

Choice Support

Choice Support - 31 Beach Road

Inspection report

31 Beach Road
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Hampshire
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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 11 April 2016 and was unannounced. The last inspection took place in September 2013 when three breaches under the Health and Social Care Act 2008 were identified. We found at this inspection that these issues had been addressed.

31 Beach Road is registered to offer support and accommodation for up to nine people who have a past or present experience of mental ill health. On the day of our visit there were six people living at the home.

There was a registered manager in place; however they had left in March 2016. The new manager told us that they will be applying for registration. 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 told us they were very happy with the care and support they received and if not they were happy to tell staff of any issues.

People were well supported and encouraged to make choices about what they ate and drank and could help themselves at any time.

The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. Staff also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the home and were a close, long standing group of staff.

Staff described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there.

People were able to make choices about the way in which they were cared for and staff listened to them and knew their needs well. Staff had the training and support they needed.

There was evidence that people and staff had been involved in reviewing support plans.

Recruitment practices were safe and relevant checks had been completed before staff worked at the home.

People's medicines were managed appropriately so they received them safely

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest's decisions had been undertaken by relevant professionals. This ensured that any decisions were made in accordance with the Mental Capacity Act, DoLS and associated Codes of Practice.

The service was also meeting the requirements of the Mental Health Act 1983 (2007) (MHA) as some people were being cared for under the MHA.

People accessed the local community on their own and they were free to come and go from Beach Road with the caveat that they told staff when they were leaving and an expected time of return. They also participated in shopping for their own food needs.

There was a quality assurance system in place which meant that the service was able to monitor, review and adapt.

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 avoidable harm and abuse and risks to individuals had been managed so they were supported and their rights protected.

People told us that there were enough staff to meet their needs.

There were robust recruitment procedures in place.

People's medicines were managed so they received them safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the knowledge and skills needed to carry out their responsibilities.

There were arrangements in place to ensure that people consented to the support provided to them in line with the Mental Capacity Act 2005 and within any limitations of the Mental Health Act 1987/2007.

Staff received regular supervision and appraisals and felt supported in their work.

There were systems in place to provide staff with a range of relevant training.

People were supported to attend routine health checks, and to eat a healthy diet.

Is the service caring?

Good 

The service was caring.

People were consulted and felt involved in the care planning and decision making process.

People's preferences for the way in which they preferred to be

supported by staff were clearly recorded.

We saw staff were caring and spoke to people using the service in a respectful and dignified manner.

People were supported to maintain their independence as appropriate.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed. Staff responded to changes in people's needs.

Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

People were involved in making decisions about their care. Staff also worked with other professionals to assess the care they needed.

People were supported to access the community.

There was a clear complaints procedure that was understood by people who use the service.

Is the service well-led?

Good ●

The service was well led.

People living at the home, and staff were supported to contribute their views about the service and felt listened to.

There was an open and positive culture which reflected the opinions of people living at the home.

There was good leadership and the staff were given the support they needed to care for people.

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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, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 11 April 2016 and was unannounced. This inspection was carried out by one inspector.

Before the inspection we reviewed information we had about the service, including previous inspection reports, improvement plans and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. The registered provider gave us additional information on the day of the inspection.

We spoke with or observed care and support given to five people who lived at the home. We spoke with the manager and their line manager, two support staff and four people who lived at the home.

We looked at the care plans and associated records for two people. We reviewed other records, including the provider's policies and procedures, emergency plans, internal and external checks and audits, staff training, staff appraisal and supervision records, staff rotas, and recruitment records for two members of staff.

Is the service safe?

Our findings

People told us they felt safe living at the home, comments included "I feel safe and secure" and "They (staff) are always available."

There were sufficient staff to meet people's needs. Staff were available 24 hours a day. There were at least two staff on duty during the day and one at night. Staff told us this was sufficient as the people living at the service were quite independent.

Staff had received safeguarding training, were aware of how to raise a safeguarding alert and when this should happen. There were no current safeguarding concerns. We saw the service had a policy for safeguarding vulnerable adults from abuse. One member of staff told us, "Sometimes we have to ensure people are safe from each other, any conflict" and told us how they make sure other members of staff were made aware of possible risks by, "talking about any issues at handover." The staff told us they had attended training on safeguarding adults from abuse. The staff training records confirmed this.

Support and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that people's risks were identified in respect of their mental health. Indicators of deterioration in people's mental health were set out in people's files and we saw staff were monitoring these signs from the daily records we looked at. Where concerns were identified staff confirmed action was taken, which included when needed, liaison with health and social care professionals.

Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help keep people safe. Risk assessments were reviewed regularly. Staff showed an understanding of the risks people faced. Risk assessments had been completed, specific to the individual, which included medication; smoking; kitchen risks; risk to self and risk to others.

As part of their tenancy agreement people signed an agreement to random room checks. People had signed their contracts indicating they understood and agreed with the checks. The checks were in place to protect people regarding medicines and other items that they were not allowed under restrictions of their Section of the Mental Health Act 1983/2007.

