the support plans for nine people using the service to check they were reflective of their needs. We reviewed six staff recruitment files, and documents in relation to staff training and staff support. We also reviewed records in relation to safeguarding, complaints, accident and incidents and management audits across the service.

Is the service safe?

Our findings

All the people we spoke with felt safe when receiving care from the staff. One person said, "I am safe and really happy. The staff make sure I have everything I need. If I didn't feel safe I would talk to [name of manager]. Other people we spoke with made similar comments.

The staff we spoke with understood the provider's safeguarding procedures and policy. All staff confirmed they were confident in reporting any concerns they might have and had faith in the registered managers to promptly follow up any concerns. The registered managers knew how to escalate safeguarding concerns and records showed they worked with the local safeguarding authorities in completing safeguarding investigations as and when required.

Personalised risk assessments were in place to ensure that each person was cared for in the safest way possible. Detailed instructions were provided for staff about how to perform all care tasks that included personal care, manual handling, use of equipment, and support with preparing food, and eating and drinking. Care tasks were described with any associated hazards and risks, and control measures were in place to reduce identified risks. For example, one person said the staff helped them to make sure the shower water temperature was safe for them to use before they got in the shower.

We saw risk assessments and management plans were in place for people, they included specific risks such as, personal safety when out alone in the community. One person said, "When I am out on my own, I have a piece of paper with the contact details (of the service) on, and if I am worried I give it to someone to call them for me." Records showed the risk assessments were regularly reviewed as and when people's needs had changed, and their support was altered to accommodate the changes. The staff confirmed they knew how to report and record accidents and incidents. We saw that accident forms were completed, and serious incidents were notified to the Care Quality Commission as required.

There were enough staff employed by the service to meet people's needs, and people confirmed their care was provided by regular staff. One person said, "I have a staff timetable, they always stay long enough to help me and don't dash off." Another person said, "The staff check on me at night time. They are never late and always turn up. I have it written down who is coming."

The provider's recruitment practice reduced the risk of employing staff unsuitable to work in care. We looked at staff files which showed that all staff employed had a Disclosure and Barring Service (DBS) security check and had provided references and proof of identification before starting any work with people. Such checks help employers to make safer recruitment decisions and prevent unsuitable staff from being employed in a caring role.

People received their medicines as prescribed and were supported to safely manage their own medicines. One person said, "I do my own tablets with the staff, they are kept in a cabinet and the staff look after the key. I put the tablets in a pot myself and sign for them." Another person said, "I look after my own tablets (listing them) and I do my own insulin injections." Staff told us, and records showed they received training in

the safe handling and administration of medicines. Records showed people's medication administration records (MAR) were regularly checked to check they were completed accurately, and to detect any errors in recording. Where any errors were identified actions were put in place for improvement to be made.

Records showed that all staff had completed infection prevention training and that infection control procedures were followed to protect people from avoidable harm. People told us that staff wore aprons and gloves, when assisting with personal care and food handling.

Systems were in place for staff to report accidents and incidents and staff understood their responsibilities to report any health and safety concerns, accidents and near misses. One member of staff said, "Every accident and incident are thoroughly scrutinised." Records showed that learning from incidents of behaviour, accidents or errors was communicated well to staff through, debriefs, one to one supervision and team meetings. Different strategies were discussed and changes in support were implemented because of these discussions. This meant the support people received was always being reviewed to learnt from incidents and keep people safe.

Is the service effective?

Our findings

People's care needs were assessed before receiving any care. One person said, "I was involved in the assessment, we talked about how long they [staff] will be with me, it depends on me, what I want, I am in control." Records showed the assessments included the views of people and their family members, to ensure the service was able to provide the correct care and support for people. The assessments considered equality and diversity needs such as those which related to disability and culture, to ensure that no discrimination took place.

People received care and support from staff that were skilled and knowledgeable about their needs. One person commented that the staff are well trained, and their care worker explained they had specific training to help the person, which had involved the person they provider care for. Another person said, "The staff look after everyone here, they are very well trained, I think they sometimes go away for training." All staff received induction training before starting work, and on-going training to keep their knowledge and skills up to date. Records confirmed training was kept up to date.