There were accident and incident records kept and a whistle-blowing procedure that staff understood. Accidents and incidents were recorded in a way that allowed staff to identify patterns. These were available for the manager and senior team to monitor and review to ensure appropriate management plans were put in place.

The recruitment process ensured new staff were of good character and were suitable to carry out their role. Disclosure and Barring Service (DBS) checks were completed on all of the staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Appropriate checks were undertaken before staff began work.

Medicines were safely administered, stored in a locked facility and appropriately disposed of when no

longer required. All staff who administered medicines were appropriately trained and this training was updated as needed. Some people were responsible for taking their own medicines and keeping them safe. There were risk assessments in place for them. The people who were supported by staff to help with their medicines came to the office at medicine time to receive their medicines. They had a medicine pot and read out their medicines and popped them from the blister packs into the medicine pot themselves while under supervision from staff. People were also able to take medicines with them if they were going out for the day, so the taking of medicines did not impede their activities and independence.

There were clear arrangements for keeping the house tidy and clean with people living there having chores to complete. When people had days off from the house chore rota, staff ensured the home was clean and tidy. We found that people had their own wash basins in their rooms but shared bathrooms and toilets with each other and staff. There were hand washing facilities in these rooms but normal towels were used which could lead to cross infection. We spoke with the manager and they informed us after the inspection they were planning to introduce disposable hand towels in these rooms.

Is the service effective?

Our findings

People were supported by staff with appropriate skills and experience. The staff told us they received training and support to help them carry out their work role. The current staff had worked at the home for some time. One new employee had been employed as a temporary member of staff.

Staff told us they were actively encouraged to complete E-Learning. One member of staff confirmed staff were supported to do this by "Being given time during work to access the computer." Staff files confirmed the training staff had completed.

Staff received ongoing supervision and were given the opportunity to have time with their line manager to discuss all aspects of their role. We looked at staff files and found they were able to fully participate in supervision, covering topics where they felt they either required additional support or areas they wished to discuss. One member of staff told us, "We have supervision and we are a close work team which helps."

Annual mandatory training was provided for staff. Training included infection control, manual handling, medicine, food hygiene, first aid and health and safety. There was also access to more role specific training such as schizophrenia awareness; mental capacity and behaviour that may challenge.

The staff demonstrated a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was no one subject to a DoLS at the time of our inspection. People told us they were free to come and go from the service as they wished.

Staff promoted decision making and respected people's choices. People's consent to aspects of their care had been recorded in their care plans. People had been discharged from hospital to the home under the Mental Health Act 1983/2007. Staff confirmed they were aware of restrictions placed on people.

People were supported to make choices with regards to personal care, medicine administration, activities and meals. We met one person who had been at the home for about 18 months and was now living independently in a housing association property. They were visiting a friend at the home during the inspection and told us that the home was great and said "Look at me now, the staff were great and I now live alone for the first time in ages." They could not praise the staff enough. One person who had gone out to the pub with the visitor saw their success as something they could aspire to.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. Staff told

us one person was provided with £3 a day for meals and if needed they could also help themselves to any additional items from the home's cupboards and freezers. The home supplies consisted of many items and offered a choice between low fat and ordinary items such as sugar or sweetener. We saw there was a very good supply of 'dry' goods in the two kitchens, as well as a variety of items in the fridge to make lunch.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. One person had been offered many types of support to help them with their weight, they had however refused. This showed that people's choices were respected.

People also had access to a range of other health care professionals such as a nurse specialists, dentists, and optician. The care files included records of people's appointments with health care professionals. The manager told us there was good contact with the local Community Mental Health Team, whose advice was sought and followed as required. One person received a call from their care coordinator whilst we were with them, they were happy to take the call whilst with us. They had contacted the coordinator themselves with a query and the coordinator had returned their call.

The premises were clean and well maintained. Safety concerns had been risk assessed for example the food probe and sharp kitchen knives were kept in the office until needed. All eating utensils including knives were kept in the kitchen.

Is the service caring?

Our findings

People said they were happy with the approach of staff. We received some very positive feedback such as, "Staff are very nice 9 out of 10, they do a very good job." We also received some negative feedback about staff sitting in the office and not offering support. We asked the person if we could feed this back to the manager and they gave us permission to do so. The manager said they would look into it.

People's preferences were recorded in their care plans. The staff had discussed people's likes and dislikes with them so they could make sure they provided care which met individual needs. Staff told us birthdays were always celebrated and people were able to take part in any social activities which they chose.

Staff cared for people in a way which respected their privacy and dignity. We observed that staff demonstrated a good understanding of the importance of privacy and dignity. People had keys to their bedrooms and staff did not enter without their permission. One person told us "They always knock before coming in."