Staff told us, and records confirmed they received regular support through one to one supervision meetings, and observations of their practice, to review their performance. One member of staff said, "We have one to one meetings, but the manager is always available, we can just pick up the phone to speak with them at any time." Another said, "The support we get is second to none."

Staff supported people to prepare and cook meals and to eat and drink sufficient amounts. One person said, "The staff leave my lunch on a plate, and I put it on the table by myself. I make my own drinks and I can make a cup of tea myself." Another person said, "The staff help with my meals, I like Chinese, sausages and chips, and vegetables, but not broccoli, carrots are good for your eyes. I sometimes have a fruit smoothie. The staff are nice, they clean up after themselves." People told us they knew the staff were trained in food hygiene and knew how to prepare food safely, and they had a good knowledge of the food and drinks they liked. We saw within people's support plans there was guidance for staff in relation to people's dietary needs and the support they required with meal preparation. One person said, "The staff help me to make my own sandwiches and they help me with breakfast, dinner and tea." People's support plans had information on their dietary likes and dislikes. People at risk of not eating or drinking enough, had been referred to the appropriate healthcare professionals. Such as the GP, dietician and speech and language therapist to help them maintain their health and well-being.

The service worked and communicated with other agencies and staff to enable effective care and support. When a concern had been raised about a person, the service had communicated appropriately with professionals outside of the organisation to coordinate care and ensure that the correct support was in place. Staff at all levels, made sure their communication was clear, guidelines and procedures were followed, and accurate records were kept.

People were supported to access health care professionals as required. Some people who used the service had health care requirements, which staff understood well, and were proactive in seeking medical

assistance as required. One person said, "If I am poorly the staff will ring the Doctor for me. I go to the opticians, I have some reading glasses. The staff book my appointments at the dentist, and always go with me on medical appointments, I am glad they do." Records showed that people's health requirements were documented in detail and updated as and when required. For example, people with swallowing difficulties and at risk of choking had close monitoring in place, and staff knew how and when to seek advice and assistance from appropriate healthcare professionals.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making 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 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered managers understood their responsibility about what they needed to do if a person lacked the ability to decide about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. Staff told us that they always sought people's consent before providing any care or support and people we spoke with confirmed this. One person said, "The staff always ask me what I would like to do." Another person said, "They [staff] ask me first if I want help and I can say no thank you and they listen."

Is the service caring?

Our findings

People received care from staff that were kind, caring and respectful towards them. One person said, "I am nicely treated, because the staff say nice things to me." Another person said, "The staff are kind and gentle, I tell them how I want them to look after me." A member of staff said, "We honour the people we care for." It was evident from observations and the positive comments received from people using the service they had developed positive relationships with staff.

The culture of the service put people at the heart of the service. The conversations we had with people using the service and staff, demonstrated people were pleased with the support they received from the staff and the staff took pride in providing people with person centred care. Staff knew about people's likes, dislikes and how people wanted to have their support provided.

People were involved in decisions made about their care and their support plans, which meant the care and support they received met their expectations. One person said, "I go shopping when I want to do it and the staff take me. I like to go into town and buy clothes and jewellery." Staff told us they had worked alongside experienced staff when they first commenced at the service, so they could get to know people well and to see if they were a good match to work with them.

People were able to express their views and be involved in their own care as much as they were able to, and family or advocacy services were involved for people that required them. An advocate is a trained professional who supports, enables and empowers people to speak up. One person said, "I am involved in my care reviews, I don't need an independent advocate, but I know I could have one though." We saw that people's care was regularly reviewed and that changes were made to people's care when their needs and preferences changed. The daily communication records demonstrated a very kind and sensitive approach from the staff in the care delivery and support.

Staff understood how to promote and respect people's privacy and dignity, and why this was important. One person said, "I close my bedroom door, to be private. The staff support me with showers and baths and draw the shower curtain. They help me in the way I want to be helped, they respect my privacy." During a telephone conversation with a person using the service, we heard a member of staff ring the door bell and ask if they could come in, the staff respected the persons wishes and waited until they were ready. People's responses to our questions demonstrated staff followed the values of respecting people's rights to be treated with respect and dignity.

People or their representatives had agreed to their care and support. This included information as to how data held about people was stored and used. The provider had a policy in relation to the data protection act which was followed by staff. Staff were aware of their responsibilities to protect personal information. This assured people information about people using the service was held in accordance with the data protection act.

Is the service responsive?

Our findings

People received personalised care that met their needs. The comments we received from people indicated they received personalised care, for example, people spoke of going to church, the pub for meals with their best friends, keeping in touch and visiting friends and family, and going out to work placements.

Assessments of people's needs were completed involving people and their representatives. They gathered information to provide a 'whole picture' of the person's needs. The information was used to develop support plans, which gave detailed information to guide staff on the level of support people needed. One person said, "The staff helped me with my support plan, they talked to me about it. I asked them to change things in it, and they did."

The support plans reflected people's physical, emotional and social needs, including those characteristics protected under the Equality Act such as age, disability, race and sexual orientation. The support plans were individual to each person and recorded what staff need to know to support people to maintain their independence in areas that they were able to. People spoke of how staff included them in all decisions about their care and support.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that people's support plans, and information about the service was available in 'easy read' picture formats. When we contacted a person to speak with them as pre-arranged, over the telephone the member of staff explained the person had poor speech and a hearing impairment. They ensured the person that was awaiting our call was comfortable and put the telephone on loud speaker to help them with our conversation. Staff told us they used 'Jack and Jill' dolls to support people with learning about sexuality, mental health, understanding operations and medical procedures.

The provider had a complaints procedure that was available in different formats for people to understand. One person said, "If I was worried I would talk to [Named] team leader and my friends. Another person said, "I made a complaint and they sorted it out. They [staff] are good, they always listen to me, they always sort things out." Records showed the registered managers took all concerns or complaints seriously and ensured all complaints were explored and responded to within the complaints policy timeframes.

At the time of our inspection no people using the service were receiving end of life care. Most people using the service were younger adults, but with the support of staff and their families, people had planned how they wanted their end of life care to be provided. Some people had made their own funeral plans and had chosen favourite hymns and music they wanted played.

Is the service well-led?

Our findings

The service had three registered managers, each covered the Bedfordshire, Buckinghamshire and Milton Keynes areas. They all shared the same vision and values of the service and promoted a positive culture throughout. The comments we received from people and staff were very positive about the management of the service. One person said, "The [Name of manager] is very good, I get on well with them very well." Another person said, "I talk to [Name of manager], they are a good manager and is here for us all the time." All the people we spoke with said they would recommend the service to others.

People, and staff all confirmed they had confidence in the management of the service. The registered managers were aware of their responsibilities; and they had a good insight into the needs of people who used the service. People said the registered managers were very approachable and they felt able to raise any worries or concerns they had.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by the registered manager's. They did this through a variety of forums including team meetings, supervisions, observations and spot checks, as well as informal discussions. Staff felt when they had any concerns or issues they could raise them and felt they would be listened to. All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures.

Effective quality assurance systems continually assessed, monitored and evaluated the quality of people's care. People's care records, staffing records, medication records and policies and procedures were organised and up to date. The audits we saw were effective, people had regular opportunities to feedback on the quality of the service they received, through care reviews, group meetings with their peers, and one to one meetings with their named keyworkers.

The service worked positively with outside agencies. This included a range of health and social care professionals. Effective systems were in place to report and analyse accidents and incidents, and the registered manager's escalated incidents and accidents to the relevant authorities as required. The support plans were reviewed with people and reflected any changes in the way people wanted and needed their support to be delivered.

The registered managers were open and transparent in sharing information with the relevant authorities and health and social care professionals as and when required. They had submitted notifications in a timely way to the Care Quality Commission (CQC), informing of events and incidents. Notifications information CQC about important events that the service is required to send us by law.