We observed staff interacting with people using the service throughout the day. Staff interacted with people in a friendly, warm, professional manner and at all times. Staff were polite and caring. Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified people needed extra support. For example, staff introduced us and people chose to speak with us. We did not see one person all day and another chose not to talk with us. Staff told us they did not like new people.

There was on-going interaction between people who used the service and staff. People were very comfortable and relaxed with the staff that supported them. We saw people laughing and joking with staff.

People using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. One person said, "They always listen to us; they ask us what we want to do." We observed staff to be caring in their approach to those who used the service. Staff demonstrated a good knowledge and understanding of those who they supported.

One member of staff told us caring was about "Supporting, assisting and encouraging independence," and another told us they always knocked the door when entering a person's room. One person said "Staff knock the door before they come in and they do not disturb us unless it is for phone calls or medicines." One person told us "I like the house and area, I get on with staff reasonably well and I have a keyworker."

Daily records demonstrated how people were being supported. The staff told us this system made sure they were up to date with any information affecting a person's care and support.

People's bedrooms were individualised and reflected people's preferences for example one person liked to collect things like papers and boxes. Staff worked with them to manage their collections.

Is the service responsive?

Our findings

People said that the staff asked for their views and opinions and we saw this happened during our visit. This tended to happen on an informal daily basis although there was a monthly service user meeting. The agenda is placed on the noticeboard and people can add items as they wish. The menus are discussed weekly and one person who does their own cooking gives staff a list of meals for the week. People have access to the big freezers outside and the key for that area is on the notice board in their dining room. If people change their minds about the evening meal there are always alternatives in the freezer.

Each person had a care plan in place for each identified support need. The care plan identified each person's needs and their short and long term goals. Information was included in people's records about how the person could support themselves and how staff could support them to achieve their goals. For example, one member of staff explained how the person they were a key worker for had attended a meeting with a nurse about a healthy eating plan. As a result of the meeting the keyworker had made up a file of calories/healthy eating and exercises. The keyworker had also started an exercise group once a week at the home. At first this only had one person participating; however the week prior to the inspection three people had taken part in the exercises.

Each person had a keyworker chosen from the staff team whose role was to lead on support for that person to stay healthy, to identify goals they wished to achieve and to help them express their views about the care they received. A member of staff told us they were responsive to people's wishes. For example, one person did not want to have their one to one time weekly as they could talk to any member of staff whenever they wanted. They requested a fortnightly meeting with their key worker instead which was then arranged.

Staff were knowledgeable of people's needs. They were able to tell us what support people required from staff and the reasons why. Information was provided to staff about maintaining appropriate boundaries in order to encourage people to do things for themselves and support people to become more independent. For example, making it clear that the staff's expectation was that people should be responsible for their own personal care, cooking and laundry when they were able to do so.

The manager told us one complaint had been received in September 2015. We saw how this had been managed and a copy of the response letter telling the person what action had been taken. This was confirmed by the person who had made the complaint. They told us about the complaint they had made and how it had been handled, they confirmed they received a letter with the action and outcome.

Before the inspection we had received a notification regarding one person and a member of staff, we were able to confirm at the inspection what action had been taken, who had been involved and what action would be taken if there was any recurrence of the issue.

People had responsibility for some household chores such as doing their laundry. These and other tasks helped their life skills for example, purchasing food items, clearing the table after meals and keeping their rooms tidy.

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

The service was responsive. We saw that there was a whiteboard in the office which could be seen by anyone outside or who entered the office which was open to staff and people using the service. It had people's initials, room numbers and appointments on it. We discussed with the manager who agreed it was not needed as all information on the board was kept safely elsewhere. They emailed us to confirm its removal the day after the inspection.

Is the service well-led?

Our findings

There was a clear management structure including a manager who had been in place for four weeks. The manager told us they were applying to be registered with CQC.

Staff told us the service was, "To support people on an individual basis, to improve their daily living skills and move on to independent living." It was clear from the feedback we received from people who used the service, and staff, that managers of this service had developed a positive culture based on strong values.

Managers spoke of the importance of motivating and supporting staff to promote the values of the provider through training, supervision and leadership. Our discussions with staff found they were motivated and proud of the service.

One member of staff told us, "We are a great team and we work well together with different strengths." We noted most of the staff had worked in the home for over five years, one member of staff said "They are a very good place to work for that's why I have stayed", "We sing from the same song sheet but get there in different ways."

Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-ones and staff meetings.

The provider sought the views of people using the service and staff in different ways. People told us that regular service user meetings were held. One person told us "We have meetings to talk about things." We saw the minutes of the last meeting; we saw that health and safety, self-catering and activities had been discussed.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with the manager and through our observations it was clear that they were familiar with all of the people in the home.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. Quality audits took place that included medicines, health and safety, daily checklists of the building, and people's files were audited. Policies and procedures were audited annually. The manager showed us examples of monthly reports they submitted to their line manager. These included any actions that had been identified. We were able to track through to see where actions had been identified, when they had been actioned and signed off as completed.